

# the lead professional: managers' guide

Integrated working to improve outcomes for children and young people

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This updated guidance replaces the Lead Professional Manager's Guide published by the DfES in 2006. It remains non statutory.

On 1 October 2006, CWDC took over responsibility from the Department for Education and Skills for the implementation of:

- Information Sharing skills, knowledge and practice
- The Common Assessment Framework
- Role of the Lead Professional
- The Multi agency Working toolkit

This guide and other information can be found on the CWDC website which also has links to the information on the Every Child Matters website.

Any enquiries related to this document should be directed to [integratedworking@cwdcouncil.org.uk](mailto:integratedworking@cwdcouncil.org.uk)

### Note on terms used in this guidance

**Child/children:** for simplicity and ease of reading, the terms 'child' and 'children' are used throughout the document to refer to babies, children and young people aged 0 to 19.

**Children with additional needs:** A broad term used to describe all those children at risk of poor outcomes in relation to the five outcome areas defined in *Every Child Matters*. An estimated 20% to 30% of children have additional needs at some point in their childhood, requiring extra support from education, health, social services or other services. This could be for a limited period, or on a long-term basis. It is the group for whom targeted support within universal settings will be most appropriate. Their needs will in many cases be cross-cutting and might include:

- disruptive or anti-social behaviour;
- overt parental conflict or lack of parental support/boundaries;
- involvement in or risk of offending;
- poor attendance or exclusion from school;
- experiencing bullying;
- special educational needs;
- disabilities;
- disengagement from education, training or employment post-16;
- poor nutrition;
- ill-health;
- substance misuse;
- anxiety or depression;
- housing issues;
- pregnancy and parenthood.

**Children with complex needs:** Of those children with additional needs, a small proportion have more significant or complex needs which meet the threshold for statutory involvement:

- children who are the subject of a child protection plan;
- looked after children;
- care leavers;
- children for whom adoption is the plan;
- children with severe and complex special educational needs;
- children with complex disabilities or complex health needs;
- children diagnosed with significant mental health problems;
- young offenders involved with youth justice services (community and custodial).

**Parents or carers:** This is used as a shorthand throughout the document to include mothers, fathers, carers and other adults with responsibility for caring for a child or young person.

**Case studies:** all names have been changed.

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# executive summary: the lead professional at a glance

## Policy overview

<b>Status of this initiative</b>	See
The lead professional contributes to the delivery of integrated frontline service. This is outlined in the statutory guidance supporting section 10 (interagency co-operation) and section 11 (safeguarding and promoting the welfare of children) of the Children Act 2004. All local authorities and relevant partners have to take account of this guidance. If they decide to depart from it, they must have clear reasons for doing so.	p. 6
<b>Target group</b>	
Children with a range of additional needs (including complex needs) requiring integrated support from more than one practitioner.	p. 12
<b>Purpose</b>	
One of the practitioners takes a lead role to ensure that services are co-ordinated, coherent and achieving intended outcomes.	p. 12
<b>Key functions</b>	
The lead professional is not a new role, but a set of <b>three core functions</b> which can be carried out by a range of practitioners: <ul style="list-style-type: none"><li>• act as a single point of contact for the child or family;</li><li>• co-ordinate the delivery of the actions agreed;</li><li>• reduce overlap and inconsistency in the services received.</li></ul> A lead professional is accountable to their home agency for their delivery of the lead professional functions. They are not responsible or accountable for the actions of others.	p. 13
<b>Who will do it?</b>	
For children with <b>additional needs</b> , a multi-agency assessment and planning process can effectively highlight the contributions of all practitioners, including who is best placed to take the lead.	p. 20
For children and young people with <b>complex needs</b> , there are already legal requirements or good practice expectations about who has the lead role, e.g. the social worker for looked after children or the key worker for disabled children.	p. 30

## Issues for strategic managers

### Build commitment and ownership

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See

Following the processes outlined in the *Supporting Integrated Working: Implementation Roadmap* can help ensure all partners are aware of the lead professional, services have considered who will be able to take on the functions in their organisation and lead professional functions are incorporated into job descriptions.

p. 37

### Develop vehicle for service delivery

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There are a range of possible service models for delivering early intervention support, for example a team around the child, support via a multi-agency panel or support via a multi-agency team. There is no one correct model, and it is likely that local areas will have more than one in place, according to the population needs and available infrastructure.

p. 38

### Clarify accountability lines

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The line of accountability from practitioners through to the director of children's services should recognise that the lead professional is accountable to their home agency for their delivery of the lead professional functions, but not responsible or accountable for the actions of other practitioners or services.

p. 39

### Develop management framework

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Strategic management will find it helpful to implement a range of mechanisms, for example to marshal and deploy resources, set criteria for resolving conflicts or disputes and provide strategic direction on challenging issues such as working across local authority/children's trust boundaries.

p. 39

Operational management will find it helpful to ensure close links and open channels of communication between different service managers, develop joint training and development and develop structures to support lead professionals (see below).

### Develop support structures

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Helpful structures to support lead professionals include:

p. 41

- a training programme;
- appropriate line management and supervision arrangements;
- planning around capacity and workload;
- administrative support.

# 1. background

**1.1** This guidance is aimed at strategic and operational managers across all children's services who have responsibility for implementing a lead professional model of working. There are three interdependent elements of the *Every Child Matters: Change for Children* programme:

**i. The Common Assessment Framework for children and young people (CAF)**

– a framework to help practitioners assess children's additional needs for services earlier and more effectively, develop a common understanding of those needs and agree a process for working together to meet those needs. Guidance and support materials are available.

**ii. The lead professional**

– the person responsible for co-ordinating the actions identified in the assessment process. S/he is also a single point of contact for children with additional needs who are being supported by more than one practitioner. As well as this managers' guide, practitioners' guidance and training materials are also available.

**iii. Information sharing**

– the process for helping practitioners work together more effectively in order to meet children's needs by sharing information legally and professionally. Guidance and training materials are available.

**SEE** ▶ Page 63 for further resources

## The status of this guidance

**1.2** In 2006 the responsibility for the implementation of the role of the Lead Professional transferred from the DfES to the Children's Workforce Development Council (CWDC) who have updated this guide. Directors of children's services, working in partnership with local agencies, are responsible for implementing these developments, as part of their children's trust arrangements under sections 10 and 11 of the Children Act 2004. The statutory guidance accompanying sections 10 and 11 sets out the Government's expectations that CAF, the lead professional and information sharing are key aspects of delivering better services to children and young people. This suite of guidance materials provides strategic and operational information to help those services and bodies covered by sections 10 and 11 to carry out their planning and implementation.

**1.3** Directors of children's services have been asked to take the lead in agreeing with their partners how to operate the CAF, introduce a lead professional model of working, and introduce information sharing arrangements as part of the development of children's trusts during 2006-08. Implementation will be supported through the provision of training and guidance which will now be produced by CWDC.

- 1.4 Although these three developments are not mandatory, adopting them in line with the guidance will lead to greater standardisation and facilitate cross-border working.

### The policy context

- 1.5 The CAF, lead professional and information sharing developments, are central to the strategy outlined in *Every Child Matters* and *Youth Matters*. This is to shift the focus from dealing with the consequences of difficulties in children's lives to preventing things from going wrong in the first place and promoting five priority outcomes for all children and young people:

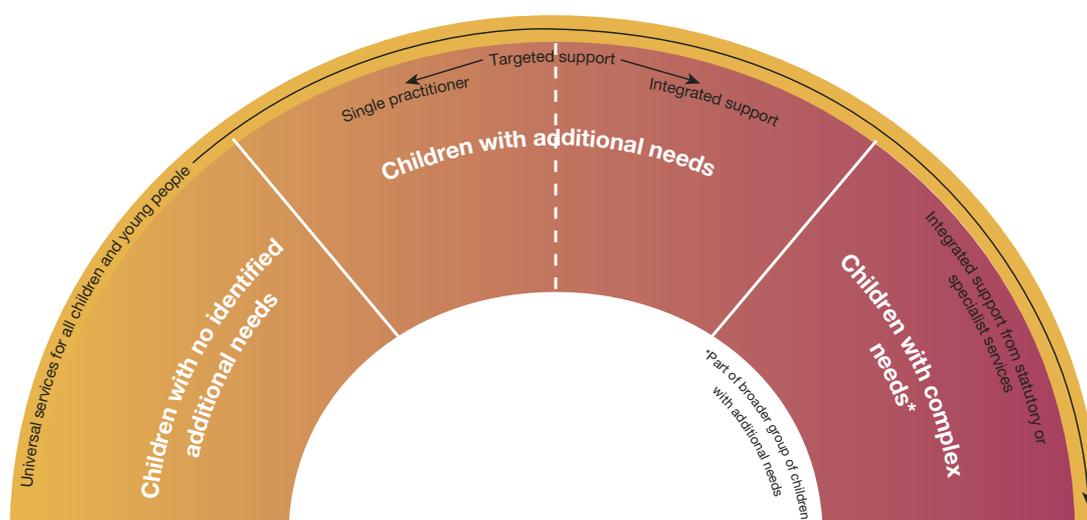
- being healthy;
- staying safe;
- enjoying and achieving;
- making a positive contribution;
- achieving economic well-being.

- 1.6 They will also help local areas achieve many of the standards set out in the *National Service Framework for Children, Young People and Maternity Services* (Children's NSF), particularly in relation to promoting health and well-being, delivering child-centred services, safeguarding and promoting welfare, supporting those who are disabled or who have complex health needs and promoting mental health and psychological well-being. The materials complement the revised *Working Together to Safeguard Children* guidance (DfES, 2006) which sets out detailed guidance on what to do to safeguard children and the *Sure Start Children's Centres Practice Guidance* (DfES, 2005), which focuses on identifying and intervening with the most disadvantaged families.

## A conceptual model for meeting children and young people's needs

1.7 A key part of the development of children's trusts and the reform of children's services is the integration of systems and processes. This will help to meet the needs of children and families in a more appropriate way. Many local areas have begun to do this by conceiving a 'whole-systems' approach where the needs of children and families lie along a continuum, supported by flexible and responsive services. These become increasingly targeted and specialist according to need. Managers report that using a visual model is a fast and simple to communicate what they are trying to achieve. Where areas have not yet done so, they may wish to use **Figure 1** to inform the development of their own approach locally.

Figure 1: Continuum of needs and services



1.8 Children and families are supported most effectively when CAF, the lead professional and information sharing procedures are planned and delivered in a co-ordinated way so as to offer integrated support across the continuum of needs and services. **Figure 2** on page 17 illustrates the way in which CAF, the lead professional and information sharing, support the delivery of an integrated approach.

1.9 The common service delivery pathway (see **Annex A**) sets out in greater detail a process for the typical activities that practitioners will undertake in delivering an integrated service to a child who appears to have unmet needs.

1.10 Effective integrated working is underpinned by the following:

**Workforce reform:** This should be an integral part of the areas Local Workforce Strategy. A web-based Workforce strategy toolkit is available

The new and expanded sections include:

- Key issues in the development and implementation of local workforce strategies
- Recruitment, Retention and Rewards
- Leadership and Management
- Workforce data and analysis
- Resourcing local strategies
- Updated links to key policy documents and resources
- Next phase of CWDC Consultancy service

CWDC has also analysed local strategies published to date and published 'Building the Vision-developing and implementing local integrated children's workforce strategies' in March 2007.

