

NEW Pan Bedfordshire Lead Practitioner Role

Introduction

Section 11 (4) of the Children Act 2004 states “where children, young people and their families have multiple needs, and integrated support is provided by a number of professionals in order to provide better outcomes. In these cases, it may be appropriate for one practitioner among those involved to take on a lead role in coordinating the support. All children with additional needs (including complex needs) who require integrated support from more than one practitioner should experience a seamless and effective service in which one practitioner takes the lead to ensure that services are coordinated, coherent and achieving intended outcomes.

What is a Lead Practitioner?

A Lead Practitioner is a member of the children’s workforce who takes the lead to co-ordinate provision for a child and their family. The Lead Practitioner is not a job title or a new role, but a set of functions to be carried out as part of the delivery of integrated support. A Lead Practitioner is appointed when a number of different services need to be brought together to support a child and/or their family. The Lead Practitioner can come from any service and must be agreed with the child and their family.

The decision as to who should be Lead Practitioner should be made by a multi-agency group/meeting at the earliest opportunity including the child and family. In reality it is likely to be the practitioner most involved in the delivery plan, and who has the strongest relationship with the family.

What do you need to consider when identifying a Lead Practitioner?

The following should be considered when identifying which practitioner should take the role of Lead Practitioner:

- All practitioners working with children and families will already have experience of being a Practitioner lead with individual children, in some way, through their day to day job.
- A clear statutory responsibility to lead on work with the child or family
- The wishes of the child or family
- The predominant needs of the child or family
- The skills, ability and capacity to provide a leadership and coordinating role in relation to other practitioners involved with the child or family
- The level of trust built up with the child or family
- Previous or potential relationship with the child
- An ability to draw in and influence universal and specialist services
- An understanding of surrounding support systems available to support the universal and specialist services.
- It requires effective integrated working from all of the practitioners within the Children’s Workforce, which relies on appropriate information sharing.

The role of the Lead Practitioner is 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, help them work their way through agency structures / systems and effect change.
- Co-ordinate the delivery of the actions agreed by the practitioners involved, to ensure that children and families receive an effective service
- Reduce overlap and inconsistency in the services received.
- Be responsible for co-ordinating the intervention however they are not responsible for making sure interventions have been carried out as outlined in the action plan or for the quality of those interventions. Accountability for work being carried out with a child or family and/or the quality of the intervention rests with each practitioner own organisational management.
- **NOT** be responsible for ensuring that other practitioners deliver the actions they committed to.
- **NOT** be responsible for dealing with any disagreements or complaints about another agencies actions or lack of them, these should be dealt with through the escalation procedures.
- Keep all practitioners informed and updated with significant changes.
- Ensure that progress is monitored, taking into account:
 - The changing circumstances and needs of the child or family over time
 - The child or family's experience of or satisfaction with services and support received
 - The views of other practitioners on the effectiveness of support
 - Whether support or services should be changed and whether more specialist support may be required
 - Whether the child's needs have been met and they no longer require additional support.
 - The Lead Practitioner continues to support them while any more specialist assessments are carried out
 - An effective 'hand over' takes place when a new lead Practitioner is required to deliver and co-ordinate the ensuing support.

The Lead Practitioner will aim to:

- Have an open, honest and trusting relationship with the child and family.
- Communicate without the use of jargon
- Empower child and family to make decisions and challenge when appropriate
- Support and enable child and family to achieve their potential
- Be a central point of contact for the family and other practitioners to liaise with and keep updated.
- Convene meetings and discussions with other practitioners as necessary.
- Co-ordinate the effective delivery of an agreed set of actions which provide a solution focused package of support.
- Co-ordinate a process by which actions will be regularly reviewed and monitored.
- Ensure an alternative Lead Practitioner is identified if they have to leave this role for any reason.
- Knowledge of local and regional services for children and families
- Understand boundaries of own skills and knowledge

- Strong communication skills; diplomacy; sensitivity
- Understand implications of the child's assessment e.g. in relation to risks and protective factors.

Who is the best person to be the Lead Practitioner?

Depending on the needs of the child and their family and the threshold for the intervention, the Lead Practitioner should ideally be someone who is already working with the child or their parents and knows them well, or is about to get involved and play a major role in supporting them. The best person to take this role is usually agreed at the Team Around the Family/Child (TAF/TAC) meeting. Children and families must also be asked who they would like the Lead Practitioner to be and this request should be met, unless there are good or statutory reasons why this is not possible or desirable.

Working with children with additional needs (Non Statutory)

Where children and families require additional support, that support should be provided at the earliest opportunity and by the most appropriate services, to avoid the risk of escalation to a higher threshold and avoid the need for statutory intervention.

When a child or family is identified as in need of additional support, which cannot be addressed by a single agency, a multi-agency response may be required. The identifying partner should complete the Early Help Assessment (EHA) which will be assessed by the MASH/Integrated Front Door/Access Hub Team for the level of need and most appropriate response.

