RCN briefing and survey: Scottish Government consultation on implementing the Named Person

The RCN wants to hear your views on how the Scottish Government is planning to introduce a Named Person for every child – especially if you will be the Named Person or likely to be working with them.

This is your opportunity to let us know what you think and what support you need. Please read this briefing and send us your comments by Wednesday 8 April 2015.

Your views will help shape our RCN response to the Scottish Government's consultation. We will treat your comments as anonymous and not attribute them to any individual in our response. Your contact details will remain confidential and not be shared outside the RCN.

Please send your comments to Helen Richens, Policy Officer, RCN Scotland
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What is the Scottish Government consulting about?

The Children and Young People (Scotland) Act 2014 was passed by Parliament last year. The Act introduces new legal duties for organisations that will put into law key elements of the Getting it right for every child (GIRFEC) approach to promote, support and safeguard the wellbeing of children and young people. Part of this is a legal requirement for every child and young person to have a Named Person.

This part of the Act is expected to come into force in August 2016. To get ready for this, the Scottish Government is now consulting on ***how*** this part of the Act should be implemented. This includes who should be the Named Person; the training, qualifications and experience they should have; and the support that organisations need to give that individual. They are also asking for views on the sharing of information, and on how a Child's Plan should be prepared, reviewed and managed.

Who is this briefing for?

This briefing is for all RCN members who will be impacted by the introduction of the Named Person role. In particular, it is for those who are likely to be the Named Person for pre-school children i.e. Health Visitors or nurses from the family nurse partnership (FNP) programme; and those who will be working with them, for example midwives, school nurses and other children's nurses.

The briefing, which has been structured into key sections, sets out what the Scottish Government is proposing and asks for your views. There are some prompt questions to help guide your comments. **Some questions may not be relevant to you – so feel free just to respond to those that are important to you.**

Background

Named Person: The Named Person role is a key principle of the GIRFEC approach. It has been tested in Highland and adopted across much of Scotland over the last few years. With the introduction of the Children and Young Person (Scotland) Act 2014, the Named Person will be rolled out consistently across the whole of Scotland. The Named Person has a key role in promoting, supporting or safeguarding the wellbeing of a child or young person. Their role is to:

- advise, inform or support the child or young person, or a parent of the child or young person
- help the child or young person, or a parent of the child or young person, to access a service or support
- discuss or raise a matter about the child or young person with a service provider or relevant authority

Wellbeing: Taking a holistic view of the wellbeing of children and young people is at the heart of GIRFEC. The Act describes wellbeing in terms of eight indicators. Practitioners and organisations must consider the extent to which a child or young person is: safe, healthy, achieving, nurtured, active, respected, responsible and included.

Named Person service: For pre-school children, it is the Health Board's duty to provide a Named Person service for every child (for children at school, this duty moves to the Local Authority). The Health Board must:

- provide an identified Named Person for every pre-school child
- ensure that the Named Person meets the qualifications, training and experience specified
- make the arrangements for the operation of the Named Person service available
- put in place business continuity arrangements for the Named Person service
- put in place information sharing arrangements to ensure appropriate and proportionate sharing of information to promote, support and safeguard the wellbeing of the child
- support the process of initiating preparation of a Child's Plan, where this is required, as soon as is reasonably practicable

The legal duties in the Act fall on the *organisation* providing the Named Person service, not on the *individual* practitioner taking on the role of the Named Person.

Child's Plan and Lead Professional: A Child's Plan must be developed where a child has a wellbeing need that can only be met by a specialised service, which is not generally available (known as a 'targeted intervention'). The Child's Plan will be managed by a Lead Professional. Sometimes the Named Person is the Lead Professional. In other circumstances, it is more appropriate for another professional to take this role.

1) Who should be the Named Person for pre-school children?

What is the Scottish Government proposing?

The Named Person for pre-school children **must be**:

- Either a registered midwife, **or** a registered nurse, **or** a registered medical practitioner **AND**
- have undertaken undergraduate, post-graduate or professional training in child development and in assessing and profiling the speech, language and communication abilities and needs of children, young people and parents

For the vast majority of children the Scottish Government intends that the Named Person for pre-school children should be the Health Visitor or an FNP nurse, where a family is enrolled in this programme. However they also want to allow enough flexibility to allow for another health profession to be the Named Person in exceptional circumstances.