In May 2007 an extended range of emerging practice examples was added. CWDC is continuing to publish and promote examples of emerging practice, covering overall strategies or particular elements.

**GO TO** [www.cwdcouncil.org.uk/advice/index.htm](http://www.cwdcouncil.org.uk/advice/index.htm)

**Common core of skills and knowledge for the children's workforce:** ensures all professionals have the knowledge and skills to work effectively with children and families and access to training when relevant.

**GO TO** [www.cwdcouncil.org.uk/resources/commoncore.asp](http://www.cwdcouncil.org.uk/resources/commoncore.asp)

**Championing Children:** a framework that establishes a shared set of skills, knowledge and behaviours for those who are leading and managing integrated children's services. A resource book to support implementation is included.

**GO TO** [www.cwdcouncil.org.uk/projects/integratedworking.htm](http://www.cwdcouncil.org.uk/projects/integratedworking.htm)

**Multi-agency working.** There are a number of ways of delivering multi-agency services. An online resource is available for managers and practitioners in a range of settings, who are starting to work with families in new ways.

**GO TO** [www.cwdcouncil.org.uk/projects/multiagency.htm](http://www.cwdcouncil.org.uk/projects/multiagency.htm)

## Resources and implementation

- 1.11** Additional funding was made available for local authorities in 2006-07 (£22m) and 2007-08 (£63m) to support the implementation of *Every Child Matters*, including the implementation of the elements described in this guidance. This was part of the children's services grant which was introduced from April 2006 (£152m in 2006-07; £193m in 2007-08).
- 1.12** Managers are encouraged to take into account the workload implications for practitioners involved in CAF and lead professional work. Over time, and across agencies, these developments should lead to efficiencies by reducing time spent on finding out who is working with a child, reducing duplication and dealing with children before needs escalate to a crisis point. However, each service will need to recognise the staff time spent on these activities by individual practitioners.
- 1.13** The Government has developed a training programme to support the move to integrated working. It enables and encourages professionals to work together in more integrated front-line services, using common processes and tools which are designed to create and underpin joint working. The materials address CAF, the lead professional and information sharing and are available online, on CD ROM (by request) or through training organisations and professional bodies. This training package is being revised by CWDC in 07/08. For further information email CWDC: [integratedworking@cwdcouncil.org.uk](mailto:integratedworking@cwdcouncil.org.uk)

**GO TO** [www.ecm.gov.uk/iwtraining](http://www.ecm.gov.uk/iwtraining)

**1.14** The *Supporting Integrated Working: Implementation Roadmap* has been developed for senior and project management staff within local authorities. It is a high level view of how to implement the integrated processes and integrated frontline delivery of the *Every Child Matters: Change for Children* programme. It can be used as a starting point for planning the implementation of the CAF, lead professional and information sharing processes.

**GO TO** [www.ecm.gov.uk/iwroadmap](http://www.ecm.gov.uk/iwroadmap)

**1.15** This guidance focuses solely on the generic lead professional. Pilots have been set up to trial a related concept – that of the Budget Holding lead professional. These were established in June 2006 to run to April 2008. The aim is to test the capacity of lead professionals to deliver better packages of services for core groups of children and families, by giving lead professionals a budget with which to commission services directly from providers. The lead professional would then become a single account holder for the child or family they are responsible for, working with them to commission services from a wide range of providers – statutory, private and voluntary. The pilot authorities are: Blackpool, Bournemouth and Poole, Brighton and Hove, Derbyshire, Devon, Gateshead, Gloucestershire, Hertfordshire, Knowsley, Leeds, Redbridge, Telford and Wrekin, Tower Hamlets, Trafford, West Sussex.

**GO TO** [www.cwdcouncil.org.uk/projects/leadprofessional.htm](http://www.cwdcouncil.org.uk/projects/leadprofessional.htm)

## Monitoring

**1.16** The director of children's services, through managers in local authorities and partner organisations, will need to ensure appropriate monitoring of the implementation of the CAF, the lead professional and other elements of their local change programme. Local planning will be necessary for quality assurance, audit and review, and the way in which CAF will feed into local commissioning arrangements.

**1.17** A new annual performance assessment, carried out by Ofsted, will inspect local authorities against the five *Every Child Matters* outcomes and give an overall rating of children's services, bringing together previously separate ratings for education and children's social care. Joint area reviews (JARs) have been introduced to provide a powerful tool for improvement, involving nine inspectorates and commissions, assessing how education, social care, health and criminal justice services taken together contribute to improved outcomes for children. They will give a picture of children's services and will encourage integrated working between local authorities and their partners. The inspectorates will make judgements on the extent to which there are coherent assessment arrangements across local services for children with additional needs. National progress is monitored against a set of public service agreement targets and other national level indicators as set out in the **outcomes framework** for *Every Child Matters*.

**GO TO** [www.ecm.gov.uk/publications](http://www.ecm.gov.uk/publications) to download outcomes framework

**1.18** The Department for Children, Schools and Families will monitor progress, working with directors for children and learners and children's services advisers in Government offices.

## Equality

- 1.19** Managers in local authorities and in each service should work towards embedding race equality issues in its policies and practices. This should include:
- ensuring that relevant information about services reaches all communities;
  - ensuring that account is taken of the needs and culture of minority ethnic families in providing information, undertaking assessments and arranging services;
  - working towards a more diverse and ethnically and culturally sensitive children's workforce to ensure that frontline practice more effectively meets the needs of children from minority ethnic groups.
- 1.20** Managers in local authorities and in each service should work towards embedding gender equality issues in policies and practices, particularly in light of the forthcoming public sector duty on gender equality (introduced by the Equality Act 2006) which came into force in April 2007. This will include drawing up and publishing a gender equality scheme identifying gender equality goals and showing the action it will take to implement them, as well as conducting and publishing gender impact assessments, consulting appropriate stakeholders, and covering all major proposed developments in policy.

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## 2. introduction to the lead professional

- 2.1** This guidance updates the guidance issued by the DfES in April 2006 and is based on the practice emerging in a number of authorities which have been trialling lead professional models of working and on the CWDC progress report *Moving Towards Integrated Working 2007*.

### **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 ensure that services are co-ordinated, coherent and achieving intended outcomes.

- 2.2** The starting point is that this is not a new role, rather a minimum set of functions which need to be carried out to deliver an effective, coherent service to a child with additional needs that require an integrated response.
- 2.3** The guidance outlines the three key lead professional functions as well as some issues that local areas may wish to bear in mind in relation to children with additional needs and transition between services. It also considers some of the strategic implementation issues that are critical in embedding this way of working.

### **The case for lead professional support**

- 2.4** Evidence from practice suggests that appointing a lead professional is central to the effective frontline delivery of integrated services for children with a range of additional needs. Delivered in the context of multi-agency assessment and planning, underpinned by CAF or relevant specialist assessments, it ensures that professional involvement is rationalised, co-ordinated and communicated effectively.
- 2.5** More importantly, it helps to overcome some of the frustrations traditionally experienced by service users with a range of needs, requiring input from a range of practitioners, for example:
- numerous lengthy meetings;
  - lack of co-ordination;
  - conflicting and confusing advice;
  - not knowing who to speak to;
  - the right support not being available at the right time.

- 2.6 It can also help alleviate the frustrations often felt by practitioners, for example:
- difficulties in accessing specialist help;
  - inadequate, misleading or inappropriate referral information;
  - barriers to information sharing and communication problems;
  - over-large and bureaucratic case conferences and management meetings, to the detriment of delivering early intervention support.

### The functions of the lead professional

- 2.7 The lead professional is not a job title or a new role, but a set of functions to be carried out as part of the delivery of effective integrated support. These functions are to:
- **Act 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-ordinate the delivery of the actions agreed by the practitioners involved**, to ensure 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.
  - **Reduce overlap and inconsistency** in the services received.
- 2.8 An important principle underpinning these functions is that the lead professional should ensure that the child and family remain central to any decisions made, and should provide them with sufficient information to empower them to make their own decisions, acting as a sounding board if necessary.
- 2.9 The aim is that these functions become ‘embedded’ within 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. An exception to this is the ‘designated’ model of key working that operates, for example, for some children with disabilities. In these cases, the practitioner is employed exclusively to provide a lead role (i.e. as a key worker). Part of this role will include carrying out the functions defined in paragraph 2.7, so they will in effect be the lead professional for that child.

## Core tasks

**2.10** The list below gives some examples of the tasks a lead professional may need to carry out to deliver the functions above:

- 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 and co-ordinate the process by which this will be regularly reviewed and monitored.
- Identify where additional services may need to be involved and put processes in place for brokering their involvement (this may need to be carried out by their line manager rather than by the lead professional themselves).
- 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 ensure 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, ensure a careful and planned 'handover' takes place if it is more appropriate for someone else to be the lead professional.

## Skills

**2.11** Emerging practice suggests that there are a number of skills which may help people deliver the lead professional functions. Line managers may wish to use **Figure 3** as a guide for assessing strengths and areas for development. These skills are likely to vary according to the needs of the children and families receiving services. Managers may wish to consider the implications of this in relation to the needs of their particular staff and the children and families they are working with.

**Figure 3: Useful skills for carrying out the lead professional functions**



**2.12** Lead professionals, like all practitioners, should understand information sharing procedures and issues around client confidentiality.

**GO TO** [www.cwdcouncil.org.uk/projects/informationsharing.htm](http://www.cwdcouncil.org.uk/projects/informationsharing.htm)

**2.13** Practitioners will also benefit from sufficient authority and credibility to carry out the functions, deriving from:

- a commitment from other practitioners to this way of working and to carrying out their agreed actions;
- personal development opportunities, in line with the requirements of the **Common Core of Skills and Knowledge for the Children's Workforce**, to ensure lead professionals have the opportunity to develop the skills outlined above;
- clear and transparent systems developed and agreed at strategic level, in relation to line management, accountability, professional support, and dispute resolution.

**GO TO** [www.cwdcouncil.org.uk/resources/commoncore.asp](http://www.cwdcouncil.org.uk/resources/commoncore.asp)

### Skills relevant to working with younger children

**2.14** Where a child is young or developmentally young, the lead professional will need to use ways of communicating which are meaningful to the child. They will also be working closely with the adult carers. In these cases, the lead professional functions are more likely to draw on skills around:

- communicating with the child using forms of communication appropriate to their age, level of understanding and preferred method of communication (e.g. pictures, gestures or a personalised communication board);
- engaging parents and carers;
- understanding key transition points in a child's life, for example beginning a new school.

### Skills relevant to working with young people

**2.15** Many practitioners working in young people's services, in particular targeted support, will take on lead professional functions during the course of their work. There will be particular challenges for these practitioners centred around:

- Enabling young people to choose the practitioner they want to act as their lead professional balanced against 'best fit' and specific agency requirements.
- Gaining their trust and respect, being able to challenge them when necessary and helping them move on in their thinking.
- Ensuring an effective transition to adult services (see paragraphs 3.18 to 3.21).

