



# OLDHAM ADULTS SAFEGUARDING BOARD

## Lead Professional Guidance



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## Contents

1. Introduction .....	3
2. Why is a Lead Professional Needed? .....	3
3. What is a Lead Professional? .....	3
3.1 Key Functions .....	3
3.2 How Key Functions are Carried Out.....	4
4. Who can be a Lead Professional? .....	4
5. How is a Lead Professional Identified? .....	5
6. Accountability of the Lead Professional and the TAA.....	5
7. What Skills Does a Lead Professional Need? .....	6
7.1 Key Skills.....	6
7.2 Communication Considerations.....	6
8. Support for the Lead Professional .....	7
8.1 Agency Supervision Arrangements and Time and Workload Implications.....	7
8.2 Support from the TAA.....	7
8.3 Hints and Tips for Lead Professionals .....	8
9. Changing the Lead Professional .....	8
10. Other Resources.....	8

## 1. Introduction

- 1.1 The role of the Lead Professional is to take the lead to coordinate provision and act as a single point of contact for an individual, their family and the team involved in their support, 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 individual as part of the Team Around the Adult (TAA). This guidance should be read in conjunction with the OSAB Tiered Risk Assessment and Management (TRAM) Protocol which contains more details about the TAA, including a TAA Guidance and Templates Pack.
- 1.2 The consent of the individual should be sought to ensure the TAA is focused on person-centred support. Where an individual chooses not to engage in the process, it is important that further attempts are made for them to revisit this decision. All steps taken to engage the individual must be recorded.
- 1.3 Appointing a Lead Professional at the earliest point is central to the effective frontline delivery of services for adults with care and support needs. When the role is delivered in the context of multi-agency assessment and planning and underpinned by the relevant assessments, it ensures that professional involvement is rationalised, coordinated, and achieves the intended outcomes.
- 1.4 This is not a definitive guide and there will be similar terms used within OSAB partner agencies. It is designed to complement rather than replace any statutory or specialist guidance. This Guidance is intended to clarify the role and responsibilities of the Lead Professional and support multi-agency professionals across OSAB partner agencies.

## 2. Why is a Lead Professional Needed?

- 2.1 Learning from Safeguarding Adult Reviews (SARs) and practice shows that individuals who require support from a number of specialist professionals can potentially receive fragmented and uncoordinated services such as:
  - Individuals having too many professionals involved with them
  - Individuals 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 adult not always being used to influence assessments and decision making and the individual not always being an integral part of the analysis or support from professionals
  - Individuals receiving short-term, inconsistent, or uncoordinated support from different professionals.
- 2.2 Such fragmentation causes confusion for everyone; it can cause delay in individuals receiving the support they need, and lead to poorer outcomes for individuals using services.

## 3. What is a Lead Professional?

### 3.1 Key Functions

Where an individual requires coordinated support from more than one practitioner or service, the functions of the Lead Professional are to:

- Act as a single point of contact that the individual can trust
- Act as a point of contact for the team involved in the individual's support
- Be able to support the individual in making choices and help guide them through the process, alongside the TAA.
- Ensure that the individual gets appropriate assessment and interventions when needed, which are well planned, outcome focused, regularly reviewed and effectively delivered with support from other professionals as the TAA.

- Reduce overlap and inconsistency from other professionals or services.
- Notify all professionals about serious incidents following strategy/TAA discussions/meetings.

### 3.2 How Key Functions are Carried Out

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

- Building a trusting relationship with the individual and family (or other carers) to secure their engagement and active involvement in the safeguarding process.
- Ensuring the adult and their family remain central to decisions made about them or their care.
- Ascertaining the needs, wishes and feelings of the individual to ensure they are an integral part of the safeguarding process.
- Providing the individual and family with sufficient information to empower them to make their own decisions.
- Using the outcome of the Adult Risk Assessment and Management Tool (see OSAB TRAM Protocol) to:
  - agree delivery of 'solution focused' package of support that is dynamic and responsive to the changing level of need
  - identify with the individual where additional services, other practitioners or family members may need to be involved.
- Ensuring that the individual and family have been informed and understand the process.
- Acting as a key conduit and contact point between the individual and family, and other practitioners involved in delivering specialist, targeted and universal services.
- Coordinating 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 individual over time
  - the individual's experience of, or satisfaction with, services/support received
  - the views of other practitioners on the effectiveness of the Risk Action Plan (see OSAB TRAM Protocol)
  - whether support or services should be changed and whether more specialist support may be required
  - whether the individual's needs have been met and they no longer require additional support
  - the need to ensure strategies are in place that mean individuals are aware of how to access universal services so that outcomes can be sustained.
- Ensuring that where individuals 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 coordinate the ensuing support.
- Arranging regular TAA meetings to review the needs of the individual.

