

# Early Help Lead Professional Handbook



**Wigan**   
**Council**



**The Deal**

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# Lead Professional Handbook

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## Why Early Help?

Early intervention works to reduce the risk factors and increase the protective factors in a child’s life. We have a good understanding of the risk factors that can threaten children’s development, limit future social and economic opportunities, and increase the likelihood of mental and physical health problems, criminal involvement, substance misuse, or exploitation or abuse in later life. [Early Intervention Foundation Website](#)

The importance of early intervention is outlined in the work of Graham Allen on the benefits of early intervention programmes, Dame Clare Tickell on the Early Years Foundation Stage and Frank Field’s review on poverty. These reviews identified a growing body of evidence of the effectiveness of early help for children and their families.

## What is an Early Help Assessment?

An Early Help Assessment is an early help assessment tool that helps the family understand what is going well for them and what their needs and worries are. It helps professionals and families identify together areas to improve.

An Early Help Assessment includes everyone in the family including unborn babies. It’s important that everyone in the family has their voice heard and is supported.

### Who and why?

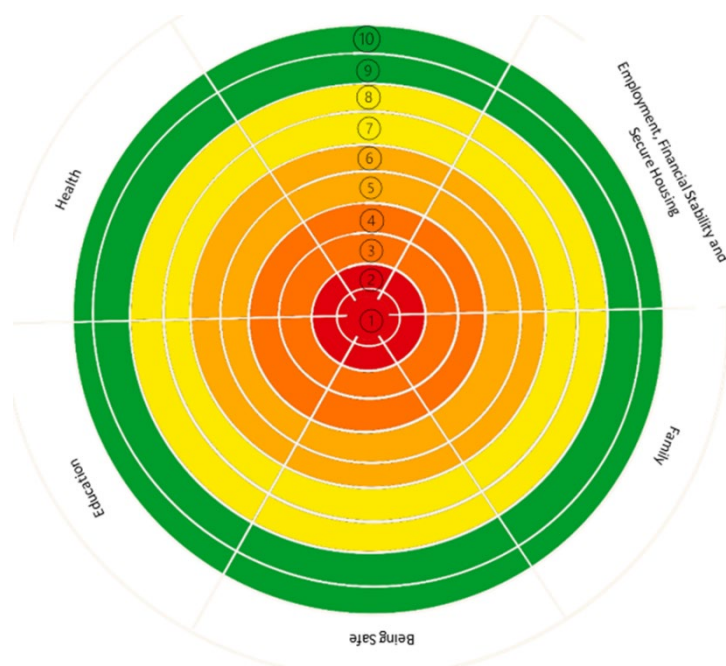
An Early Help Assessment can include any family or household member, even if they do not have Parental Responsibility or play a caring role for a child in the home. Significant others can also be included if required. Not all household members have to be included, but professionals must provide a justification as to why any household member has been excluded.

Families will be assessed in relation to five areas:

- Health
- Education
- Being safe
- Family
- Employment, financial stability and housing

The Early Help Assessment Framework will support the development of outcomes in 11 areas:

- Good mental health
- No/managed substance misuse
- Good physical health
- Good early years development
- Good school development
- Secure housing
- Financial stability
- Safe from domestic abuse
- Children safe from abuse or exploitation
- Families diverted from crime
- Family relationships



No confidence		Not very confident		Unsure		Confident		Very confident	
1	2	3	4	5	6	7	8	9	10

Each outcome includes:

- Indicators of concern
- What success might look like
- How improvements will be measured

The Early Help assessment form can be found in appendix 1.

The Early Help review form can be found in appendix 2.

The Shared Outcomes Framework can be found in appendix 3.

## Genogram

A genogram is a visual family mapping tool and should be completed with the family. Genograms illustrate family relationships to show parentage and birth order across the generations, similar to a family tree. Genograms, however, go beyond this type of surface-level information included in a family tree, to capture in-depth details about family functioning and processes. Constructing a genogram as part of an assessment means gathering vital family information that forms the basis for deepening a family's self-understanding and supports the family worker to make sense of the family story. The genogram is a complex tool capturing a wide range of family information, including family conflicts, domestic abuse, sexual abuse, alcohol and Drug use, health and mental health histories, communication patterns, and the evolution of relationships. Full guidance for Genograms can be found in appendix 4.

### Consent, confidentiality, and privacy notice

An Early Help Assessment will be completed with the family. An Early Help Assessment cannot be completed without consent, for more information on consent please see page thirteen on the Early Help Assessment Form.