#### A Parent's Perspective:

“*She's been a Godsend to me really... she's always at the end of the phone. She has been absolutely wonderful. She really has. I've never known anyone like her. I know I'm hyping her up a bit, but honestly she's been fantastic. She's my friend, my guardian angel. I've got my mum and I've got my friends, but you need a person who's neutral, that you can discuss things with. She was brilliant about fetching everybody together and keeping us informed about what was going on... she's lovely, very easy to get on with. I feel quite sorry for the woman actually putting up with me and Harry (laughs)... I love her visits and Harry loves her visits and it's like I can talk to her about anything, not only Harry... I can tell her my life story. You know, I couldn't ask for a better person. She's been great.*”

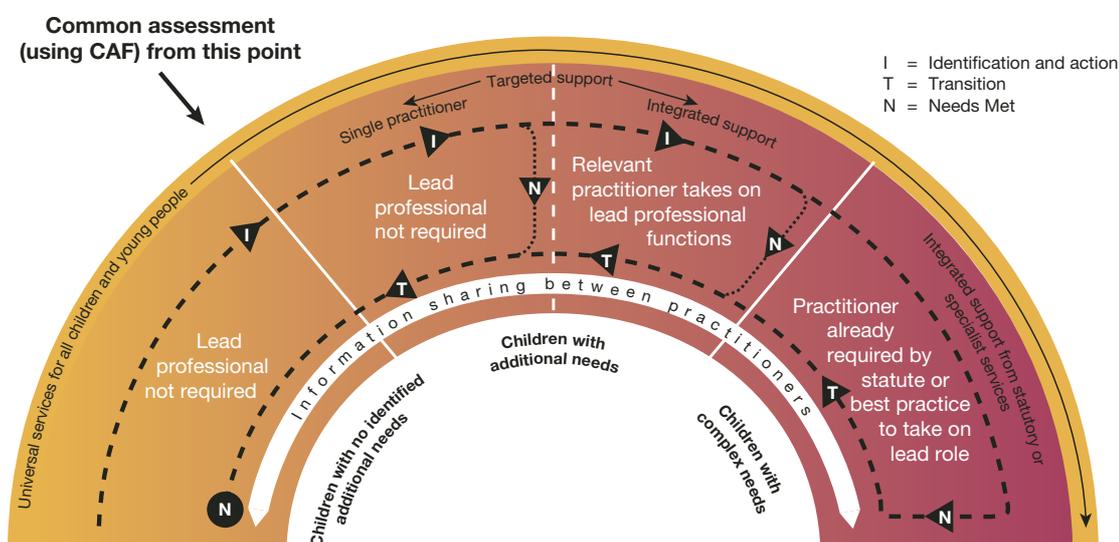
Telford and Shropshire

## Developing a lead professional model

**2.16** 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 described above. Local areas will need to agree the terms they use to describe such practitioners, and the relationship that those operating at various levels of need have with each other. They do not have to use the term ‘lead professional’.

**2.17** The chart at **Figure 2** aims to describe this spectrum of support and the relationship between the different tiers in more detail. Such a ‘whole-systems’ approach ensures 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.

**Figure 2: Processes and tools to support children and families**



**2.18** Figure 2 shows how the spectrum of lead professional support is geared to meeting the wide-ranging needs of children and families.

- 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, a relevant practitioner from among those supporting the child is identified to carry out the functions of the lead professional.
- In some cases those child’s needs may be more complex and they may receive a specialist assessment through frameworks such as *Asset*, the *Framework for the Assessment of Children in Need and their Families*, the *Code of Practice for Special Educational Needs* or specialist mental health assessments. In these cases, statute or good practice requirements already seek to ensure 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. Where this is being carried out effectively, this person carries out the functions of the lead professional.

**2.19** A key aim is to ensure a smooth handover between services, when a child is moving between different levels of support. This is discussed in more detail in **Sections 3** and **4**.

## What else is needed to carry out the lead professional functions?

- 2.20** The lead professional must be introduced in the context of a ‘whole systems’ approach to integrated working, in which:
- the CAF is the central vehicle for identifying and addressing additional needs;
  - the relevant specialist assessment framework is the central vehicle for identifying and addressing significant or complex needs;
  - there is cross-agency commitment to multi-agency working;
  - there is a commitment to, and clear understanding of, information sharing processes. This will be underpinned (from 2008) by the ContactPoint which will contain name and contact details for a child’s lead professional. The Integrated Children’s System will be in place from 2007 for managing information about looked after children and children in need.
- 2.21** In addition, there needs to be a strong management framework that 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 skills listed in paragraph 2.11, 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.
- 2.22** In response to these requirements, a number of areas have appointed operational managers to co-ordinate integrated working arrangements, including the support of lead professionals. These may go by a range of terms, for example integrated service managers, CAF co-ordinators or professional practice managers. They may carry out a number of functions, for example resolving difficulties or conflicts between practitioners. In addition, they can help lead professionals deliver the more ‘administrative’ aspects of their work, enabling them to focus on the delivery of services and support to the child or family. These issues are discussed in more detail in **Section 5**.



# 3. the lead professional for children and young people with additional needs

**3.1** For most children who have additional needs and require support from a range of services, their lead professional will be drawn from the range of practitioners who are currently delivering early intervention and preventive services. They could be based in the third or the statutory sector and could include (but are not limited to):

- personal advisers;
- health visitors;
- midwives;
- youth workers;
- family workers;
- substance misuse workers;
- nursery nurses;
- education welfare officers;
- Sure Start Plus and teenage pregnancy advisers;
- social workers;
- community children's nurses;
- school nurses;
- teachers and special educational needs co-ordinators;
- school support staff;
- play workers;
- housing support staff.

**3.2** 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.

## Implications for universal services

**3.3** Services for all children which are provided through universal education and health services, are key partners. They will work together in order to prevent problems from occurring and improve outcomes for children. Therefore they 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 the delivery of targeted support, should help ensure that it does not create additional burdens for these services.

### **Emerging practice example: The special educational needs coordinator as lead professional**

Lucas was 11 and a half when he was referred to the Joint Access Team (JAT) in West Sussex. It was the spring term before his transfer to high school and his SENCO was concerned that the move could be difficult for him. He was identified as having special educational needs by his school and had been receiving support at School Action Plus, which had been successful. However his behaviour had recently become problematic once more. Outside school, he had begun to leave home for long periods of time and had been stopped by the police on one occasion. The SENCO also had concerns about his health, as he was getting headaches, appeared to have a poor diet and had a skin condition. Lucas lived with his Dad, who wanted him to be settled at school but appeared to be having difficulties setting boundaries with his son.

The SENCO discussed the option of referring Lucas to the JAT. Both he and his Dad agreed and the SENCO circulated the joint access form – a common assessment which enabled a range of agencies to provide information about Lucas' situation and needs. A JAT meeting was called which was attended by the SENCO, the head of year at Lucas' new high school, a link worker from the Children's Fund and a family support worker. At the meeting a multi-agency action plan was agreed in which:

- Lucas' Dad was offered support from the family centre, including the opportunity to attend a parenting support programme.
- Lucas was offered a place on a self-esteem course running in the summer for children concerned about the transition to secondary education. This included sessions on cooking and healthy eating, which the group felt could help Lucas' health issues.
- The high school arranged for Lucas to make an additional advance visit to meet a link person in the special needs unit, who could offer counselling support to Lucas when he needed it. They also arranged for Lucas' classroom assistant at his primary school to be able to attend with him in the first term, to help him settle in.
- The Children's Fund link worker provided vouchers which could be redeemed for leisure activities, and arranged to meet the family at regular intervals to see how they were being used and to help Lucas' Dad identify things they could do together.

Because of the length of time she had worked with Lucas in the past, and because she had a trusting relationship with Lucas' Dad, the SENCO agreed to be the lead professional. Plans were also put in place for the high school SENCO to take the lead role when Lucas started at high school. During the summer break, they agreed that the integrated services manager from the JAT would be the lead professional. The fact that this was all planned and communicated in advance meant that Lucas and his Dad were aware of what was happening. Processes were put in place to transfer information. The result of this was that Lucas settled in well at his new school. The SENCO in the high school found that the work was at times quite challenging as it required more contact with other agencies than might sometimes be the case, but she was reassured that she could contact the integrated services manager for support and advice. Similarly the agencies she was working with were encouraged to be proactive in their contact with the SENCO so that she did not have to chase them to find out whether their agreed actions were being carried out. A review was held one month into the autumn term which concluded that the agreed outcomes had been achieved at that stage. No further support was required other than that being provided within the school. The high school SENCO was reassured that she could contact the integrated services manager if she felt that Lucas needed additional support again which required the input of a range of agencies and the appointment of a lead professional.

## *Schools*

- 3.4** 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 to be based in their schools to work with both their staff and with their feeder primary schools. A special educational needs coordinator (SENCO) may where appropriate, act as a lead professional for a child with special educational needs. Primary headteachers 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 is therefore likely to be the lead professional.
- 3.5** 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 ensure that the service is co-ordinated and progress is monitored. Therefore, they will be an appropriate person to either be the lead professional or ensure that someone else is in place to deliver these functions.

## *Post-16 learning*

- 3.6** In the post-16 learning environment, young people with additional needs are less likely than their peers to have a Level 2 qualification. Therefore, their two principal learning opportunities will be in further education or on an Entry to Employment (E2E) programme.
- 3.7** 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.
- 3.8** 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 looked after or on the child protection register, in which case the named social worker will be the lead professional – see **Section 4**).

### **Emerging practice example: GP as lead professional**

Dr. Baker is a GP working in Lewisham, South London. She contacted the Lewisham Information Sharing and Assessment Team (LISA) about 18-month-old Samantha. The GP was concerned about Samantha's mother, Diane, and her ability to meet her daughter's emotional needs. Dr Baker had observed mother and daughter when they visited the surgery. She was concerned that Diane's interaction with Samantha was limited and that Samantha's appearance was unkempt.

Over the previous six months Dr Baker had built up a good relationship with Diane. She knew that Diane suffered from depression, had recently separated from her partner, and felt lonely and isolated. She had nobody to turn to for advice or support. She had very few friends and limited family support. Diane had skin problems, asthma and panic attacks. So far she had been reluctant to take up counselling. She also told the GP she had a lot of worries about her rent arrears and admitted she had difficulties filling in benefit forms.

Dr Baker had attended training about the LISA service and using the LISA index system. Prior to contacting LISA, Dr Baker met with Diane to explain the service to her and sought and received her verbal and written consent to share information with other practitioners. Diane agreed it would be helpful to consider other services that could support both her and Samantha. Dr Baker suggested a family support meeting to Diane. Diane admitted she got anxious about meeting professionals but recognised she needed some help.

The family support meeting included Diane, Dr Baker, the health visitor, a housing officer and parenting support workers from a local voluntary project. They agreed that:

- the health visitor would arrange a developmental check for Samantha and complete a referral for a priority part-time nursery place;
- parenting support workers would provide practical assistance, for example helping Diane to read letters and get to housing and benefits appointments;
- they would also introduce Diane to her local children's centre and find out about activities and services;
- the housing officer would meet with Diane to address her rent arrears, help reduce these by backdating her claim for housing benefit and arrange for necessary repairs to the home;
- the health visitor would make a referral to the family centre, for further advice and support on parenting;
- the GP would make a referral to a counselling service, if Diane wanted this.

