

**Complex Case Panel**

**Terms of Reference & Referral Form**

**Introduction**

This is the multi-agency risk management panel for vulnerable children and young people with complex needs that require complex co-ordination and a multi-agency response in which all professionals including commissioners and providers work together regardless of their individual agency. Cases considered will include children in need, children in need of protection and children looked after. Health and Social Care teams (including 0-25, TYS, Safeguarding and Children Looked after Teams can refer into the panel. It is the expectation that those involved with the young person (across the agencies) have been working together to address needs and risks.

The purpose of the panel is to provide advice, guidance and support to strengthen risk management planning where there are difficulties in progressing care plans. The panel will collaborate to simplify and improve services to children and young people and their families with complex social, educational and health needs where a multi-agency approach is required and where there are barriers to progressing plans (an escalation panel). The panel can escalate cases of high risk or complex needs in which barriers in delivering an effective risk management plan mean that risks are not reducing,

**Accountability**

Panel members are accountable to the management structures in their employing organisation. Matters that cannot be resolved between those organisations may be referred to the Chair of the Safeguarding Children Board to resolve.

**Aims of Panel**

The aims of the Panel are to:

* Respond to escalation requests for the co-ordination of complex multi-agency arrangements.
* To escalate any unresolved issues to senior managers across respective organisations.
* Identify the key person responsible for case coordination
* Take responsibility outside of the panel for co-ordinating emergency multi agency meetings where child in crisis (core membership)
* Make recommendations about individual placements/care/treatment packages
* Assist and advise local teams and services in their joint work to create local solutions and avoid the separation of the child or young person from their family or local community
* Agree a joint risk management plan for individual young people as appropriate, to be owned and implemented by all agencies represented
* Monitor and review the progress of individual children, young people and their families
* Produce a clear Action Plan.
* To review cases presented where there is an identified need to do so.

**Principles**

* The Panel is available for escalation of cases only, where there are barriers in progressing the case at a local level
* Panel contributions will be child centred, child safe, and the child’s assessed needs must be reasonably met with a primary focus on improving outcomes for children and young people
* The child’s views and the views of carers will be taken into account
* The ethos of the Panel will centred around a “can do” and co-operative approach
* Multi-agency working will provide the framework for all child centred decisions.
* All cases will be treated with sensitivity to gender, disability issues, cultural, ethnicity, race and religious background.
* Decisions should enable a child to live as normal a life as is possible within a local environment.
* If it is felt additional funded resources are necessary panel members may recommend a referral to resource panels i.e. Hertfordshire Access to Resources Panel (HARP) or Multi Agency Panel (MAP). This meeting can, if necessary, be used as a pre-map meeting if relevant health/Educations representatives are present.
* Outcomes may require specific intervention of more than one agency.

**Membership**

Core panel:- Representatives nominated by:  Children’s Social Care (to include a Service Manager from Family Safeguarding services – a rota among six such managers), Services for Young People, AF-DASH, PALMS/Child & Adolescent Mental Health services; Virtual School, SEN & Inclusion, Children’s Commissioners and Access to Resources Team. CAMHS CC panel support workers.

Representation from (if involved):- Consultant Paediatrician via telephone or in person, Child Psychiatrist and Designated Doctor.

The Panel will be chaired alternatively by an identified senior manager from Hertfordshire Children’s Services and an identified senior manager in Health. Any member of the Panel who cannot attend must notify the Panel Co-ordinator and, if possible within 48 hours to allow cover to be organised. The minimum Core membership, which allows the Panel to be quorate, is the Chair and representation from each of the agencies contributing to the plan.

**Frequency**

The panel will be held monthly, on the last Thursday of the month. The panel will sit from 2pm until 4.30pm.

**Criteria for Referral**

Examples of cases presenting to the Complex Cases Panel include:

* High risk Behaviours (such as sexually harmful behaviours, high levels of aggression, fire setting )
* Cases where there is increasing professional concern from external agencies
* Cases that are complex and where current interventions are not having an impact
* Cases which are felt to be complex and where children have been on a Child in Need Plan for more than 12 months.
* Significant incidents where it is felt multi –agency discussion would be of benefit
* Children in tier 4 provision including transforming care cohort to discuss step down plans
* 0-25 cases where complexity and challenges exist as above.

**Referral Process**

**How to Refer**

**Referrals can be made by professionals from health or children’s social care, using the referral form (Appendix 1) and emailing this to the Panel Co-ordinator** Jan.Creedon@hertfordshire.gov.uk Tel: 01438 844372

* + Referrals must be approved by the relevant Head of Service /senior manager prior to presentation.
	+ Referrals will be subject to some triage to ensure that they are relevant for the purposes of the Panel.
	+ The allocated case worker will present the proposed plan to the Panel.
	+ The referrer must evidence that they have worked in partnership with individual agencies and other professionals to achieve a positive outcome for the child, and have sought to develop a multi-agency plan.
	+ Cases should be referred to the Panel Co-ordinator at least 7 working days in advance of the meeting so that triage can take place and so that Panel members can check their agency information and add additional comments.
	+ Any referrals received after the 7 working days (in advance of Panel) will be considered for the next month’s Panel.
	+ Reports and supporting documentation should be typed and submitted electronically for ease of distribution.
	+ The Report should be presented using the referral form (see Appendix 1). The information to be provided includes name and date of birth of child/young person, current concerns, details and reason for being presented to Panel. Information of current agency involvement needs to be included.
	+ The Panel Co-ordinator will circulate documents to Panel Members four working days in advance of the meeting.
	+ Urgent cases that require discussion and/or decisions before the next panel date should be resolved by telephone and/or e-mail by the workers and managers involved in the case.

**Records** Notes relating to individual children will be placed on individual case records by the child’s case worker

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APPENDIX 1

**Complex Case Panel – Referral Form**

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| Name: | DOB: | LCS NO: |
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| Referring Worker: | Manager: | Team/Agency-**please indicate quadrant area** |
|  |  |  |
| Status-e.g. CIN/CP /CLA for social careHealth -EG On Section |  |  |
| Additional Agencies Involved-Full Name  | Email address |
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| **Identified at least one mental health concern**anxiety, OCD, panic, (agora)phobia, low mood, mood dysregulation, psychosis, At Risk Mental Statesubstance use, PTSD, ED, PD, GID, internet gaming | Detail: |
| **Identified developmental diversity**ACE (abuse, neglect, attachment), Neuro-Developmental, mutism, unexplained developmental, learning disabilities | Detail: |
| **Physical health**Diabetes, Chronic Fatigue, unexplained symptoms, teen’s pregnancy, medical care management, obesity, adjustment to health | Detail: |
| **Education/Employment/Training**attendance (school refusal), attainment (school/work/training), managing relationships, bully | Detail: |
| **Date of Referral:**  |
| Why is this case being escalated to the Complex Cases Panel?Brief Summary of when/why the Child/Young Person is involved with Services: Please keep to significant events What is your **summary** of needs and risks?What interventions and support have been offered to date?What was the impact? |

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| --- | --- | --- | --- |
| **Date of Panel**  | **Actions from panel** | **Who to complete?****(Full Name)** | **By When****(Should be progressed if not completed within 3 weeks of panel date)** |
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