All information that is shared is kept confidential unless there is a Safeguarding concern.

Personal information will be shared amongst agencies to provide support to the family, more information on this is in the Privacy Notice. The full privacy notice can be found in appendix 5.

## Child and Family Voice

When completing an assessment, it's important that the **voice of every family member** is present within the assessment. By 'family member', we mean those within the family home, as well as any extended family and friends that have a significant impact on the family.

*Children want to be respected, their views to be heard, to have stable relationships with professionals built on trust and to have consistent support provided for their individual needs. This should guide the behaviour of professionals. Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs.*

### **Working Together to Safeguard Children 2018**

Voice isn't just what is said. Non-verbal communication, such as body language, facial expression, drawings and artwork, physical appearance, and behaviour, can tell us a lot as well.

## What is Team around the family?

A Team Around the Family (TAF) meeting is a meeting with the family and different professionals to review the action plan at early help level and they will be provided with a copy of a plan that they have agreed to. Whilst the family is being supported at TAF there will a practitioner who will be the Lead Professional one of their roles is to be the main point of contact for the family.

## Talking to the family before the meeting

Before the meeting takes place, it is important that the chairperson meets with the family / young person to discuss the process of the meeting and answer any questions they may have.

### Important points to remember when talking to the family:

- Introduce yourself and explain your role in the meeting.
- Clarify the reasons why the meeting is happening – refer to the consent form and be honest about the concerns.
- Discuss the process of the meeting – introductions, ground rules, information sharing, etc.
- Discuss any practical issues – where do they want to sit, would they like to bring someone to support them, would they like to take a break, time constraints, when would they like to speak?
- Explain the confidentiality clause – many parents / young people feel very anxious when they hear the words ‘child protection’.
- The family may feel anxious, nervous, confused, angry, upset, etc. it is important that these feelings are acknowledged and treated with empathy.
- The parent may want the meeting and be keen to take part or they may feel resentment that the meeting has been called and view it as a criticism of their parenting.
- The parent may be concerned that they are going to be referred to social services and have their child removed. It is important to acknowledge this fear, but also to be honest with the parent and not give any false reassurances, (especially if there are child protection concerns).
- Ask the family if there are any additional issues that they wish to discuss.

These points may be the same when talking to a parent / carer or young person, but it is important to be aware of the family’s level of understanding; be honest and clear and avoid the use of jargon.

## Team Around the Family Process - A Signs of Safety approach

### Pre TAF-Meeting:

- Ensure that the Team Around the Family invites are sent out (prior to the first TAF) and that the previous family assessment or review and closure form is sent to everyone prior to each subsequent TAF meeting.
- The Lead Professional does not always chair or minute the TAF meeting. A Chair should not also be expected to minute a TAF meeting. These are shared roles and should be discussed and agreed prior to a meeting. A rota for chairing and minute taking is a good idea and can be agreed at or before the first TAF.

### Beginning:

- Welcomes / thank everyone for attending
- Read out the Confidentiality Clause: “Unless there are any child protection concerns, the information shared in this meeting is confidential to those present and services that will form part of the multi-agency support plan.”
- Sharing beyond this agreement must be with consent of the family.
- Introductions
- Cover the reasons why we are here (to come up with a plan of action/review previous actions)
- Explain how long the meeting should take / establish ground rules
- Agree an agenda (include anything the family want to raise and discuss)

### Middle:

- What is going well?
- Ask the family and then professionals to share what has gone well since the last TAF (or in the case



of the first TAF meeting, since the assessment was completed). Ensure the child/young person's views are included if they are present / willing to share.

- What are we worried about today?
- Ask the family and professionals – what are their worries / concerns at the moment? Which things need to be addressed as a priority? Ensure you review the actions from the Early Help Assessment/last Early Help Assessment review form.
- What are the desired changes?
- What needs to be done to improve areas of difficulty and concern? What actions need to be agreed? Please ensure desired changes are reflected in the Action Plan.

**Scaling:**

- A scaling exercise should be undertaken with the family members in order to evaluate progress or gauge levels of confidence.