As Diane had a positive relationship with her GP, and had often sought her advice, Dr Baker agreed to become the lead professional. Diane was happy with this arrangement. Each of the practitioners working with Samantha and Diane made regular contact with Dr Baker to provide an update and enable her to gather a complete picture of Samantha's progress and ensure that all the agreed actions were being carried out. Two further family support meetings were held to review the support plan and ensure it met both the needs of mother and child. This approach engaged Diane and helped her identify solutions about her family situation. She found it a relief to know that she didn't have to cope with everything on her own and that she had a single point of contact in her GP.

## Primary health care

- 3.9** The Children's National Service Framework sets the context for the work of NHS organisations and partner agencies in relation to the health and well-being of children. The ten-year programme requires agencies to work together to achieve sustained improvement in children's health and well-being. It forms an integral part of the *Every Child Matters: Change for Children* programme.
- 3.10** Health visitors, midwives and school nurses are, in many cases, already involved in new ways of multi-agency working either 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 the delivery of integrated working (see case study page 23).
- 3.11** 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 within the context of the local 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 that will promote integration, prevent duplication and ensure a more consistent approach for families;
  - identify shared training opportunities.

## Appointing a lead professional

- 3.12** The common service delivery pathway shown in **Annex A** is an exemplar of a generic step-by-step process for delivering an integrated service to a child with additional needs. We are using this to illustrate a step-by-step process for appointing a lead professional where needs are previously unidentified. It assumes that an assessment, usually via CAF, has been carried out by a practitioner with the skills and knowledge to do this (who may or may not become the lead professional).

### Case study: Health visitor as lead professional

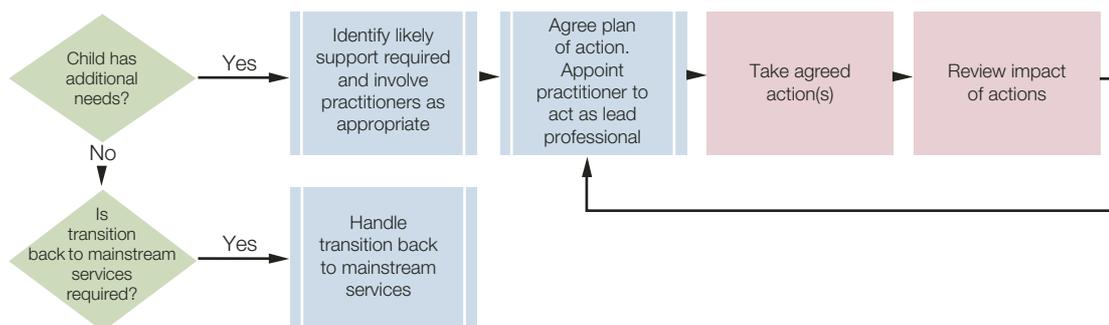
Nicole has just given birth to her third child, Jerome. She has two older children: Tyrus aged three years and Taleisha aged six. Following an episode of domestic violence Jerome's father has left the family home, though Nicole is concerned that the father may return. Nicole's key sources of support are her mother and sister, although the relationship with them has been difficult at times.

The midwife is due to hand over the care of Nicole and Jerome to the health visitor but has raised some concerns about Nicole's isolation from her family and some apparent difficulties with bonding with Jerome. In addition, the midwife has noted that Tyrus is exhibiting some challenging behaviour and that Nicole is having difficulties in ensuring Taleisha gets to school on time. The school have asked the education welfare officer (EWO) to become involved.

At the new birth visit, the health visitor, who has had previous contact with the family, identifies a range of needs within the family and is keen to work with Nicole to ensure that these are met in a timely and proactive manner. She carries out an assessment for each of the children using the CAF. This provides the basis for engaging the support of a range of practitioners – including housing, education welfare, educational psychology and family support – who come together to review how they can best support the family.

A planning meeting is held which Nicole attends. The practitioners identify the contribution each can make and the timescales they will work to. With Nicole's input, they agree that the health visitor should be the lead professional as she has the closest relationship with the family. At first, the health visitor is uncertain about this. She feels she doesn't have the skills or time to do this. However, she is able to draw on the support of the local integrated services manager to write up a co-ordinated plan for Nicole and her children, setting out the actions agreed at the multi-agency planning meeting. Within this plan, the separate needs of each child and planned interventions for them and for Nicole have been made clear. As lead professional, the health visitor is the single conduit between Nicole and the other service providers to ensure that the support is effectively delivered to the whole family.

Figure 3a: Appointing a lead professional where needs are previously unidentified



**3.13** 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 not only on the person designated to carry out the lead professional but 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 (see **Section 5**).

#### Criteria for choosing the lead professional

**3.14** Good practice suggests that where areas have set out clear criteria by which lead professionals are chosen 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 such issues 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.

**3.15** 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. Experience from Information Sharing Assessment trailblazers suggests that if the person who carries out the CAF and engages in the first instance with other practitioners is **automatically** designated as lead professional, the result is that many practitioners may become unwilling to carry out a common assessment.

### **Emerging practice example: Sure Start Plus adviser as lead professional**

Natalie became pregnant aged 17. Through Connexions she found out about a Sure Start Plus pilot in the area, and she was put into contact with a Sure Start Plus adviser. The adviser used the CAF as the starting point for discussing with Natalie what she wanted to do, the areas where she needed support and the options open to her.

Natalie decided she would continue with her pregnancy. The adviser co-ordinated support for Natalie, for example access to healthcare during pregnancy and group sessions on breast-feeding, cooking on a budget, managing money and help to stop smoking during pregnancy. She also involved the Connexions Service for advice on education options and personal development opportunities.

Natalie was interested in a future career in child development, so using her contacts with the Connexions Service the adviser was able to identify a local training initiative. The adviser also helped Natalie to complete a number of college application forms and Natalie was offered an unconditional place on a college childcare course.

As Natalie's parents were unable to help with childcare, the adviser worked closely with Natalie to identify suitable local provision. With Natalie's consent the adviser also fed information back to the children's services department, to help ensure that Natalie received consistent support through her pregnancy and afterwards. Natalie felt that she had received the specialist support that she needed and was happy that there was one person who could provide and co-ordinate this.

## **Disagreements**

- 3.16** 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.
- 3.17** The solution to this lies within the overall approach and commitment to integrated working in your 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. See paragraphs 5.8 to 5.10 for more information.

### **Emerging practice example: Youth worker as lead professional**

Paresh, aged 15, was failing to attend school and was regularly using cannabis, alcohol and ecstasy. His mother was finding that he was often drunk, and was concerned about his staying out late, using drugs and becoming involved with a group of young people who were involved in youth offending. The young man initially refused any offers of help and had a history of non-engagement with services.

Through the involvement of a youth worker, Paresh was persuaded to attend a voluntary sector youth club where he tentatively became involved in a number of activities for young men. It became clear that he was anxious and depressed and the service felt that he needed some help from a mental health worker and substance misuse services. However, Paresh expressed concern about being 'passed' to another service. The youth worker was able to persuade Paresh of the benefits of being referred to a local multi-agency team for young people. Paresh agreed that the youth worker should represent him at the next meeting, which included representatives from the local child and adolescent mental health service (CAMHS), drug and alcohol workers, behaviour support workers and the youth offending team. The youth worker carried out an assessment of Paresh's needs, which other agencies contributed to, and the information was shared with the team. Paresh had previously stated that he would only work with the team if his youth worker could be his main contact, in effect his lead professional. There was some initial disagreement about this by the other practitioners involved, due to the youth worker's perceived lack of previous co-ordination experience.

However after reviewing his support needs, the team manager agreed that it was viable as long as the youth worker gained access to support from their line manager to carry out the lead professional functions and the team manager was able to ensure that Paresh's support plan was delivered through regular progress monitoring reviews. With the additional support and 'clout' provided by the multi-agency team, the youth worker was able to continue working with Paresh, and persuade him to engage with a primary mental health worker who was able to provide short, focused 'therapeutic' input and support in addressing his drug use. Paresh was able to learn more positive coping strategies and continue attending the youth club where he developed a number of close friendships and became involved in positive activities.

### **Transition to adult services**

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

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

- ensuring the young person understands the support he or she is 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.

**3.20** 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.

**3.21** 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.

#### **Emerging practice example: Voluntary sector working with young adults to support transition**

Fairbridge is a personal development charity offering long-term support to 13 to 25-year-olds who have a range of needs which require an integrated response from different agencies. While statutory agencies often have to move young people onto adult services, Fairbridge offers every young person a named 'key worker' who will be their primary source of support and who therefore delivers the lead professional functions. The key worker has strong relationships with a variety of statutory agencies, and as such can act as a source of stability and an advocate for a young person's needs during the often confusing and difficult transition between Connexions and Jobcentre Plus provision or CAMHS and adult mental health services. Statistics show that half of the over-16s that Fairbridge has worked with within any given year have progressed onto education, training or employment one year later.

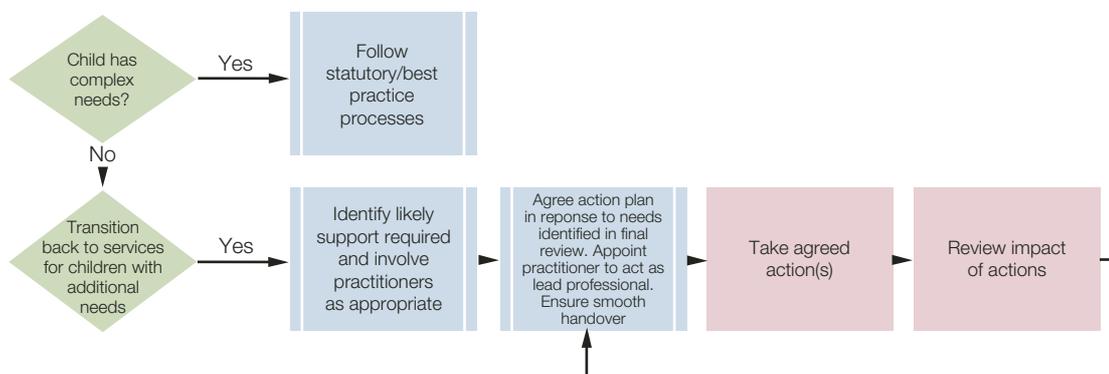
# 4. the lead professional for children and young people with complex needs

- 4.1** Of those children with additional needs, a small proportion have more significant or complex needs which meet the threshold for statutory involvement. These children are often defined as having significant or **complex needs**:
- children who are the subject of a child protection plan;
  - looked after children;
  - care leavers;
  - children for whom adoption is the plan;
  - children with severe and complex special educational needs;
  - children with complex disabilities or complex health needs;
  - children diagnosed with significant mental health problems;
  - young offenders involved with youth justice services (community and custodial).
- 4.2** In these cases, there is already legislation or best practice guidance in place which seeks to ensure these children have a named practitioner to oversee and co-ordinate the delivery of a multi-agency programme of support, as well as other functions which may be set out in statute. Examples include the named social worker for looked after children or the key worker for children with complex disabilities or complex health needs (see **Annex B**).
- 4.3** The existing legislation and guidance highlight how the lead professional functions set out in paragraph 2.7 are embedded in the wider roles carried out by these practitioners.
- 4.4** **Box 1** (see page 32) aims to summarise which practitioners are currently defined by legislation or best practice as carrying out the lead professional functions for children with complex needs. A table of the supporting legislation and guidance is set out in **Annex C**.

