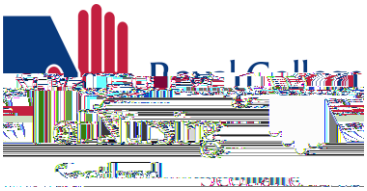

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Dear Mr Davidson

RCN Response to Scottish Government consultation on draft statutory guidance on Parts 4 (Named Person), 5 (Child's Plan) and 18 (Section 96, Wellbeing) of the Children and Young people (Scotland) Act 2014 and draft Orders to be made under that Act

The Royal College of Nursing (RCN) Scotland is a professional body and trade union for nurses and health care support workers, with around 39,000 members in Scotland.
We welcome the opportunity to respond to this consultation. Our response is informed by the views of our members working across health visiting, school nursing, children's services and child protection.

We fully support the introduction of the Named Person role and the principle of health visitors being the Named Person for pre-school children. Some of the issues we raise are around the implications and challenges, in practice, of enacting the legislation. As our feedback crosses over different areas of the guidance and expands beyond some of the specific consultation questions, we have set out our comments below, as opposed to in the consultation form. However we have put in references to the relevant section of the guidance that the feedback relates to, which we hope will aid analysis of the response.

Our main comments are as follows:

1) **Current pressure on workforce capacity of health visitors:** The current pressure faced by health visitors puts the implementation of the Named Person provision at risk. Scottish Government must fully assess NHS Boards' health visitor workforce analysis (using the caseload weighting tool) and their state of 'readiness' to implement the proposals. This must be considered alongside the timings for training additional health visitors and of them entering into the workforce, and used as the basis for establishing the implementation dates for the Named Person provision and the new health visitor pathway.

The Scottish Government should fully assess the results of NHS Boards' health visitor

born. Being involved in antenatal care is outside their remit and is the midwife's role
- if the midwife is not the Named Person, then there is a concern that they will not be fully involved in the GIRFEC process

To address these issues, the health visitor workforce needs to have sufficient capacity that they are able to carry out antenatal visits and be the Named Person from day 0. The guidance needs to be made much clearer about the role of the midwife and the role of the prospective Named Person and prospective Lead Professional in the antenatal period. The guidance should make it explicit that though a health visitor may be *identified* as a prospective Named Person, prior to the baby being born, they are the Named Person only *once* the baby is born. The guidance is unclear, for example, around the responsibilities of developing a Child's Plan pre-birth. It states that the Named Person will have alongside the prospective Lead Professional and named midwife to manage and review the draft Child's Plan, but does not state what this lead role is and who is to appoint a Lead Professional, initiate, develop and manage the pre-birth Child's Plan.

Support, skills and development of the Named Person *(guidance sections 4.1.3 4.1.7; 4.1.15-4.1.7*

We received mixed views from members about whether health visitors would need additional training in the skills and knowledge listed in the draft guidance. Some felt they would need further training as they were not covered in depth during their health visiting course.

In addition to the skills listed, the Named Person will also need skills in setting up and chairing interdisciplinary meetings, appointing a Lead Professional and resolving disputes. This should be included within the training on the Named Person role that service-providers will have to provide.

Section 4.1.4 of the guidance sets out good practice for the Named Person service provider. These points should be a 'must'. In addition certain aspects need to be strengthened or added, including:

- **Administrative support:** The guidance should make clear that service providers need to provide dedicated administrative support to carry out the Named Person and Lead Professional roles. The Named Person role carries a huge administrative burden around increased paperwork, correspondence, arranging meetings, writing minutes and drafting plans. With the existing pressures on health visitors and other staff, the extra time needed on administration places a real risk to the role being carried out effectively.

- **Support and supervision:** Named Persons will require additional support and supervision to what they currently receive, in order to carry out the role effectively. Supervisors will also need to have additional training in the issues around the Named Person role and in providing support where the Named Person may need to challenge decisions made by other services.

- **Ongoing training and CPD:** Though the guidance states that Named Person service-providers have to provide training for staff undertaking the Named person role, it does not make a requirement for them to provide ongoing training and CPD. Staff also need to have time and permission to access this, which currently is difficult because of pressures on the workforce.

Feedback from our members currently in the Named Person role has shown that there can be resistance from other agencies to take on the Lead Professional role. This may then fall to the health visitor, as the Named Person, even when the health visitor is not best placed to be the Lead Professional. The guidance, as drafted, is unclear on how the Lead Professional will be appointed, where the decision-making power lies and how that decision will be made. It would be helpful to provide further guidance on when the Named Person is expected to be the Lead Professional and when this should be another professional, as there is some confusion and inconsistencies in the guidance currently. Section 11.4.6 should be strengthened to require robust procedures for escalating and resolving disputes.