**End:**

- Pull together actions, ensuring actions are SMART i.e., specific, measurable, achievable, realistic and timed
- Read through all of the actions and ensure the family understand them and are in agreement
- Set a review date
- Identify a chair and minute taker for next meeting

**After the meeting:**

- Send copies of the completed Early Help Assessment review form to all in attendance and any others who it has been agreed (with the family's consent) should receive a copy.
- Ensure the family have seen a copy of the completed form

## The role of the Lead Professional

The role of the Lead Professional<sup>1</sup> is to take the lead to co-ordinate provision and act as a single point of contact for a child or young person and their family when a range of services are involved and an integrated response is required. They will be one of the practitioners who are working with the family.

Appointing a Lead Professional at the earliest point is central to the effective frontline delivery of services for children with a range of additional needs. When the role is delivered in the context of multi-agency assessment and planning, underpinned by the Early Help Assessment or relevant specialist assessments, it ensures that professional involvement is rationalised, co-ordinated and achieves the intended outcomes.

This is not a definitive guide and there will be similar terms used within agencies. It is designed to complement rather than replace any statutory or specialist guidance. This Handbook is intended to clarify the role and responsibilities of the Lead Professional and supporting multi-agency professionals across the [Thresholds of Need](#).

## Why are Lead Professionals needed?

Children and families who require support from a number of specialist professionals can potentially receive fragmented and uncoordinated services such as:

- Children and families having too many professionals involved with them
- Children and young people falling below a key agency's threshold for support and failing to get the input of that agency as part of a joined-up approach
- The voice of the child is not always used to influence assessments and decision making and the child is not always an integral part of the analysis or support from professionals

- Children and young people receiving short-term, inconsistent, or un-coordinated support from different professionals.

Such fragmentation causes confusion for everyone; it can cause delay in children receiving the support they need, and lead to poorer outcomes for children and young people using services.

## What is a Lead Professional?

**Where a child, young person and family with multiple needs require co-ordinated support from more than one practitioner/service, the functions of the Lead Professional are to:**

- Act as a single point of contact that the child or young person and their family can trust
- Be able to support them in making choices and help guide them through the process
- Ensure that they get appropriate assessment and interventions when needed, which are well planned, outcome focussed, regularly reviewed, and effectively delivered with support from other professionals
- Reduce overlap and inconsistency from other professionals/services
- Notify all professionals about serious incidents following strategy discussions/meetings

**Working Together 2018** refers to the Lead Professional as the **lead practitioner**

**The key functions of a Lead Professional can be fulfilled with support from other professionals by:**

- ✓ Building a trusting relationship with the child or young person and family (or other carers) to secure their engagement and active involvement in the support process.
- ✓ Ensuring the child, young person and their family remain central to decisions made about them or their care
- ✓ Ascertaining the needs, wishes and feelings of the child/young person to ensure they are an integral part of the support process
- ✓ Providing the child, young person and family with sufficient information to empower them to make their own decisions
- ✓ Using the outcome of the assessment of the child, young person or family to:
  - agree delivery of 'solution focused' package of support that is dynamic and responsive to the changing level of need
  - identify with the child, young person and family where additional services, other practitioners or family members may need to be involved.
- ✓ Ensuring that the child, young person, and family have been informed, understand and agree to the support process.
- ✓ Acting as a key conduit and contact point between the child, young person and family, and other practitioners involved in delivering specialist, targeted and universal services
- ✓ Co-ordinating the delivery of the actions agreed by the practitioners involved, to reduce overlap and inconsistency in the services received. Ensure that progress is monitored, taking into account:
  - the changing circumstances and needs of the child, young person or family over time
  - the child, young person or family's experience of or satisfaction with services/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 or young person's needs have been met and they no longer require additional support
- ✓ Ensure strategies are in place that children and families are aware of how to access universal services so that outcomes can be sustained.
- ✓ Ensuring that where children, young people and their families may require more specialist services:

- the Lead Professional continues to support them while any more specialist assessments are carried out
- an effective transition takes place when a new Lead Professional is required to deliver and co-ordinate the ensuing support.
- ✓ Arranging regular multi-agency meetings to review the needs of the child, young person and family.
- ✓ If the Lead Professional Chairs the multi-agency meetings, it is their responsibility to ensure the multi-agency plan is reviewed, updated and copies of the multi-agency plan are shared with the child/young person and family, members of the multi-agency group and any other agreed professionals/services

## Who can be a Lead Professional?

The person who takes on the role of Lead Professional will vary according to the specific needs of the child and family. Many practitioners in the children's workforce can take on the Lead Professional role, as the skills, competence and knowledge required to carry it out are similar regardless of professional background or role. The role has been defined by the functions and skills, rather than by particular professional or practitioner groupings.