## Appointing a lead professional

- 4.5** In cases where a child has complex needs, the lead professional is likely to be identified and appointed as part of the lead agency's multi-agency assessment and planning process. What we have tried to show in the section above is that, through existing statutory processes and existing roles, there are already procedures in place for ensuring that someone delivers the functions required of the lead professional.
- 4.6** For some children with complex needs, for example looked after children, there may be times when the lead professional from the child's perspective may not be the same person as the lead professional who has statutory and administrative accountability for managing the plan for the child. So the child may have a closer relationship with another practitioner or a foster carer who they will share questions and concerns with, and who they may engage with more readily. In these instances, these two people will need to develop a good working relationship and have protocols for sharing relevant information to ensure that the lead professional – i.e. the named social worker – can carry out their role effectively.
- 4.7** Children with complex needs are not a static group, and many children will move between targeted and more specialist support at different stages. For example, a child on the child protection register will be de-registered once they are assessed to be no longer at risk. Or a child with a disability may no longer need the intensive support provided by specialist services because, for example, they have begun school and as a result more of their needs are being met within universal provision. However, they may still require some ongoing support to ensure that their needs do not intensify again. For this reason, we are recommending that local areas put in place steps to ensure that a child's needs are assessed when moving out of specialist services, and that this process involves anyone who may need to be involved in delivering services from that point on (see **Figure 3b**). In these cases there is no statutory guidance around who would take on the lead role – the process is similar to that followed for all children with additional needs (see **Figure 3a**). In some cases it may be appropriate and practical for this to be the same person who was carrying out the lead professional functions as before.

**Figure 3b: Transfer to a new lead professional when child is no longer in need of statutory services**



**4.8** A multi-agency planning approach is key to ensuring that the lead professional for children with complex needs can carry out their functions effectively. In many cases this will take place as part of the statutory review process. The principles that apply for children with additional needs also apply here:

- The multi-agency planning process is critical. It places responsibility and expectations not only on the person designated to carry out the lead professional functions, but on every practitioner involved in supporting the child or family. Their interventions, which will be set out in the child’s plan, 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.

#### Box 1: Practitioners carrying out the lead professional functions

<b>All children in need</b>	<p>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>• social worker is the lead professional for looked after children;</li> <li>• 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 the provision of 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 cases</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>Looked after child</b>	<p>The named social worker is the lead professional. For children in residential settings, their social worker is their lead professional and they will have a key worker in the home/school who provides day-to-day support. The social worker will link with both the child and the key worker in delivering a monitoring and co-ordination role.</p>

## Box 1: Practitioners carrying out the lead professional functions *continued*

<b>Care leaver</b>	The personal adviser or the child's social worker is the lead professional. Where care leavers remain looked after ('eligible children'), they should usually have a social worker who, where appropriate, will assume the personal adviser role. However in some authorities eligible children will have both a social worker and a personal adviser. 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. Accountability will be with their line management on behalf of the local authority responsible for supporting the young person.
<b>Adoption cases</b>	For children for whom adoption is the plan, the child's social worker is the lead professional.
<b>Child with special educational needs</b>	The SENCO may, where appropriate, be the lead professional. Where these 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.
<b>Child with complex disabilities or complex health needs</b>	Where the child or family have 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 NSF. Key workers tend to be deployed in one of two ways: (i) as a 'non-designated' key worker, in which they carry out the key worker functions alongside the practitioner role for which they are employed or (ii) as a 'designated' key worker in which they are employed and paid specifically to carry out a key worker role. Both roles deliver the functions of the lead professional as defined in paragraph 2.9. 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.

## Box 1: Practitioners carrying out the lead professional functions

### Child with mental health needs

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 via a multi-agency approach.

### Young offender

For young people on community orders or sentences, the youth offending team (YOT) will allocate a YOT supervising officer. For young people in custody the supervising officer oversees the management of the case as a whole, linking with the key worker/personal officer in the establishment. The YOT supervising officer in such situations may be the lead professional but where the young person is looked after 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.

## Transition to adult services

**4.9** Many young people with complex needs will continue to require services beyond the age at which they are entitled to them as part of children's services. There are provisions in place for some young people reaching the threshold between child and adult services, namely:

- local authorities or Connexions services have the power to carry out an assessment of the needs of young people with learning difficulties and disabilities up to the age of 25, to help them make an effective transition to adult services;
- young people in and leaving care continue to get help from social services – via their personal adviser – until they reach 21, or for as long as they remain in an approved programme of education or training.

**4.10** In other cases, for example young people with mental health problems, provision will transfer to adult services at a specified point. In these cases, it would be important for the existing lead professional to begin planning for this transition well in advance and identify what types of support are available from adult services.

**4.11** As part of a broader partnership approach with adult services, it will 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.

See paragraphs 3.18 to 3.21 for more information on effective transitions.

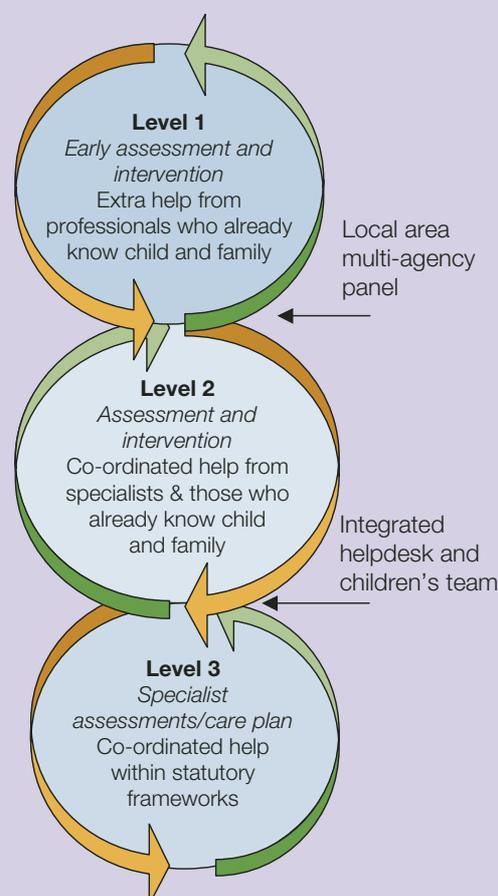
## Emerging practice example: A 'whole systems' approach to joining up services for all children with additional needs

Devon is developing an integrated service approach which brings together the whole spectrum of services for children into a single system, to ensure more continuity and consistency for children and families. The approach is set out in their Child Concern Pathway (see diagram).

The county has three major localities, each of which has been divided into three pilot areas, as the integrated service will operate on a geographical basis. The integrated service approach has the following features:

- There will be a single assessment used by all agencies at Level 1.
- A multi-agency panel will be set up to address needs at Level 2.
- There will be flexibility over how to implement the approach, for example how often the multi-agency forums meet and how formal they are.
- All practitioners involved with the multi-agency panels will be supported to deliver the lead professional functions (in Devon they are referring to this as a 'key worker' role).
- At Level 3, a helpdesk has been in place for some time to deal with referrals into social care. This has already been extended to deal with mental health and other crisis services in two of the localities, and the aim is to introduce it in the third.
- Practitioners working at Level 3 will work in a more integrated way. Many are already doing so through the Joint Agency Teams (JATs) which operate in four areas. Others will adopt a similar approach to the JAT.

The major principles underpinning the approach are continuity and co-ordination for children and families. For example, where a child moves from Level 1 support to Level 2, the person who has been carrying out the lead professional functions at Level 1 will carry on doing so, to maintain continuity in relation to the new staff who may become involved at that point. At Level 3, more formal statutory arrangements mean that children in need will initially have a social worker as their key worker/lead professional. However Devon is aiming to put a multi-agency service plan in place as quickly as possible, keeping links open with community-based staff so that these staff can take on the lead professional functions. In some cases (looked after children and those on the child protection register) the social worker will need to remain the key worker/lead professional, but they will work closely with Level 1 and 2 staff as children and families will still be receiving services at these levels.



# 5. implementing a lead professional model

**5.1** As we emphasised in **Section 1**, a lead professional model is most successfully implemented as an integral part of each local *Every Child Matters: Change for Children* programme. The **Supporting Integrated Working: Implementation Roadmap** provides a starting point for this process. It sets out the key activities to be undertaken by local authorities and practitioner organisations in implementing CAF, the lead professional, ContactPoint and improving practice in information sharing and multi-agency working. This section does not duplicate the roadmap, but can be used as an accompanying document to illustrate some good practice principles that are emerging around the implementation of lead professional models of working.

**GO TO** [www.ecm.gov.uk/iwroadmap](http://www.ecm.gov.uk/iwroadmap)

**5.2** It is helpful to remember that success in implementing a lead professional model of working will, in large part, be dependent on the local strategic approach, in particular the emphasis on management and accountability, training and cultural change.

## Box 2: Success factors and barriers to implementation

### Success factors

1. Enthusiasm at grass roots and managerial level
2. 'Champions' and leaders at all levels
3. Clear perception of the benefits for children and families
4. Participation of children, young people and families
5. History and practice of multi-agency working
6. Learning from others
7. Clear structures and processes
8. Good support for practitioners

### Barriers

1. Lack of joining-up across services; conflicts of interest
2. Mismatch between the 'vision' and the practice
3. Confusion and muddle about processes
4. Anxiety about increased workload
5. Skill/confidence gaps
6. Lack of local support

- 5.3** Early evaluations of the implementation of CAF and the lead professional and recent learning from progress checks by CWDC have identified a number of interlocking factors that can help or hinder the process of implementation. These are summarised in **Box 2**.
- 5.4** A number of the success factors and barriers highlighted in **Box 2** relate directly to the implementation of a lead professional model, and are expanded upon as good practice principles below.

### Principles for successful implementation

a) *Building commitment and ownership*

- 5.5** This is described in greater detail in the *Supporting Integrated Working: Implementation Roadmap* (see page 36). Indications that this has been carried out successfully in relation to the lead professional include:
- all partners being aware of what a lead professional is and what their functions are;
  - services having considered who will be able to take on the lead professional functions in their organisation, and how links with other services can be strengthened to ensure effective transition arrangements;
  - lead professional functions being incorporated into job descriptions, setting a clear expectation that staff will be the lead professional at some point and helping people realise it is a way of working rather than another job for them to do.

#### **Emerging practice example: Bringing the whole community on board**

In Telford & Wrekin a multi-agency consultation group, run by a number of co-ordinators, has been established to input into the *Every Child Matters: Change for Children* programme. This group represents the whole service community, with representatives from the education welfare service, social services, pupil services, CAMHS, Sure Start, housing and youth inclusion and support panels. It meets every two weeks. The objectives of the group are to promote a cultural shift towards developing collective solutions to meeting the needs of children and families. This involves developing new approaches to risk management and to resolving conflict, particularly where this occurs between practitioners working in a team around the child – either when setting up the team around the child or between practitioners delivering support to the child, young person or family.

b) *Developing an appropriate vehicle for service delivery*

**5.6** Local areas are developing a range of service models for delivering early intervention support centred on CAF and the lead professional. For example:

- Creating a ‘team around the child’ in which the CAF is used as the main lever for bringing practitioners together to discuss how they can support a child. The lead professional is agreed from among this group and will be responsible for overseeing the delivery of the agreed actions set out in the plan. Practitioners remain employed by their home agency.
- Multi-agency panels (like youth inclusion support panels) which meet regularly (e.g. monthly or termly) to discuss cases which meet particular criteria for involvement (e.g. known to two or more services). The lead professional is agreed at the same time that an action plan is developed.
- Multi-agency teams (where staff are seconded or recruited into a new service). The lead professional is agreed at a multi-agency meeting. They may be someone from the multi-agency team or the school setting. The team manager ensures that all agencies are on board and helps resolve disputes.