Further practitioner guidance would also be helpful around particularly complex scenarios, for example where a child is being treated in a hospital outwith the Board area within which they normally live and where their Named Person is based.

The Lead Professional will also need training, CPD and ongoing support and supervision. This training will need to include leading interagency meetings and managing and reviewing a Child's Plan. Feedback from health visitors was clear that they needed training in being the Lead Professional before being able to take on this role.

Duty to help Named Person *(guidance sections 9.1)*

The guidance should make clear that staff from other agencies need to be aware of their duty to help the Named Person, in order to foster a common understanding and willingness to carry out the duty.

The guidance states that there should be processes and procedures in place including " where a request for help is declined. This should be developed further, with the Named Person having a formal mechanism for challenging the reason given for declining to help. In addition there needs to be a clear process for escalating and resolving disputes.

In order for this duty to function effectively, local policies also need to allow referrals from all relevant professionals. For example, some agencies will not currently accept referrals from health visitors or from other professionals who may be taking on the Named Person role.

Information sharing *(guidance section 10)*

Though the guidance is clear about the duty to share information, there also must be processes in place to ensure that the Named Person will actually receive all relevant information from other agencies. This will require greater collaboration between and within agencies.

Current IT systems are not set up in a way that supports information sharing. This is a major concern. Currently there are issues sharing information even within health, let alone between agencies. There needs to be national investment in shared IT systems. However we understand from the Scottish Government that they will not be meeting any additional IT costs as part of the implementation of the CYP Act. We would therefore like assurance that other national IT projects will be addressing this. For example, how will the work going on under the refreshed

The feedback we received around information sharing was mixed. Some members were confident around their role in information sharing, others felt that they will need further training and guidance around this.

Further professional/practitioner guidance around information sharing, which encompasses case studies and scenarios, would be helpful. This could cover areas where there are particular concerns, for example around informed consent to share information, duties of confidentiality and around whose information it is to share. In addition there should be training on other agencies' duties to share information with the Named Person.

When there is a Lead Professional, the guidance should provide more detail about whether information should be directed to the Named Person or to the Lead Professional, and about the relationship between the Named Person and Lead Professional in terms of who holds and shares information about the child.

Further detail on the roles and responsibilities around sharing information from adult services, for example information about the parents that will impact the child, would also be helpful.

The high volume of information coming through to the Named Person is another reason why there needs to be administrative support for the Named Person and processes in place for when information comes through outside of core hours. There should be processes for appropriately recording information being shared, who is sharing it, their role, whether they have discussed sharing it with who it relates to and have their consent, where the information is to be shared and whether it is factual information or professional opinion.

Child's Plan (*guidance sections 11.4, 11.7   11.10)*

The guidance about the preparation of the child's plan is hard to follow. Phrases such as 'initiate the preparation', 'prepare', 'co-ordinate delivery of', 'review', 'manage' are not always used consistently or are unclear. Feedback from our members who are currently in the Named Person role has shown there is confusion around the roles and responsibilities of initiating, preparing and managing child plans.

For example, there is confusion around when to hold child planning meetings, with meetings not just being held when there is a 'targeted intervention' and some services refusing to be involved unless a child's planning meeting is called. The guidance could be clearer about the roles and responsibilities around initial meetings to discuss a child's wellbeing concerns and assessing whether a Child's Plan needs to be instigated and then holding subsequent child planning meetings. Currently some health visitors are finding that otherave t   Q8($4eQ)yE05Hg9%Ó5jd(fAE2

Different services have different thresholds and understanding of wellbeing concerns, which may impact on how concerns are managed. This often comes down to professional judgement and this is where there will need to be training.

As has already been raised during the Scottish Government consultation events, we feel that there needs to be further guidance about what is a targeted intervention. There also needs to be clarity about what happens if an ordinarily routinely available service does not have capacity. Does this then become a targeted intervention?

It would be useful if the guidance made clear how a Child's Plan and a child protection plan should align together.

Additional issues

- **School nurses:** The introduction of the Named Person role will also have a big impact on school nurses. We have concerns over the capacity of school nurses, especially if there is an expectation that school nurses will take on the Lead Professional role for school-aged children. There will need to be clear communication and information sharing of health issues between the school nurse and the Named Person for school-aged children, with school nurses involved in child planning meetings.

- **Further guidance:** Some of the areas of concern our members have raised will be best addressed by professional/practitioner guidance. There will need to be both national guidance and local procedures that respond to local context and support good collaboration between different professional groups.

- **Communication**