It is recommended that children, young people and families with additional needs have co-ordinated support from a range of practitioners across the thresholds of need. We anticipate that the person carrying out the role of the Lead Professional will be drawn from the range of practitioners who are already delivering support to the child and family.

Those in the workforce undertaking the role of Lead Professional could include but is not limited to roles such as; Start Well Workers, Health Visitors, Midwives, Family Nurses, Targeted Youth Support Workers, Youth Workers, Family Support Workers, Substance Misuse Workers, Mental Health Workers, Early Years Workers, Educational Welfare Officers, Housing Officers, Community Children's Nurses, School Health Practitioners, Teachers and school support staff such as Learning Mentors and practitioners from voluntary, community and social enterprise organisations etc.

## How is the Lead Professional identified?

The Lead Professional is identified from the multi-agency group of practitioners working with the child, young person or family. They are chosen through a process of discussion and agreement. Decisions about who should be the lead practitioner should be taken on a case-by-case basis and should be informed by the child and their family. In some circumstance the Lead Professional may need to be allocated in line with statutory guidance where child protection processes are in place i.e. [Working Together 2018](#). Once the referral has been accepted by local authority children's social care, the lead practitioner role falls to a social worker. Practice suggests that it is important to have clear criteria for choosing Lead Professionals and a clear process to facilitate this. Disagreements or confusion are less likely when these are in place.

### **The criteria for identifying the Lead Professional will include:**

What are the predominant needs of the child or family?

- What are the wishes of the family and child/young person?
- Which agency has main responsibility for addressing the child or family's needs, including statutory responsibility?
- Does anyone have a previous or potential ongoing relationship with the child, young person, or family?
- Does anyone have an ongoing responsibility to carry out an advocacy role for the child or young person or family?
- Who has the skills and knowledge to provide a leadership and coordinating role in relation to other practitioners involved with the child, young person, or family?



- Who has the ability to draw in and influence universal, targeted and specialist services?
- Who has an understanding of the surrounding support systems which are available to manage and sustain the ongoing needs of the child, young person, or family?

## Accountability of the Lead Professional

- The Lead Professional is responsible for ensuring the key functions described above are carried out.
- Expectations of the Lead Professional will also be dependent on the needs of the children/young people.
- The Lead Professional is NOT responsible or accountable for services delivered by other agencies
- Each professional involved in supporting the child or family is accountable to their own agency for delivery of the support they provide to a child, young person and family.
- Multi-agency professionals play a critical role in offering their input and the expertise of their agency to provide a holistic picture of the child and family's needs to inform assessments, reviews, interventions and support. *For example health partners agree that; where there a number of health professionals involved with a child/family, a lead health professional should be identified. This is particularly important where a child has complex medical needs and a coordinated approach is needed to support the child/family in accessing appropriate health care and support.*
- Always follow up your concerns if you are not satisfied with the agency/practitioner response and should [escalate](#) their concerns if they remain dissatisfied.

## Taking Minutes in a Team Around the Family (TAF) Meeting.

The meeting proforma has been designed in a way that should minimise the need for comprehensive note / minute taking, with the flow of the meeting being reflective in the supporting paperwork. Discussion in a TAF meeting will mainly focus on the current plan and progression with the plan. It is acknowledged however that there may be discussions that take place that may need to be anchored in a plan or contextualised with regards to a current or recent situation. It has been agreed that the most appropriate way to minute these discussions should be in bullet point format within the section Additional Information / Discussion as relevant.