**5.7** There is no one correct model, and it is likely that local areas will have more than one in place, according to the population needs and available infrastructure in different localities. Further information on setting up and delivering different models of multi-agency services is provided in our **multi-agency working resource**.

GO TO [www.cwdcouncil.org.uk/projects/multiagency.htm](http://www.cwdcouncil.org.uk/projects/multiagency.htm)

PHOTO REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES

PHOTO REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES

c) *Clarifying lines of accountability*

**5.8** A clear line of accountability is vital and often a particular concern for people starting work in this area. The following 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.

**5.9** Where a robust multi-agency assessment and planning process is in place, all partners will have signed up to making a contribution and fulfilling that commitment. This makes it less likely that the lead professional will have to follow up a failure to deliver an agreed service.

**5.10** 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 the director of children's services on behalf of the local authority. This should be accompanied by a process for communicating and resolving disputes.

d) *Developing a robust management framework*

**5.11** At strategic level, robust management structures often take the form of a multi-agency steering group which can:

- marshal and deploy resources to those areas or children most in need;
- set criteria for managers to intervene to resolve conflicts or disputes;
- arbitrate or intervene to resolve disputes when necessary;
- review lead professional implementation through regular monitoring and evaluation;
- provide a 'support and challenge' role to ensure that practitioners and managers feel supported in their roles, and that all agencies are carrying out their commitments and responsibilities;
- provide strategic direction on challenging issues such as working across local authority or children's trust boundaries.

**5.12** At operational level, effective management arrangements are necessary to ensure:

- close links between service managers, including open channels of communication where necessary to resolve disputes;
- a programme of joint training and staff development;
- development of structures to support lead professionals in carrying out their functions (see paragraphs 5.14 and 5.15 for more information).

**5.13** In some areas this has been achieved by introducing a management tier focused on supporting integrated working (see case study page 41).

### Emerging practice example: Dispute resolution protocol

Poole has developed a protocol for resolving disputes about who takes on the lead professional functions. After a common assessment has been completed, a 'lead practitioner' is appointed. The decision as to who becomes the lead professional depends on:

- which practitioner is best able to develop a trusting relationship with children and families to secure their engagement and involvement in the process;
- who has the skills to identify, work with and co-ordinate the other practitioners who are involved in the support plan for the child;
- who has the time and agreement of their manager to carry out the lead professional functions.

A provisional decision is agreed between all the practitioners involved, for example in a planning meeting. However it must also be agreed by the proposed lead practitioner's manager. This decision will then be agreed with the child, young person and or family. If the line manager has any concerns about the decision, they will ask the practitioner who else is involved with the case. They will then contact the relevant line managers to discuss with them – either by phone or in a meeting – who is best placed to take on the lead role, in view of issues like available resources and likely length of involvement. The line managers will reach an agreement within four working days of the proposal.

If an agreement cannot be reached between line managers, the next step would be to refer the decision to the manager for local service development of children's and young people's services, who has responsibility for introducing the *Every Child Matters: Change for Children* programme in Poole. However, this has not been necessary to date, in large part due to the close working relationships within the borough and a shared commitment to the *Every Child Matters* agenda. This has been developed through the establishment of a multi-agency information sharing and assessment steering group at strategic level. A multi-agency model is also being piloted in two localities, in which a wide range of services – including housing and leisure – come together fortnightly to discuss the support needs of children who have already been assessed using CAF. This forum means that services are becoming more accustomed to working together and carrying out joint working in response to an assessment. These cultural changes create a helpful environment for embedding and developing a lead professional model of working.

### **Emerging practice example: Introducing a dedicated management tier**

Some areas have appointed designated managers with the remit to manage the implementation of CAF, information sharing arrangements, the lead professional and other aspects of integrated working. These managers generally report to senior managers within the authority. They go by a range of titles, for example CAF co-ordinator, integrated service manager or professional practice manager.

Typical functions include:

- A support and training role for professionals in universal services to use the CAF where they have concerns about children and families.
- Help for practitioners to identify who is best placed to become the lead professional and play a brokering and troubleshooting role where required.
- Assistance in the formulation of clear plans to ensure that children and families' identified needs are met.
- Ongoing support for the practitioner carrying out the lead professional functions, to ensure effective delivery.
- Escalating those issues that cannot easily be resolved to inter-agency strategic boards for resolution.
- Establishing a consultation and training programme for practitioners.
- Working with key partners including primary care trusts, schools and community and voluntary agencies to establish models for delivering locality-based multi-agency support.
- Establishing a programme of monitoring and review to evaluate lessons learnt.

#### *e) Developing support structures for the lead professional*

**5.14** The evaluation of the CAF and lead professional implementation found that many practitioners felt they lacked skills or confidence in carrying out the functions of a lead professional. Their concerns covered a number of issues, for example:

- lack of experience in chairing a case review or family support meeting;
- anxiety about who else they might have to work with and what their backgrounds might be;
- concern about 'taking their work home with them'.

**5.15** Issues like this can be effectively resolved through effective management structures, joint agency training and a commitment from senior management to monitor and address workload issues.

## Training

**5.16** The Government has developed a training programme to support the move to integrated working. It will enable and encourage professionals to work together in more integrated front line services, using common processes and tools which are designed to create and underpin joint working. The material is available online, on CD ROM (by request) or through training organisations and professional bodies. Within the programme there is a range of modules for managers and practitioners. The modules of most interest to practitioners taking the lead on lead professional work are:

- Introduction to the lead professional
- Introduction to assessment to support CAF
- The lead professional in practice
- Introduction to CAF
- Introduction to information sharing.

The training package is being revised by CWDC in 07/08. For more information contact: [integratedworking@cwdcouncil.org.uk](mailto:integratedworking@cwdcouncil.org.uk)

**GO TO** [www.cwdcouncil.org.uk/projects/integratedworking.htm](http://www.cwdcouncil.org.uk/projects/integratedworking.htm)

**5.17** Managers will find the *Introduction to the lead professional* module helpful, as well as a series of modules for managers on CAF and information sharing. A number of resources already exist which link with or provide a starting point for lead professional training.

**SEE** Page 63 for more information

## Line management and supervision

**5.18** Practice to date suggests that managers of lead professionals benefit from being:

- fully aware of the lead professional functions and the demands of working in this way;
- able to monitor caseloads and mandated to change the balance if necessary
- capable of directing others if needed;
- able to challenge the lead professional and other practitioners involved in a case;
- able to deal with complaints or performance issues and escalate if necessary;
- able to ensure appropriate supervisory models;
- able to identify appropriate training if required.

**5.19** Existing supervision arrangements may need to be refined to ensure that supervision is an effective mechanism for early identification of any problems in delivering the lead professional functions, and their successful resolution. Suggestions from practice include:

- altering the frequency of supervision for the duration of lead professional involvement;
- putting flexible arrangements in place so that the lead professional can request additional supervision if there are particular issues or demands;
- providing dual supervision with:
  - the lead professional element being overseen by a dedicated manager for lead professionals or an area co-ordinator;
  - the practitioner element of their work overseen by the usual line management and supervision arrangements.

**5.20** Good line management and supervision will help lead professionals make appropriate decisions regarding:

- the child and family's presenting needs;
- those areas where they have the skills and knowledge to intervene;
- those areas where they need to gain support from practitioners with more specialist skills or knowledge;
- those areas where other practitioners are required to carry out direct work with the child or family.

### **Capacity and workload**

**5.21** It is not possible to be prescriptive about the time and workload implications of providing lead professionals for children with a range of additional needs. Clearly, the time taken up by lead professional functions will vary according to the level of the child's needs, the number of practitioners involved and the length of the intervention. Being the lead professional can be more time-intensive than being a supporting practitioner in the same case. However, the lead professional will not always be the same person, and the time pressures involved in delivering the lead professional functions can be offset against other cases they may be involved in where the demands on their time may be less significant.

These variations need to be considered by senior managers when setting up a lead professional system. They also need to be taken into account by operational managers when setting and allocating caseloads.

There are particular implications for staff who may be working part-time in a multi-agency setting and part-time in their home agency. Clear communication is necessary between both services so that the individual is not overwhelmed with lead professional and caseload responsibilities.

## Administrative support

**5.22** Many areas have found it helpful to ensure that lead professionals have some administrative back-up, for example to:

- assist in help producing documentation for meetings;
- take minutes;
- keep contact details up to date;
- keep files and information sharing systems up to date.

### Hints and tips

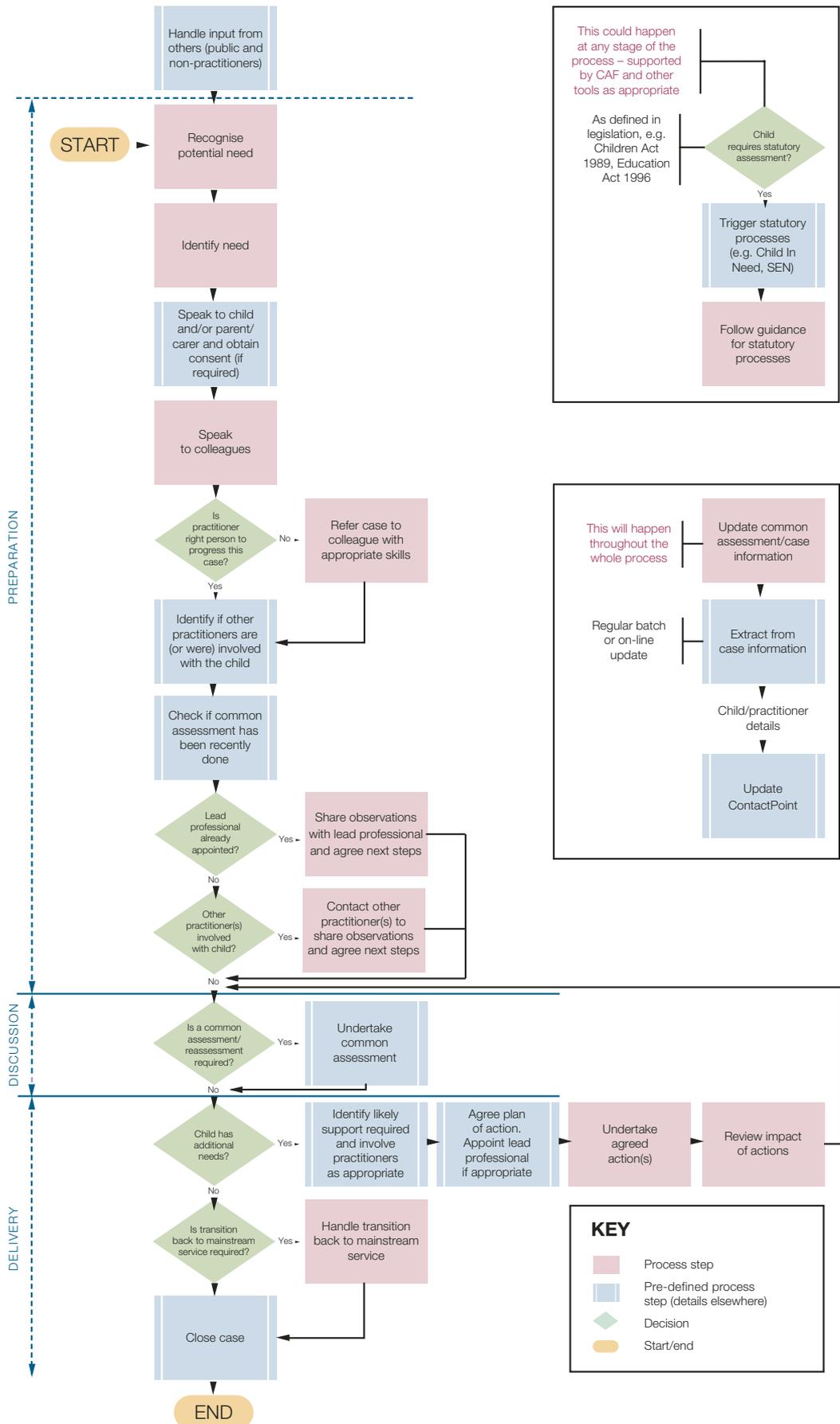
Finally, the following tips are given by those already delivering a lead professional model:

- Find advocates for the lead professional: people who have been lead professionals are very useful in taking the message and their experience back to their home agencies, to persuade others of the benefits of this way of working.
- For people who are new to this way of working, think about setting up a system of lead professional mentoring by practitioners who have done it before.
- Where families are receiving support from a number of practitioners, the lead professional may find it useful to have a diary or calendar for families in which they can write down visits and other scheduled work.
- After an initial referral and the completion of a CAF, a multi-agency meeting is set up, attended by the family and child. Needs are then recorded on white-boards and then prioritised. The top three priorities are then translated into an action plan and tasks to achieve success allocated to appropriate agencies and to the family. A time scale is agreed. This is electronically recorded, printed off and signed by all the relevant parties. A lead professional is appointed with the agreement of the family. Review dates are set.
- Some areas have found a newsletter helpful to introduce the new way of working. This, coupled with initial training, means that by the time a practitioner becomes a lead professional they know what support is available and will see it as 'one of the things practitioners do'.



# annex A: common service delivery pathway

The process chart opposite is a high-level representation of the typical activities that practitioners would be expected to undertake when in contact with a child or young person who appears to have unmet need(s). Different parts of this pathway could involve different practitioners. Note that the sequence of activities here is an example only – the actual process can vary.



# annex B: examples of who delivers the lead professional functions in complex cases

**Key worker for children with complex disabilities or complex health needs:** S/he may come from a range of backgrounds, co-ordinate service provision, and be a clear point of reference for the family. S/he has responsibility for co-ordinating and facilitating the total care package. In particular they will organise the formulation, review and implementation of action plans or family service plans (for young children) in partnership with families and provide:

- a single point of reference for families and those working with the child and family;
- practical help negotiating services and structures and coping with multiple contacts;
- better co-ordinated assessment of child and family's support needs;
- regular review of support arrangements;
- regular, long term contact and continuity of support;
- personal or emotional support;
- information and help to understand information about disability and services in the context of a child's particular situation.

The Children's NSF promotes integrated working and key worker services for children with complex disabilities and complex health needs. The Early Support Programme is aimed specifically at young disabled children (aged 0 to 3) and their families, and supports the local implementation of *Together from the Start*. Key worker standards have also been developed by the Care Co-ordination Network UK (see back cover for more information).

**Youth Offending Team supervising officer:** Supervision involves co-ordinating those interventions that tackle offending behaviour and providing support and guidance for the young person using a variety of methods, services and facilities. When supervising a young person receiving a range of interventions, the officer will:

- maintain a relationship with the young person that provides a sense of continuity for them;
- prepare a young person for the various interventions and deal with any concerns or anxieties;
- ensure that they know when and where they should be for different activities;
- provide appropriate information about their needs to colleagues/other service providers;
- ensure that they are informed about the young person's attendance and progress at each activity;
- monitor and evaluate the work achieved;
- be sensitive to possible changes in the young person's life.

(From *Assessment, Planning Interventions and Supervision: Key Elements of Effective Practice Edition 1*, Youth Justice Board)

**Care co-ordinator for children with serious mental health needs:** The care co-ordinator is a key element of the Care Programme Approach (CPA), the standard method for supporting people with severe mental illness in the community. The role of care co-ordinator (formerly called a key worker) is usually taken by the person best placed to oversee care planning and resource allocation. They are responsible for keeping in close contact with the service user and for advising the other members of the care team of changes in circumstance that might require a review of the care plan. The care co-ordinator should have the authority to co-ordinate the delivery of the care plan and be respected by all those involved in delivering it, regardless of agency of origin. CPA was originally an adult planning tool but is increasingly being used with young people, particularly those in in-patient care or receiving high levels of care in the community. However it is still only a small percentage of CAMHS users who will come under CPA and most will be in the 16-18 age group.

(From *Modernising the Care Programme Approach: A Policy Booklet*, 1999)

# annex C: the legislative framework for children with complex needs

Area of need	Designated activities which relate to lead professional functions	Status of guidance
<p><b>Children with additional needs</b></p>	<p>Where children, young people and their families have multiple needs, integrated support is provided by a number of professionals in order to achieve better outcomes. In these cases, it may be appropriate for one practitioner among those involved to take on a lead role in co-ordinating the support.</p> <p>(Section 2.15 of the statutory guidance supporting section 11(4) of Children Act 2004)</p>	<p>Should be complied with unless local circumstances indicate exceptional reasons which justify a variation.</p>
<p><b>All children in need, during assessment phase</b> (see below for specific areas of need)</p>	<p>Under section 17 of the Children Act 1989, <b>social services departments carry lead responsibility for establishing whether a child is in need and for ensuring services are provided to that child as appropriate.</b> This may not require social services to provide the service itself. Following a child in need assessment, for example, a child with communication impairment may require the help of a NHS speech therapist and additional classroom support at school rather than any specialist services of the social services department. The voluntary sector may have an important role to play in contributing to an assessment and providing services to a family.</p> <p>The social services department has the <b>lead role for ensuring initial and core assessments are carried out</b> according to the <i>Framework for the Assessment of Children in Need and their Families</i>. In practice this means, planning, preparation, co-ordination and communication with professionals in other agencies. This is where inter-agency protocols (and intra-agency where adults services are concerned) can be an effective means of providing a structure for collaboration and lines of communication.</p>	<p>Statutory guidance under section 7 of Local Authority Social Services Act 1970. Should be complied with unless local circumstances indicate exceptional reasons which justify a variation.</p>

Area of need	Designated activities which relate to lead professional functions	Status of guidance
<p><b>Children in need</b> <i>continued</i></p>	<p>For children looked after and children whose names have been placed on the child protection register and who are subject to a child protection plan, the responsibilities for monitoring and reviewing the children's progress (including safety) are set out in the same <i>Regulations and Guidance</i> (Department of Health 1991; Department of Health et al, 1999). Social services departments have lead responsibility for ensuring these reviews take place within the prescribed time scales. There are no such regulations governing the review of welfare of other children in need. However, it is essential that agreements are reached on an inter-agency basis about how best to monitor and review children in need plans. The lead agency for this activity may not necessarily be the social services department, as another agency may be better placed to undertake this responsibility.</p> <p>(Sections 5.5 and 5.9, <i>Framework for the Assessment of Children in Need and their Families</i>, 2000)</p>	
<p><b>Children who are the subject of a child protection plan</b></p>	<p>Each child who is the subject of a child protection plan should have a named key worker. The key worker is responsible for making sure that the outline child protection plan is developed into a more detailed inter-agency plan. S/he should complete the core assessment of the child and family, securing contributions from core group members and others as necessary. <b>The key worker is also responsible for acting as the lead professional for the inter-agency work</b> with the child and family. S/he should co-ordinate the contribution of family members and other agencies to plan the actions which need to be taken, putting the child protection plan into effect, and review progress against the planned outcomes set out in the plan. It is important that the role of the key worker is fully explained at the initial child protection conference and at the core group.</p> <p>(Sections 5.115 and 5.116 of <i>Working Together to Safeguard Children</i>, 2006)</p>	<p>Statutory guidance under section 7 of the Local Authority Social Services Act 1970. Should be complied with unless local circumstances indicate exceptional reasons which justify a variation.</p>

Area of need	Designated activities which relate to lead professional functions	Status of guidance
<b>Looked after children</b>	<p>All looked after children must have a care plan which must be based on an assessment of need (core assessment) led by the social worker but likely to draw on other professional assessments. <b>The social worker co-ordinates the services that the assessment indicates are necessary.</b></p> <p>(Section 5.12, <i>Framework for the Assessment of Children in Need and their Families</i>, 2000)</p> <p><b>Children’s homes:</b> Each child’s placement plan is monitored by a key worker within the home who ensures that the requirements of the plan are implemented in the day-to-day care of that child. The placement plan sets out the roles and responsibilities of the respective professionals involved in the child’s care and how this will be ministered. The placement plan indicates how the placement will contribute to the outcomes set out in the child’s care plan. The key worker also provides individual guidance and support to the child and regularly makes time available to the child to enable them to seek guidance, advice and support on any matter. Where homes do not use key working schemes, this responsibility passes to the registered person or to another member of staff nominated by the registered person.</p> <p>(Section 2.2 <i>Children Home National Minimum Standards</i>)</p> <p><b>Foster carers:</b> There may be circumstances (e.g. children in permanent foster placements) where a foster carer may act as ‘lead professional’ from the child’s perspective, taking responsibility for most aspects of a child’s day-to-day care – though not being ultimately accountable for the care plan. This responsibility remains with the social worker.</p> <p><b>In residential special school:</b> Each child has at least one key worker (or similar person) within the school who provides individual guidance and support to the child. They regularly make time available to the child to enable the child to seek guidance, advice and support on any matter. They monitor that the school is complying on a day-to-day basis with the child’s placement plan.</p>	<p>Statutory guidance under section 7 of the Local Authority Social Services Act 1970.</p> <p>The Department of Health publishes the minimum standards. These are based on Children’s Homes Regulations 2002; Fostering Services Regulations 2002 and other sets of regulations; the Children Act 1989, and the Care Standards Act 2000.</p> <p>The standards form the basis for judgements made by the Commission for Social Care Standards.</p>

Area of need	Designated activities which relate to lead professional functions	Status of guidance
<b>Care leavers</b>	<p><b>The personal adviser or child's social worker is the lead professional.</b> 'Eligible children' should usually have a social worker who, where appropriate, will assume the personal adviser role. In some authorities eligible children will have both a social worker and a personal adviser. 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. Accountability will be with their line management on behalf of the local authority responsible for supporting the young person. The functions of a personal adviser include: "To co-ordinate the provision of services and to take reasonable steps to ensure that [the child or young person] makes use of such services".</p> <p>(see <i>Regulation 12 Children (Leaving Care) (England) Regulations 2001</i> for full list of functions)</p>	Children (Leaving Care) Act 2000.
<b>Children for whom adoption is the plan</b>	<p>All children will have a named social worker who will be responsible for them throughout the adoption process.</p> <p>(National Adoption Standards for England, 2001)</p> <p>Work is in progress to incorporate the national adoption standards into the statutory guidance for the Adoption and Children Act 2002.</p> <p>(see Chapters 1, 2, 4, 5 and 7 of statutory guidance issued in respect of Adoption and Children Act 2002 and associated regulations)</p>	Statutory guidance under section 7 of the Local Authority Social Services Act 1970.
<b>Children with special educational needs</b>	<p>The SENCO has responsibility for co-ordinating educational provision for children with special educational needs within their school and their responsibilities may include liaising with other services outside the school. In Year 9, the annual review should include the development of a Transition Plan. The Connexions Service is responsible for overseeing the delivery of the Transition Plan and the Personal Adviser should co-ordinate its delivery.</p>	<i>SEN Code of Practice</i> , 2001; Education (Special Educational Needs) (Information) (England) Regulations 1999