Where the Named Person for pre-school children is not a health visitor or FNP nurse, they should hold, or have held, a post which gives them knowledge and understanding of child development and experience in working with families to promote, support and safeguard the wellbeing of children.

What do you think?

Is the definition of who should be a Named Person appropriate?
Are there any risks or benefits of defining the Named Person in this way, in terms of who could be appointed?

In what exceptional circumstances should a Named Person for pre-school children not be a Health Visitor or FNP nurse?
If an FNP nurse is the Named Person what should happen when they finish working with a family when the child is two years old?

Write your comments here...

2) Skills, knowledge and understanding of the Named Person

What is the Scottish Government proposing?

The skills, knowledge and understanding of a Named Person will be developed and maintained through undergraduate, postgraduate, professional and in-service training and development. At the heart of this training will be the Common Core of Skills, Knowledge & Understanding and Values for the "Children's Workforce" In Scotland.

For the majority of pre-school children, where the Named Person will be a health visitor, the skills, knowledge and understanding required will be part of their daily functions. However in the cases where the Named Person may not be a health visitor, the Named Person should

have a clear understanding of the following, to ensure a universal standard:

- The principles and values underpinning the GIRFEC approach
- Wellbeing and the use of the National Practice Model for the assessment of Wellbeing
- What may affect the wellbeing of children and young people and the potential effect on wellbeing
- How to recognise and evaluate a wellbeing concern
- How to respond proportionately to a wellbeing concern to carry out their functions as outlined in the statutory guidance
- How to work in partnership with parents and take account of their views in relation to the wellbeing of their child
- How to seek and have regard to the views of children and young people, be able to identify when speech, language or communication barriers exist and how to access appropriate support where such barriers exist
- How to seek assistance from within and outwith their service
- Their duties regarding information sharing including:
  - Their specific responsibilities in terms of this Act
  - The handling, storage and recording of Named Person information
  - The duty that this Act places on Named Person services to share information that is likely to be relevant to the functions of other Named Persons.
  - Sharing where a duty of confidentiality exists
  - Sharing or not where other legal restrictions are in place
  - Sharing appropriate Named Person information at transition points
  - Appropriately recording decisions and the rationale
- Recording and processing of wellbeing concerns and other sensitive information
- Development and use of a chronology
- Initiating, reviewing and managing the Child's Plan
- What constitutes a 'targeted intervention'
- Transferring management of the Child's Plan
- Working with a Lead Professional
- The relationship between a wellbeing concern and a child protection concern
- The range of management and other support available to support their role

What do you think?

Is there anything else that should be included?
Is there anything that should not be included?
Does it reflect existing skills/training of health visitors?

Write your comments here...

3) Training, development and support for the Named Person

What is the Scottish Government proposing?

The Named Person must have training in carrying out the functions of the Named Person. The service provider (i.e. the Health Board for Named Persons for pre-school children) is responsible for providing support and training to the Named Person and, where required,

training and development to meet the skills, knowledge and understanding listed above. The Named Person functions will be carried out as part of that individual's contractual duties and the same accountability, supervision and support arrangements as other aspects of their role will apply.

The Scottish Government says it is good practice for the service provider to also:

- provide systemic and individual support and supervision to enable each Named Person to carry out their functions effectively
- ensure that the arrangements make clear that where there is a child protection concern the local child protection procedures should be followed without delay
- put in place partnership arrangements to support the functions of the Named Person in relation to providing, accessing and coordinating support for a child and young person
- ensure that there is a common understanding of the responsibility to support the Named Person functions across the workforce and between service providers as appropriate
- ensure that the culture, systems and practice in relation to the exercising of the Named Person functions supports partnership working with children, young people and parents

What do you think?

What supervision and support do you currently get in your role?
What supervision and support do you think you will need to do the Named Person role?
What ongoing training and CPD needs do you think you will need?