## Chairing a meeting: top tips for dealing with challenging behaviours

Challenge	Less effective approach	More effective response
Domination by a highly verbal member(s)	Giving them power by: <ul style="list-style-type: none"> <li>▪ ‘Excuse me, Mr W, do you mind if I let someone else take a turn.’</li> <li>▪ ‘Excuse me Ms X you’re taking up a lot of the groups time...’</li> </ul>	Encourage others e.g.: <ul style="list-style-type: none"> <li>▪ ‘What do others think?’</li> <li>▪ ‘Who else has an opinion?’</li> <li>▪ ‘Thank you, Mr W, we appreciate your point of view – now I’d like to ask...’</li> </ul>
Overt disagreement amongst a couple of members	Focussing your attention on this argument:  A lot of time gets wasted trying to resolve conflict between two people who have no intention of reaching agreement.	Focus on the rest of the group: <ul style="list-style-type: none"> <li>▪ ‘Who else has an opinion or idea on this view?’</li> <li>▪ ‘What do others think?’</li> <li>▪ ‘Let’s step back for a minute – are there any other issues to be discussed?’</li> </ul>
Emerging separate conversations between participants	Ignoring this behaviour in the hope that it will go away – it sometimes does but it frequently gets worse.	Address with the participant directly: <ul style="list-style-type: none"> <li>▪ Could we allow one person to speak at a time.</li> <li>▪ I’m sorry, I missed that.</li> </ul>
Someone becomes loud and repetitive	Ignore them and draw out people’s ideas who sound the most promising.	Summarise the persons view, repeat back and move on. <ul style="list-style-type: none"> <li>• That’s an interesting point.</li> <li>• Thank you for that contribution and move on.</li> </ul>
Failure to start on time	Waiting too long for participants.	In terms of Team around the Child Meetings, if a family member is late, please wait but discuss the time limit with participants as to how long to wait.
The scheduled finish time drifts by with no sign of the end in sight	Going overtime without asking. If anyone has to leave, they tiptoe out.	Check out at the beginning of the meeting, if anyone has a deadline and make sure they speak early.
One or two silent members in a group where other members participate actively	Act as though silence signifies agreement with what’s been said.  Ignore them and be thankful they’re not making trouble.	You could say: <ul style="list-style-type: none"> <li>• ‘I’d like to get opinions from those who haven’t talked for a while.’</li> <li>• ‘Let’s hear from someone else who hasn’t spoken for a while.’</li> <li>• ‘Who else would like to speak?’</li> </ul>
More time is spent on trivial items and less time on important ones (i.e., red herring)	No agenda at all: everything and anything being discussed.	Set an agenda. State and clearly restate the reason for the meeting and items to be discussed.

<p>The same people come to all the meetings even if it is not clear why they or their department need to be represented. Conversely people who really should be there are never invited.</p>	<p>Let's invite everyone and have a professional chat with no agenda, agreed actions or review date.</p>	<p>Keep meeting limited to people who can provide a service. Keep focussed on the needs of the family.</p> <p>Review the membership as needs change? Are the right services present?</p>
<p>People make promises they don't keep: 'leave that one to me, I'll do that.'</p>	<p>Can be said out of pressure to contribute without any real understanding of commitment, availability of resources &amp; time etc.</p>	<p>Summarise what was agreed. Ensure action points are based on SMART outcomes.</p> <p>Link action directly to defined need. Review progress at next meeting and address if no progress.</p>

## Lead Professionals: children across the thresholds

Status	Who has the lead role?
<p><b>All children</b></p> <p><b>Universal services and self-help</b></p>	<p>All children are supported by their parents/carers in the community with access to mainstream ('universal') services but with no identified additional needs. Diverse community self-help arrangements may also support parents and carers in providing good care for their children.</p>
<p><b>Children receiving Earliest Help and Early Help (Level 2 and 3)</b></p>	<p>The Lead Professional is usually the person who has written the Early Help Assessment up until the first Early Help Assessment Review. At the first review (T.A.F.) the Lead Professional can be chosen in conjunction with the family as the practitioner most relevant to the family, child or young person, with the skills needed to carry out this role.</p> <p>Remember that the Lead Professional can change over time as the needs of the family, child or young person can change.</p> <p>Where a case has stepped down from Children's Social Care to TAF, the Lead Professional will be identified by the family in partnership with the Social Worker as part of the step-down process.</p>
<p><b>Child with special educational needs</b></p>	<p>The SENCO may, where appropriate, be the Lead Professional for children with special educational needs. 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 young people with an Education, Health and Care Plan (EHCP), the education setting (usually the SENCO) will be the lead for overseeing the delivery of the transition plan and is likely to be the Lead Professional.</p>