Area of need	Designated activities which relate to lead professional functions	Status of guidance
<b>Disabled children and those with complex health needs</b>	<p><i>Together from the Start</i> (for 0 to 3 year olds) states that all children with complex needs and their families should be allocated a key worker. Recognised as good practice for other age groups. Definitions of key worker functions vary but can be summarised as: 'Co-ordinates service provision and is a clear point of reference for the family. Has responsibility for co-ordinating and facilitating the total care package in partnership with families'. See <b>Annex B</b> for the range of functions provided.</p> <p>Standard 8 (disabled children and those with complex needs) of the Children's NSF states: 'Children and young people who are disabled or who have complex health needs receive co-ordinated, high-quality child and family-centred services which are based on assessed needs, which promote social inclusion and, where possible, which enable them and their families to live ordinary lives.'</p> <p>Marker of good practice (2): Disabled children and young people receive child-centred multi-agency co-ordinated services from the point of referral through identification and assessment to delivery.</p> <p>Para 5.8: Parents of severely disabled children or those with high levels of need require a single point of contact with services and an effective, trusted and informed named person (a 'key worker' or care manager) to help them obtain the services they require. One of the markers of good practice in relation to this standard is that key worker services are provided in line with the guidance in <i>Together from the start</i> (DH and DfES, 2003) and the key worker standards produced by Care Coordination Network UK (2004), supported by cross-agency senior management commitment.</p>	<p><i>Together from the Start</i> (DfES and DH, 2003). This is published as 'good practice guidance'.</p> <p><i>National Service Framework for Children, Young People and Maternity Services</i> (DH and DfES, 2004). This is published as 'best practice guidance'.</p>

Area of need	Designated activities which relate to lead professional functions	Status of guidance
<p><b>Children diagnosed with complex mental health problems</b></p>	<p>One of the four main elements of the Care Programme Approach is the appointment of a care co-ordinator to keep in close touch with the service user and to monitor and co-ordinate care. In these cases the co-ordinator will be carrying out the lead professional functions, however currently only a small percentage of CAMHS users come under CPA, and most of them are in the 16-18 age group.</p> <p>Standard 9 (mental health and psychological well-being) of the Children’s NSF is supportive of the more widespread adoption of the CPA, for example:</p> <p>‘All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective assessment, treatment and support, for them and their families.’</p> <p>Marker of good practice (10): ‘When children and young people are discharged from in-patient services into the community and when young people are transferred from child to adult services, their continuity of care is ensured by use of the ‘care programme approach’.</p>	<p><i>Care Programme Approach</i> (DH, 1999). Issued as best practice guidance.</p> <p><i>National Service Framework for Children, Young People and Maternity Services</i> (DH and DfES, 2004). This is published as ‘best practice guidance’.</p>

Area of need	Designated activities which relate to lead professional functions	Status of guidance
<p><b>Children involved with youth justice services (YOT, in custody, secure accommodation)</b></p>	<p>This section describes the contact YOTs have with young people. The nature of the contact will vary considerably according to the circumstances. A YOT officer may take on the role of the lead professional in these situations but this must always be subject to agreement by the local YOT and with the support of all relevant mainstream agencies. A YOT should never take on the role of lead professional in cases where the child/young person is a looked after child or a child protection case.</p> <p><b>1. Young people on final warnings:</b> A designated member of each YOT should act as a ‘key worker’ to oversee the final warning intervention from start to finish. (from <i>Key Elements of Effective Practice: Final Warning</i>)</p> <p><b>2. Young people on court-ordered interventions (ie. referral, reparation, action plan, parenting, supervision, community punishment and rehabilitation, attendance centre, drug treatment and testing (DTTO), curfew, anti-social behaviour (ASBO), and child safety orders):</b> A ‘responsible officer’ should be appointed from within the YOT. National Standards state that work should follow the principles of effective practice based on research and evidence as identified by the Youth Justice Board’s (YJB) <i>Key Elements of Effective Practice: Assessment, Planning Interventions and Supervision</i>, namely:</p> <ul style="list-style-type: none"> <li>• each young person has an allocated ‘case supervisor’;</li> <li>• supervision involves co-ordinating these interventions that tackle offending behaviour and providing support and guidance for the young person using a variety of methods, services and facilities.</li> </ul>	<p><i>National Standards for Youth Justice Services</i> (YJB, 2004). Issued by Secretary of State. Any departure from the standards needs to be appropriately authorised by the YOT manager, governor or head of establishment and reasons recorded.</p> <p>Other guidance listed here is taken from the <i>Key Elements of Effective Practice</i> series produced by the YJB and available at <a href="http://www.yjb.gov.uk">www.yjb.gov.uk</a></p>

Area of need	Designated activities which relate to lead professional functions	Status of guidance
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**Children involved with youth justice services (YOT, in custody, secure accommodation)**  
*continued*

**Note:** In some instances the terms YOT officer, case supervisor, responsible officer and allocated case supervisor have been used interchangeably. In practice, they all undertake the core lead professional functions, but for the purposes of clarity the following definitions are offered:

- The YOT officer or ‘responsible officer’ refers to a pre-sentence report writer or an officer involved in preventive work. YOT prevention officers work with young people already involved in low level offending or anti-social behaviour, through youth inclusion programmes, youth inclusion support panels or other interventions. It is essential that these workers have the support of the other mainstream services to be able to co-ordinate effective interventions.
- The allocated case supervisor or supervising officer is an officer who has statutory responsibility and is likely to be involved with the young person on a longer term with clear supervision plans and interventions identified.

**3. Persistent young offenders on intensive supervision and surveillance programmes (ISSP):**

The ISSP must be enforced in line with the requirements relating to bail, community supervision or the detention and training order as appropriate. This is the responsibility of the supervising officer. Effective case management arrangements should ensure that there is clear responsibility for co-ordination of individual programmes, together with strong and consistent support for the young person (see *Key Elements of Effective Practice: ISSPs*).

Area of need	Designated activities which relate to lead professional functions	Status of guidance
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**Children involved with youth justice services (YOT, in custody, secure accommodation)**  
*continued*

**4. Young people in custody:**

- A key worker, case worker or case manager [from within the institution] must be allocated to each young person to provide advice and assistance during their period in custody.
- A supervising officer from the YOT must be appointed within one working day of sentence and ASSET completed before arrival at the institution. Secure establishment staff must deliver the training plan with the active support of the supervising officer. Supervising officer must make regular contact with secure establishment staff to discuss progress, and must maintain regular contact with the parent(s) or carer(s).
- On transfer to community, training plan must be reviewed within ten days. Supervising officer to chair the review.

**5. Young offenders involved with statutory social services:**

- Social services departments have a continuing responsibility for; looked after children who offend, children in need, providing accommodation for children and young people transferred from police stations under section 38 (6) of the Police and Criminal Evidence Act 1984, and those remanded to local authority accommodation.
- YOTs can hold, where appropriate, children in need cases, but should never lead child protection cases or looked-after children cases (see *Sustaining the Success*, 2004).
- If there is a seconded social worker based in the YOT then they could be the lead professional for looked after children who are offending. The overall responsibility for the young person remains with the social worker and children's services.

### **Other resources include:**

#### **The lead professional: practitioners' guide:**

Guidance on being a lead professional. Available online at [www.cwdcouncil.org.uk/projects/leadprofessional.htm](http://www.cwdcouncil.org.uk/projects/leadprofessional.htm)

#### **CAF: managers' guide:**

Guidance on implementing CAF. This is available locally in hard copy or online at [www.cwdcouncil.org.uk/projects/commonassessmentframework.htm](http://www.cwdcouncil.org.uk/projects/commonassessmentframework.htm)

#### **CAF: practitioners' guide:**

Guidance on carrying out common assessments. This is available locally in hard copy or online at [www.cwdcouncil.org.uk/projects/commonassessmentframework.htm](http://www.cwdcouncil.org.uk/projects/commonassessmentframework.htm)

#### **Moving Towards Integrated Working:**

A review of the way in which new Integrated Working practices are progressing. [www.cwdcouncil.org.uk/projects/integratedworking.htm](http://www.cwdcouncil.org.uk/projects/integratedworking.htm)

#### **Making It Happen:**

Booklet supporting the implementation of effective front-line integrated working practice. [www.cwdcouncil.org.uk/makingithappen.htm](http://www.cwdcouncil.org.uk/makingithappen.htm)

#### **Local Workforce Strategy Toolkit:**

For the development of local and organisational workforce strategies. [www.cwdcouncil.org.uk/projects/implementinglocally.htm](http://www.cwdcouncil.org.uk/projects/implementinglocally.htm)

#### **Championing Children:**

A framework for those who are leading and managing integrated children's services. [www.cwdcouncil.org.uk/projects/championingchildren.htm](http://www.cwdcouncil.org.uk/projects/championingchildren.htm)

#### **Information sharing:**

Guidance for practitioners and other supporting documents are available online at [www.cwdcouncil.org.uk/projects/informationsharing.htm](http://www.cwdcouncil.org.uk/projects/informationsharing.htm)

#### **Training materials:**

National core training materials are available at [www.ecm.gov.uk/iwtraining](http://www.ecm.gov.uk/iwtraining)

#### **Implementation roadmap:**

Provides a high level view of what is required to implement key elements of integrated working. Available online at [www.ecm.gov.uk/iwroadmap](http://www.ecm.gov.uk/iwroadmap)

#### **Council for Disabled Children:**

The Council for Disabled Children (CDC) provides a national forum for the discussion and development of a wide range of policy and practice issues relating to service provision and support for disabled children and young people and those with special educational needs. [www.ncb.org.uk/cdc](http://www.ncb.org.uk/cdc)

#### **Care Co-ordination Network UK:**

Promotes and supports care co-ordination and key working services for disabled children and their families. See [www.ccuk.org.uk](http://www.ccuk.org.uk) for details of resources and publications.

**The Children's Workforce Development Council's vision is to build a world-class workforce for children, young people and families.**

CWDC exists to improve the lives of children, young people, their families and carers by ensuring that all people working with them have the best possible training, qualifications, support and advice. It also helps children and young people's organisations and services to work together better so that the child is at the centre of all services.

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for more information please call:  
**0113 244 6311**  
or visit **[www.cwdcouncil.org.uk](http://www.cwdcouncil.org.uk)**

Or write to CWDC, 3rd Floor, Friends Provident House, 13-14 South Parade, Leeds LS1 5QS, email [integratedworking@cwdcouncil.org.uk](mailto:integratedworking@cwdcouncil.org.uk) or fax us on 0113 390 7744.

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