Do you have any concerns about the Scottish Government's proposals around training, development and support?
Are you content with what is described as a "must" and what is described as "good practice"?

Write your comments here...

4) Relationship between the Named Person and midwives

What is the Scottish Government proposing?

The Health Board should identify the prospective Named Person for the baby, as soon as reasonably practical and not later than 28 weeks gestation. In the vast majority of cases, this should be the health visitor. This proposal has changed from the Scottish Government's original intention that the Named Person should be the midwife, from when the baby is born until approximately 10 days old, and then transfer to the health visitor.

Though not covered specifically by the legislation, the Scottish Government proposes that all pregnant women should be offered a joint contact with their named midwife (or clinician leading maternity care) and the prospective Named Person for their baby. This should take place at around 30 weeks gestation and not later than 36 weeks gestation. Preferably this should be in the home setting.

When it is anticipated that the baby's needs will require support beyond routine services (i.e. when a targeted intervention is required) this ante-natal planning should inform the Child's

Plan that will need to be put into place from birth.

At times it will be good practice to develop a draft Child's Plan pre-birth, for example where there are child protection concerns or where the baby is expected to be born with significant health needs. It may also be appropriate to identify a prospective Lead Professional to manage the Child's Plan at this time. The prospective Lead Professional will work with the named midwife (or clinician leading maternity care) to manage and review the draft Child's Plan. The prospective Named Person should have a lead role in this to ensure continuity from birth.

What do you think?

Do you think a health visitor or a midwife should be the Named Person from birth? Please explain why.

Do you (if a health visitor) routinely carry out ante-natal visits?
Do you agree with the approach suggested by Scottish Government?
Do you have capacity to do it?
Do you have any areas of concern?

Write your comments here...

5) Information sharing

For further detail on information sharing responsibilities please see section 10 of the Scottish Government's draft statutory guidance.

What is the Scottish Government proposing?

The Act creates a duty to share information, within clear boundaries including the Data Protection Act (DPA) principles. Health Boards must ensure that Named Persons are aware of their responsibility under the DPA and are supported through data sharing agreements, policies and guidance.

Information held by the Named Person should be reviewed regularly and only information relevant to the Named Person function be kept. Sharing information needs to be proportionate and relevant to the functions of the Named Person, and considered on a case-by-case basis. The Named Person should record the decisions and rationale for sharing information. Information that cannot be justified as likely to be relevant to promoting, supporting and safeguarding a child's wellbeing, should not be routinely retained or transferred.

The detailed procedures for sharing information relating to a child or young person's wellbeing within and between services and agencies will be dictated by local policies and working practices. However the Act allows for the following instances for information to be shared:

1) When the Named Person service provider changes (for example, when a child goes to school and the Named Person service provider typically transfers from the Health Board to the local authority) they must share the following with the new service provider:

- The name and address of the child or young person and each parent[1]
- Information that is relevant to the Named Person functions of the incoming Named Person. Generally this will relate to current or likely wellbeing concerns and any associated actions. Before sharing, they must:
  a) obtain and have regard to the views of the child, as far as is practicable
  b) decide whether the likely benefit to the wellbeing of the child outweighs any likely adverse effect arising from sharing the information

2) Others from within the same organisation or from other agencies can share information with the Named Person if the following 'tests' are met:

- It is relevant to the functions of the Named Person
- The information *ought to be provided* according to the following factors:
  - the information holder has, where practical, considered the views of the child
  - the likely benefit to the wellbeing of the child outweighs any likely adverse effect arising from sharing the information
  - they have taken into account the wider context and any legal duties they are subject to
- The information sharing will not prejudice a criminal investigation or prosecution

3) The Named Person can share information with other service providers or other relevant bodies if:

- it is likely to be relevant to the functions of the recipient service/organisation which may affect the wellbeing of the child or young person
- it ought to be provided (according to the factors above)
- the information sharing will not prejudice a criminal investigation or prosecution

4) The Act also allows the Named Person to share information with other service providers, if it is necessary to help them carry out their Named Person functions. For example, if they had concerns about a child's wellbeing and wanted to explore options for support or making enquiries on behalf of the child or parents. They do no need to follow the steps above before sharing the information. However it is not expected that this power would be used to share substantive information about a child's wellbeing.