It is the Lead Professional's responsibility to ensure the Risk Action Plan is reviewed, updated and copies have been shared with the individual and family.

## 4. Who can be a Lead Professional?

- 4.1 The person who takes on the role of Lead Professional will vary according to the specific needs of the individual.
- 4.2 It is recommended that individuals have coordinated support from a range of practitioners across OSAB partner agencies. It is anticipated 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 individual.
- 4.3 Many practitioners in the Adults 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. Those in the workforce undertaking the role of Lead Professional could include but is not limited to roles such as: Personal Advisers, Independent Domestic Violence Advisors (IDVAs), Midwives, GPs, Nurses, Social Workers, Probation Workers, Substance Misuse Workers, Mental Health Workers, Housing Officers, District Nurses and practitioners from voluntary, community and social enterprise organisations.

## 5. How is a Lead Professional Identified?

- 5.1 The Lead Professional is identified from the TAA, the multi-agency group of practitioners working with the individual. 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 individual and their family.
- 5.2 The Lead Professional is usually the practitioner who has the best connection/relationship with the individual or a statutory duty to work with the individual. Wherever possible, the individual must be involved in the decision.
- 5.3 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 include:
- What are the predominant needs of the individual?
  - What are the wishes of the individual?
  - Which agency has main responsibility for addressing the individual's needs, including statutory responsibility?
  - Does anyone within the TAA have a previous or potential ongoing relationship with the individual?
  - Does anyone have an ongoing responsibility to carry out an advocacy role for the individual?
  - Who has the skills and knowledge to provide a leadership and coordinating role in relation to other practitioners involved with the individual?
  - Who has the ability to draw in and influence universal, targeted and specialist services?
  - Who has an understanding of the relevant legislation and surrounding support systems which are available to manage and sustain the ongoing needs of the individual?
- 5.4 It is good practice for a deputy Lead Professional from the TAA to be agreed to ensure individuals receive seamless support in the absence of the Lead Professional (i.e. annual leave, short-term sickness).
- 5.5 If it is not clear who is best placed to be the Lead Professional, it may be helpful to hold a TAA meeting to discuss the issue and find a solution. Alternatively, managers may need to discuss the situation with managers in partner agencies, to agree a strategic approach.

## 6. Accountability of the Lead Professional and the TAA

- 6.1 The Lead Professional is responsible for ensuring the key functions described in section 4 are carried out. Expectations of the Lead Professional will also be dependent on the needs of the individual.
- 6.2 The Lead Professional is NOT responsible or accountable for services delivered by other agencies. Each professional involved in the TAA is accountable to their own agency for delivery of the support they provide to an individual.
- 6.3 Multi-agency professionals play a critical role in offering their input and the expertise of their agency to provide a holistic picture of the individual's needs to inform assessments, reviews, interventions and support. For example, health partners agree that; where there are a number of health professionals involved

with an individual, a lead health professional should be identified. This is particularly important where an individual has complex medical, emotional, psychological and or mental health needs and a coordinated approach is needed to support them to accessing appropriate health care and support.

- 6.4 Each professional involved in the TAA should always raise their concerns if they are not satisfied with an agency or practitioner response and should escalate their concerns if they remain dissatisfied.

## 7. What Skills Does a Lead Professional Need?

### 7.1 Key Skills

Learning from SARs and practice suggests that there are a number of skills which may help a practitioner deliver the Lead Professional functions including:

- strong communication skills; diplomacy; sensitivity
- knowledge of local and regional services for individuals
- ability to initiate discussions with relevant practitioners
- ability to establish a successful and trusting relationship with individuals
- ability to work with individuals and empower them to make decisions and challenge them when appropriate
- understanding of the boundaries of their own skills and knowledge and willingness to seek advice and support from others
- ability to work effectively with professionals from a range of agencies
- understanding of information sharing procedures and issues around client confidentiality
- knowledge of relevant legislation (including Human Rights Act 1998 and Mental Capacity Act 2005) and willingness to seek legal advice, when required
- knowledge of the Mental Capacity Act (MCA) and an individual's right to make unwise decisions. Lead Professionals must ensure that the rationale for completing an MCA assessment, or not, is recorded clearly.