<p><b>Child with disabilities including complex health needs</b></p>	<p>Where there is an allocated Children’s, Social Worker involved and the child is at threshold of Child in Need, Child Protection or Looked After, the Social Worker will be the Lead Professional with support from multi-agency professionals that are involved with the family.</p> <p>Where there a number of health professionals involved with a child/family; health partners agree that a lead health professional should be identified. This is particularly important where a child has complex medical needs, and a coordinated approach is needed to support the child/family in accessing appropriate health care. Where there is an identified lead health professional there should be regular information sharing with the Lead Professional.</p> <p>Where the child or family have a key worker, it is recommended they are the Lead Professional with support from other professionals involved with the family. Key worker models are increasingly in place for children with severe and complex disabilities or health needs, as recommended by the Children’s NSF (National Service Framework). Key workers tend to be deployed in one of two ways:</p> <ul style="list-style-type: none"> <li>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</li> <li>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.</li> </ul> <p>Where a key working service is not in place, or where the level of support required is less intense or do not have an allocated Children’s Social Worker, the Early Help Assessment process is recommended, and a practitioner should be appointed to take on the Lead Professional role.</p>
<p><b>Children in Need (Children Act 1989 Section 17)</b></p>	<p>The Social worker is the Lead Professional during the Child in Need assessment phase. After completing the Child and Families 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 that are 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 Children’s Services remain involved in delivery or funding, it may still be appropriate for the Social Worker to be the Lead Professional.</li> <li>• The Social Worker is the Lead Professional for those cases open to Children’s Social Care at a Child in Need level</li> </ul>
<p><b>Child Protection Plan</b></p>	<p>The Lead Social Worker is responsible for acting as the Lead Professional for the inter-agency work with any child that is subject to a Child Protection plan.</p>
<p><b>Looked after child</b></p>	<p>The Lead Social Worker is the Lead Professional. For those children in residential settings, 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 a monitoring/co-ordinator role</p>

<b>Care leaver</b>	<p>The Personal Advisor or the young person’s Social Worker is the Lead Professional. Where care leavers remain looked after (‘eligible children’), they will have a social worker until their 18<sup>th</sup> birthday, who will assume the role of the Lead Professional. There will also be a Personal Advisor offering support from age 17 years.</p> <p>Where care leavers have left care before their 18th birthday (‘relevant children’) the Lead Professional will be the Personal Advisor.</p>
<b>Adoption cases</b>	<p>For children for whom adoption is the plan, the child’s Social Worker is the Lead Professional.</p>
<b>Child with mental health needs</b>	<p>Where a Care Programme Approach (CPA) is being followed, the care co-ordinator is the Lead Professional. Where a CPA is not being followed, it is still appropriate to appoint someone as the Lead Professional to oversee the delivery of services via a multi-agency approach.</p> <p>For children and families that are open to the CAMHS service alone, CAMHS will allocate a Lead Professional and for children and families that are open to children's services, CAMHS will contribute to multi-agency working and allocate a lead CAMHS worker to support the Social Care Lead Professional.</p>
<b>Youth Justice Service</b>	<p>For young people on community orders or sentences, the Youth Justice Service (YJS) will allocate a YJS case manager. For young people in custody the case manager oversees the management of the case as a whole, linking with the key worker/personal officer in the establishment. The YJS case manager in such situations may be the Lead Professional but where the young person is looked after, is a child subject to a Child Protection or a Child in Need plan, the Lead Professional must be the Social Worker. In all other situations where YJS is involved, the decision as to who should be the Lead Professional must be agreed locally. If it is agreed that the YJS supervising officer should be the Lead Professional this must be with the support of relevant mainstream agencies.</p>
<b>Cross border responsibility</b>	<p>This includes but is not limited to Looked After Children, Children Missing from Home, Care or Education, Private Fostering, Asylum seeking and unaccompanied children, homeless children and children at risk of exploitation i.e. human trafficking, modern slavery, child criminal exploitation and child sexual exploitation etc</p> <p>Professionals should check the Local Authority that the child is normally a resident or the Local Authority that has responsibility for the child to determine who the Lead Professional should be.</p>

## Supporting the Lead Professional

- In order that the Lead Professional can carry out their functions effectively, they must have access to high quality professional supervision and line management support from their agency, and where appropriate additional training to enable them to make appropriate decisions.
- It is also essential that the other professionals involved with the child/family, support the Lead Professional in the exercise of this role, by such means as agreeing to Chair, take and disseminate minutes of meetings, ensuring that they attend meetings as required and that they provide information and follow through actions as agreed.
- It is expected that in the absence of the Lead Professional i.e. annual leave, short-term sickness, exceptional circumstances etc other supporting professionals should continue to support the functions of the Lead Professional where possible to ensure children, young people and families receive seamless support.

Regardless of their substantive professional role, it is important that the Lead Professional is given appropriate recognition and co-operation in this role by other professionals and agencies.