It is good practice to seek parents' views on sharing information, unless this is detrimental to the child's wellbeing. If at any time there is any concern that the child may be at risk of significant harm, it is essential that child protection procedures are followed immediately.

Health professionals are covered by a professional or common law duty of confidentiality. When the sharing of information has been fully considered and is deemed to be in the best interest of the child's wellbeing, then the Act permits information to be shared in breach of this duty of confidentiality.

What do you think?

Do you think current information sharing arrangements support the above process?
Are you clear about the roles and responsibilities around information sharing and the Named Person functions?
Do you have any areas of concern around information sharing and the Named Person functions?

[1] Parent includes a guardian and any person who has parental responsibilities

Write your comments here...

6) Duty to help the Named Person

What is the Scottish Government proposing?

The Act allows the Named Person to ask for help from another service, or from another part of the same service, in order to promote, support or safeguard a child or young person's wellbeing. The other service is required to provide that help unless to do this would:

- be incompatible with any duty of the other service **or**
- unduly prejudice the exercise of any function of the other service

When considering a request from help from a Named Person, the other service should consider the potential affect or effect on the wellbeing of the child or young person, taking into account all the wellbeing indicators. This may be particularly relevant when prioritising the provision of a service or resource, for example, a request to provide a service urgently when a waiting list exists.

If the service declines a request for help from a Named Person, they must provide clear reasoning. The Named Person service providers should have processes and procedures in place around making requests for help, including providing dialogue with service providers to address wellbeing needs where a request for help is declined or alternative help is suggested.

What do you think?

Does this approach sound appropriate?
Are there any current barriers to accessing or referring to other services?
Do you have any areas of concern around the duty to help the Named Person?

Write your comments here...

7) The Child's Plan

For further detail on the Child's Plan please see section 11 of the Scottish Government's draft statutory guidance and the draft Child's Plan (Scotland) Order.

What is the Scottish Government proposing?

A Child's Plan needs to be developed when:

- a child or young person has been assessed as having a wellbeing need (considering the eight wellbeing indicators, with the assessment process following the GIRFEC National Practice Model) **AND**
- that wellbeing need cannot be fully met by services that are generally available, only by a 'targeted intervention'

A targeted intervention is a service or some type of support which is more specialised or

targeted at addressing particular wellbeing needs. It is not available generally to all children or young people. It will be for relevant authorities to consider which of their services are not made generally available and therefore meet the definition of a targeted intervention. Examples given include speech and language therapy, parental support through targeted parenting programmes, and Child and Adolescent Mental Health Services.

In most cases, where the child's needs are predominantly within the scope of the Named Person's agency (i.e. health for pre-school children), the Named Person will initiate and prepare the Child's Plan. In some cases it may be more appropriate for another professional to prepare the Child's Plan, for example where a baby is born with complex health needs.

The person preparing the Child's Plan will be required to:

a) Consult the Named Person (if they are not the Named Person themselves)
b) Consider whose views need to be taken into account i.e. the child, the parents, carers, other people appropriate to the child, and other partners to the delivery of the Child's plan

The Child's Plan should be prepared as soon as is reasonably practical and must, as a minimum, contain details of:

- the child's wellbeing need
- the targeted intervention
- the relevant authority who will be providing the targeted intervention
- the manner in which the targeted intervention will be provided
- the outcome in relation to the child's wellbeing need

A targeted intervention can only be included in the Child's Plan where the authority providing it agrees. If they consider that providing the targeted intervention would adversely affect the wellbeing of the child, it does not need to provide it. They will also consider whether providing the targeted intervention could be reasonably expected of it in the exercise of its functions. They will need a decision-making process to consider and record this. If it does not agree to provide the targeted intervention, it must give the reasons why. If this happens, there should be processes in place to consider this decision and, where possible, make alternative arrangements.