### 7.2 Communication Considerations

Use of communication methods which are meaningful to the individual will need to be considered if the Lead Professional is working with an individual with a possible Learning Disability, Autism or both, or if they are working with an individual following an illness such as strokes, heart attacks or with neurological conditions. Lead Professionals may also be working closely with individual's Carers. In these cases, the Lead Professional functions are more likely to draw on skills related to:

- appropriate communication with the individual or their preferred method of communication (e.g. pictures or gestures)
- engaging Carers or family members
- facilitating reasonable adjustments.

Lead Professionals will need to consider the provision of information in an alternative format or communication support at the right time to support individuals and ensure their voice is heard. For example arranging a translator for individuals whose first language is not English; a British Sign Language (BSL)/English interpreter for deaf individuals; or documents in braille for blind and visually impaired individuals.

## 8. Support for the Lead Professional

### 8.1 Agency Supervision Arrangements and Time and Workload Implications

Practitioners are often concerned about how much time is needed to undertake the Lead Professional role. Lead Professionals should be open with colleagues in the TAA if there are issues and should discuss their workload regularly during supervision with their line manager. Good management and high quality supervision arrangements will help a Lead Professional work more effectively. Where appropriate, additional training should be made available to enable them to make appropriate decisions.

The time and workload implications of undertaking the Lead Professional functions will vary according to the level of the individual's needs, the number of practitioners involved in the TAA and the length of the intervention. Being the Lead Professional can be more time-intensive than being a supporting member of the TAA in the same case however, the Lead Professional will not always be the same person, and the time involved in delivering the Lead Professional functions can be offset against other cases they may be involved in where the demands on their time may be less significant. These variations need to be considered by senior managers and taken into account by operational managers when allocating caseloads. Managers should also recognise and record performance in delivering the Lead Professional functions.

### 8.2 Support from the TAA

It is essential that the other professionals involved in the TAA, 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 complete actions as agreed.

It is expected that in the absence of the Lead Professional (i.e. annual leave, short-term sickness) other professionals should continue to support the functions of the Lead Professional where possible to ensure individuals receive seamless support.

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

The TAA will support the Lead Professional in their role by:

- Nominating a Chair from the wider TAA members
- Working holistically as an equal member of the team, exploring solutions that are not limited by organisational criteria
- Formally identifying a named lead for their service who is responsible for making operational decisions at meetings
- Actively attending meetings and contributing to the joint decision-making process
- Committing to carry out agreed actions and proactively updating the Lead Professional
- Providing mutual peer support
- Providing a supportive forum for collective risk management and shared ownership of the case.

Where cases are referred to the Adults Complex and High Risk Panel (CaHRP), the Lead Professional will also be supported with access to senior agency leads, chairing of meetings and minute taking, and the recording of agency attendance and risk management decisions. For more information about the Adults CaHRP please see the OSAB Tiered Risk Assessment and Management Protocol.

### 8.3 Hints and Tips for Lead Professionals

- Think creatively to ensure that individuals that are hard to reach are fully engaged with services.
- Consistently consider reasonable adjustments, such as use of interpreters, use of jargon-free, plain English or communication aids.
- Ensure that the individual (and family) and members of the TAA have your contact details.
- Ensure you have contact details for the individual (and family) and TAA members.
- Set a review date at the first TAA meeting.
- Plan contacts with the individual so they know you will be actively involved. Check back with them at regular intervals to see how it is going.
- Remember you are part of a team working collaboratively with the individual and are *not* expected to do everything!
- Be clear about the circumstances in which other members of the TAA need to contact you, for example if the individual is not cooperating with an aspect of the Risk Management Plan and the practitioner needs your input/support.
- Be prepared to reconvene a meeting if things are not going according to plan.
- If another member of the TAA is not carrying out their contribution as agreed, raise this with them and find out the reason. Hopefully this will serve to refocus them.
- If this continues, raise it with your manager and they will need to speak to the other practitioner's manager.

## 9. Changing the Lead Professional

Although it is preferable that there is continuity in the person undertaking the Lead Professional role with an individual, 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 individual. 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. It could also be because an individual disengages from the service currently providing the Lead Professional role
- Where the identified needs of the individual change significantly and it is more appropriate 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 majority of need is then identified as social care related)
- Where the individual requests a change of Lead Professional.

## 10. Other Resources

Professionals involved in a TAA or undertaking the Lead Professional role may also benefit from utilising the following additional resources:

- OSAB TRAM Protocol
- OSAB Escalation & Resolution Conversations Protocol
- OSAB Multi-Agency Safeguarding Adults Policy and Procedures
- OSAB Professional Curiosity Guidance
- OSAB Guidance Where the Individual or Family are not Engaging with Services
- OSAB Data Sharing Agreement
- OSAB Mental Capacity Act Guidance.