## Changing the Lead Professional

Although it is preferable that there is continuity in the person undertaking a Lead Professional role with a child or young person, there will be circumstances where a change in Lead Professional is required. Examples of such situations are:

- Where the allocated Lead Professional is changing or leaving employment
- Where the current Lead Professional is ceasing involvement with the family. This could be because needs have been identified as complex and a statutory agency has become involved, or because needs have become less complex, and their involvement is no longer necessary including where the child is no longer a Looked After Child or meets the threshold for a Child in Need Plan or a Child Protection Plan. It could also be because a family disengages from the service currently providing the Lead Professional role
- Where the identified needs of the child change significantly and it would make sense for a professional from a particular agency to take on the role (for example, where initial needs were health related, but these are resolved, and the major need is then identified as school related):
- Where the child, young person or parent/carer requests a change of Lead Professional.

## Lead Professional Myths and Truths

### **The Lead Professional DOES NOT.....**

- Have to take responsibility for everything. Responsibility is shared amongst the family and the team around the child.
- Have to chair every TAF (Team around the Family) meeting or take minutes. This is a shared responsibility. These roles should be discussed and agreed prior to the meeting. A rota agreed before or at the first TAF is a useful idea.
- Always escalate a case up to Children's Social Care. Although after speaking to the other professionals, it may be decided that the Lead Professional will make this referral.
- Always have the most contact with the family. The Lead Professional is chosen by the family as the person who is the most appropriate and/or they feel most comfortable with. The Lead Professional should be somebody who has regular contact with the family and/or the child/young person. This should be sensitively negotiated and agreed in each individual case.
- Do all of the chasing. For example, if professionals and/or the family are not attending TAFs, professionals are not completing minutes or they are not being distributed, IT is not the sole responsibility of the Lead Professional to chase this up. This can be delegated to whoever is the most



relevant person to liaise with the family or the individual professional and, if necessary, their manager.

### **The Lead Professional DOES....**

- Coordinate the first TAF when a case has stepped down from Social Care. Who will be the new Lead Professional will be agreed with the Social Worker and the family at the point of transfer. The Lead Professional often, but not always, chairs the first TAF. If they do not feel confident in chairing then another professional can be asked to take this role.
- Be the main point of contact for the family and professionals. For example, if the family and/or the child/young person have concerns they are likely to discuss them with whom they feel most comfortable with. If this is not the Lead Professional, then the Lead Professional would need to be informed. Mum did not attend her drug and alcohol appointment (as agreed as part of an action plan). In this case the professional who has been made aware of this e.g., Health Visitor would let the Lead Professional know. This would then inform decision making e.g., the next TAF may be convened earlier than planned.

## **Working with families that may be hard to engage**

### Prior to meeting the family

1. Phone Call / Text to arrange first appointment
2. Confirm appointment with letter (Service Optional)
3. If no initial response from the family repeat two further occasions.
4. If still no response, check details with referrer / others that have good relationship with the family. Consider a joint visit.

### Meeting the family

5. At the first meeting with the family, engage in 'problem free talk' looking to build rapport. Start with what you can do for the family (instead of what you can't). Identify and discuss the benefits from the family point of view. Talk about family strengths.
6. Be prepared to listen to other needs the family may present. This may not be part of your remit. Be sure to consider quick wins as well as immediate supports such as food parcels etc.
7. If you are struggling to meet the family face to face, consider meeting them at school at drop off or pick up times. Consider an unannounced visit, be mindful some people may not appreciate this so your approach should be tactful. "I think I may have been calling the wrong number and wanted to ensure you don't miss out on support". Remain positive.
8. If the family are still hesitant to engage, emphasise the benefits to their family and agree a timescale to let them have a think about things.
9. In the interim period consider sending a text / a small card reconnect with reference to the problem free talk and role modelling that you are seeing them as a person rather than the 'problem' that brought them to you. In this message set an appointment (final) to discuss the support offered to their family.
10. If the family have decided to not engage with support, be sure to leave them with appropriate contact details of the referrer, other suitable agencies and information of how they can access support in the future.
11. If appropriate discuss with the referrer if they have concerns that if the family do not engage with a Team Around the Family. (It may be the case that our service has not met the family) If concerns are present consider a referral to the MAST.

**Appendix 1: Early Help Assessment Form**

**Appendix 2: Early Help Review Form**

**Appendix 3: Shared Outcomes Framework**

**Appendix 4: Genogram guidance**

**Appendix 5: Privacy notice**