The agency submitting the EHA information will not automatically become the Lead Practitioner. Depending on the needs identified, a variety of practitioners in the children's workforce may be appointed as Lead Practitioner at certain times. The following list provides some examples of who can be a Lead Practitioner. It is not exclusive as practitioners from other backgrounds may sometimes take on the functions too.

- personal advisers • health visitors • midwives • youth workers
- family workers • substance misuse workers • nursery nurses
- education welfare officers • children's centre staff and teenage pregnancy advisers
- community children's nurses • school nurses • teachers
- school support staff • housing support staff • play workers
- social workers (statutory function)

The decisions about who should be the Lead Practitioner should be taken on a case by case basis after an initial meeting between Partners to discuss the support requirements. This should always be informed by the child and their family alongside any statutory requirement. (Working Together to Safeguard Children 2018).

Note: It should not be automatically assumed that a particular Partner will always be the Lead Practitioner. (Unless there is a statutory duty).

Once a decision has been made as to who is the most appropriate practitioner to be the Lead Practitioner, it is helpful to set out at the outset what the expectations and role will comprise.

This will ensure there is not a breakdown of understanding, communication or support. It is important that the family and the workers are all clear on who is providing what support. There may also be occasions (e.g. in cases of school leads) when the Lead Practitioner may on occasions not be available. In these situations, consideration of a contingency plan is recommended.

The following guidance sets out the process regarding when and who should be appointed the Lead Practitioner role;

Early Offer of Help

- Following a referral to Early Help Services the Lead Practitioner will be decided at the initial TAF meeting, unless already established.
- Cases from Children Social Care (step down) can be transferred to Early Help without a Lead Practitioner and this role will be decided at the first TAF (step down) meeting if not already established.
- Open cases in Early Help will not be closed on the basis there is no Lead Practitioner. A TAF meeting will need to be arranged to allocate the Lead Practitioner role to the most appropriate person.

Children in Need

- An allocated Social Worker is the Lead Practitioner during any Child in Need assessment phase.
- Any relevant practitioner can be the Lead Practitioner for any other Child in Need intervention 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 Practitioner.

Child Protection Plan

- The named Social Worker (the key worker) is responsible for acting as the Lead Practitioner for the inter-agency work with any child who is subject to a Child Protection Plan.

Looked after Children

- The allocated Social Worker will be their Lead Practitioner 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 an effective monitoring/co-ordination

Care leaver -

- The personal adviser or the child's Social Worker is the Lead Practitioner.
- Where care leavers remain Looked After ('eligible children'), they should usually have a Social Worker who, where appropriate, will assume the personal adviser role.
- In some circumstances 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 Practitioner will usually be a personal adviser.

- The personal adviser must participate in assessment, planning, intervention and review of the child's needs and maintain their pathway plan.
- Accountability for their work will be with their line management on behalf of the Local Authority responsible for supporting the child to meet their needs set out in their pathway plan.

Adoption cases

- For children for whom adoption is the plan, the child's Social Worker is the Lead Practitioner.

Child with special educational needs

- The Special Educational Needs Co-ordinator may, where appropriate, be the Lead Practitioner.
- Where these special needs require input from a range of practitioners 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 Practitioner.

Child with complex disabilities or complex health needs

- Where the child or family have a key worker, they are the Lead Practitioner.
- Key worker models are increasingly in place for children with severe and complex disabilities or health needs, as recommended by the Children's National Service Framework.

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 Practitioner.

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 Practitioner functions for a disabled or seriously ill child.

Child with mental health needs

- Where a Care Programme Approach (CPA) is being followed, the care coordinator is the Lead Practitioner. Where a CPA is not being followed, it is still appropriate to appoint someone as the Lead Practitioner to oversee the delivery of services via a multi-agency approach.

Young Offender

- For children on Community Orders or sentences, the Youth Offending Service (YOS) will allocate a YOS Supervising Officer.
- For children 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 YOS Supervising Officer in such situations may be the Lead Practitioner but where the child is Looked After or subject to a Child Protection Plan the Lead Practitioner must be the Social Worker.
- In all situations where a YOS is involved, the decision as to who should be the Lead Practitioner must be agreed locally. If it is agreed that the YOS Supervising Officer should be the Lead Practitioner, this must be with the support of relevant mainstream agencies.

This guidance should make clear who is accountable for the Lead Practitioner role.

In any circumstance where a Partner agency considers the guidelines have not been fairly applied, the [Pan Bedfordshire Multi Agency Disagreement and Escalation Procedure](#) is in place to enable an objective challenge process that ensures the needs of the child are met in a timely manner (see the above escalation procedures).

Once the Lead Practitioner has been agreed this should be clearly documented and communicated.

Supervision and management arrangements of the Lead Practitioner are the responsibility of their own agency.

Evidence from practice suggest that the introduction of a Lead Practitioner role is central to effective front line delivery of integrated children's services. It ensures that Practitioner involvement is optimised, coordinated and communicated effectively most importantly it provides a better experience for children and families involved with a range of agencies.