The authority which prepares the Child's Plan, for example the Health Board, will also be responsible for managing the Child's Plan. They will identify a Lead Professional (see below), in agreement with the Named Person and other partners in the Child's Plan, including the child and parent. The Lead Professional will coordinate the targeted intervention and maintain and review the Child's Plan. In some cases the responsibility for managing the Child's Plan may transfer to another authority that is better placed to do this, providing both authorities agree.

The Child's Plan must be reviewed within six weeks after it has been prepared, or within six weeks of the management of the plan being transferred to a different authority. It should then be reviewed at intervals agreed by the authority who is managing the plan, the child and the child's parents. Where this cannot be agreed, the plan must be reviewed at least once every 12 months.

What do you think?

Does this approach sound appropriate?
Are the roles and responsibilities around the Child's Plan clear?

Are there any current barriers to accessing or referring to other services? Do you have any concerns about how the management of the Child's Plan would work?
Write your comments here...

8) The Lead Professional

For further detail on the Lead Professional please see section 11 of the Scottish Government's draft statutory guidance.

What is the Scottish Government proposing?

The Lead Professional will manage and review the Child's Plan and ensure that:

- support is coordinated across agencies
- the child and their parents are kept informed and actively involved in the process
- the agreed support is being taken forward in line with the Child's Plan

Where the child's needs lie predominantly within the scope of the Named Person's agency (i.e. the Health Board for pre-school children), the Named Person will be the Lead Professional, unless this requires a level of coordination beyond the scope or capacity of the Named Person. In this case, there will need to be discussions with all partners in the Child's Plan, including the child and parents, about who will be the most appropriate professional to take on the role of the Lead Professional.

There should be processes in place to consider where there are disagreements about who is the most appropriate person to be the Lead Professional. It is important for these processes to be swift and effective to prevent any delays in meeting the child's wellbeing needs.

The Lead Professional will be an employee of the authority responsible for managing the Child's Plan (for example, the Health Board), or an employee of an organisation that carries out a service on behalf of them. This authority will:

- Ensure that the Lead Professional is suitably qualified, trained and experienced to fulfil their role in line with other statutory requirements and local guidance
- Ensure there is a clear link between the role of the Named Person and the Lead Professional and a system to support appropriate collaboration
- Provide systemic and individual support to enable each Lead Professional to carry out their role effectively
- Put in place arrangements to ensure business continuity in relation to making available a Child's Plan
- Put in place arrangements to ensure the appropriate and proportionate sharing of information, by and with the Lead Professional, and the provision of advice or assistance to the Lead Professional
- Put in place partnership arrangements to support the functions of the Lead Professional in relation to providing, accessing and coordinating targeted interventions for a child
- Ensure that there is a shared understanding of wellbeing, and take responsibility for supporting the Lead Professional role across the workforce and between relevant authorities as appropriate
- Establish an agreed single planning framework within which the Child's Plan functions will be exercised
- Ensure that the culture, systems and practice in relation to the exercising of the Child's Plan functions supports partnership working with children, and parents

The Scottish Government's intention is that the Lead Professional is carried out by an individual with the appropriate background and experience, who holds a position which will allow them to manage the Child's Plan effectively. It will be for the managing authority (i.e. the Lead Professional's employer) to make arrangements to ensure that the Child's Plan is managed by individuals who are appropriately supported and equipped to fulfil the conditions set out in the secondary legislation. The management of the Child's Plan will be carried out as part of the Lead Professional's contractual duties and will be subject to the same accountability, supervision and support arrangements as other aspects of their duties.
What do you think? Are the roles and responsibilities around the lead professional, their links to the Named Person and how they manage the Child's Plan clear? Is there any training or experience that all Lead Professionals should have? What support arrangements are currently in place to support the Lead Professional role? What needs to be in place? Do you have any areas of concern around what is being proposed?
Write your comments here...

9) Further issues

What do you think? Do you have any further comments or concerns about the Scottish Government's proposals for implementing the Named Person?
Write your comments here...

10)What is your role (please check relevant box):

Health visitor ☐

FNP nurse ☐

Midwife ☐

School nurse ☐

Other, please state ☐.....