



Hertfordshire Multi-Agency Children in Need Protocol and Procedures

Section 11 Children Act 2004

Section 17 and 27 Children Act 1989

Working Together Statutory Guidance (2015)

01.05.18

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Note: This Protocol and Procedures replaces the HCC Social Work Procedures Chapter 3.2.1

PROTOCOL

1. Hertfordshire Safeguarding Children Board Multi-Agency Protocol for the Assessment and Management of Cases of Children in Need

1.1 Legal Framework and Statutory Guidance

The local authority's duty to provide support services to children in need and their families is set out in the Children Act 1989, Section 17 and Part I of Schedule 2 to the Act.

A child is "in need" if (a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority; (b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or (c) he is disabled (Section 17(10)). "Health" means physical or mental health and "development" means physical, intellectual, emotional, social or behavioural development. A child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed (S.17(11)); "family", in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom he has been living (Section 17(10)).

It is the general duty of the local authority to safeguard and promote the welfare of children within their area who are in need; and so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs (S.1). Those services should prevent children within their area suffering ill-treatment or neglect (Schedule 2 part I para 4). The following services must be available as appropriate for children in need living with their families: (a) advice, guidance and counselling; (b) occupational, social, cultural or recreational activities; (c) home help (which may include laundry facilities); (d) facilities for, or assistance with, travelling to and from home for the purpose of taking advantage of any other service provided under this Act or of any similar service; (e) assistance to enable the child concerned and his family to have a holiday (Schedule 2 part I para 8); services for disabled children and family centres (paras 6 and 9).

Section 27 Children Act 1989 requires professionals in any local authority, local housing authority, NHS Commissioning Board, any Clinical Commissioning Group, National Health Service Trust or NHS Foundation Trust, whose help is requested by the County Council in exercising its duty to assess and provide support services for children in need, to comply with that request (S.27 as amended). Those professionals "have a duty to cooperate under Section 27. . . by assisting the local authority to carry out its social care functions (Working Together p.29).

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals including local authorities and district councils, NHS Organisations, police, penal institutions and the National Probation Service (replaced from April 2017 by the National Prison and Probation Service) and Community Rehabilitation Companies, and Youth Offending Teams to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

The statutory guidance in Working Together (2015) requires that "Local authorities, with their partners, should develop and publish local protocols for assessment. A local protocol should

set out clear arrangements for how cases will be managed once a child is referred into local authority children's social care and be consistent with the requirements of this statutory guidance. The detail of each protocol will be led by the local authority in discussion with their partners and agreed with the relevant LSCB (page 27 para 65)."

The local authority is publicly accountable for this protocol and each organisation and agency has a responsibility to understand their local protocol (para 67). The guidance sets out "the precise steps that professionals should take when working together to assess and provide services for children who may be in need, including those suffering harm" and cover "the referral process into local authority children's social care; [and] the process for determining next steps for a child who has been assessed as being 'in need'" (page 28 para 68).

"Following acceptance of a referral by the local authority children's social care, a social worker should lead a multi-agency assessment under section 17 of the Children Act 1989. Local authorities have a duty to ascertain the child's wishes and feelings and take account of them when planning the provision of services" (Children Act Section 17(4A) and WT page 33). "Involved professionals should be involved in the assessment and provide further information about the child and family; and agree further action including what services would help the child and family and inform local authority children's social care if any immediate action is required" (WT page 34). The police should "assist other agencies to carry out their responsibilities where there are concerns about the child's welfare, whether or not a crime has been committed" (Working Together page 34).

1.2. Agency Roles and Responsibilities

As with enquiries where there are concerns about significant harm, it is important that the expected roles and responsibilities of the professionals who will contribute to the assessment and management of each child in need's case are clear and have been agreed by the HSCB.

Local Authority

A local authority social worker will lead each assessment and a suitably qualified and experienced worker will be allocated to manage each case with a Child in Need Plan. The police, health professionals, teachers and other professionals will assist with and contribute to an assessment by providing relevant information and where appropriate a professional opinion. Their contribution will, where appropriate, include facilitating access to services including specialist assessments. Their contribution may be requested in writing and/or by attendance at a meeting, which may whenever possible include family members. "Assessments should determine whether the child is in need, the nature of any services required and whether any specialist assessments should be undertaken to assist the local authority in its decision making" (WT p.33). More specifically:

The social worker should:

- lead the assessment in accordance with this guidance;
- carry out enquiries in a way that minimises distress for the child and family;
- see the child who is the subject of concern to ascertain their wishes and feelings;

- assess the child's understanding of their situation; assess their relationships and circumstances more broadly;
- interview parents and/or caregivers and determine the wider social and environmental factors that might impact on them and their child;
- systematically gather information about the child's and family's history;
- analyse the findings of the assessment and evidence about what interventions are likely to be most effective with other relevant professionals to determine the child's needs and the level of risk of harm faced by the child to inform what help should be provided and act to provide that help; and
- be alert to and act on any concerns about the child's emotional well-being by referring the child to services that can promote the child's emotional health.
- following assessment ensure that a multi-agency Child In Need Plan is agreed by discussion between the relevant professionals at a planning meeting (see Section 2). This plan will set out how and by when the various family and professional contributions to the Multi-agency Child in Need Plan will be achieved. Some elements may require contingency plans.

The police should, where applicable:

- help other agencies understand the reasons for concerns about the child's safety and welfare;
- decide whether or not police investigations reveal grounds for instigating criminal proceedings;
- make available to other professionals any relevant evidence gathered to inform discussions about the child's welfare; and
- exercise their emergency powers (Section 46) where necessary/appropriate

Health professionals including CAMHS and other mental health professionals should:

Health professionals play an important role in the multi-agency partnership involvement of meetings. Their expertise, roles and responsibilities are illustrated in the flow chart below and include the following:

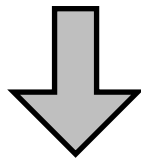
- ensure that routine and ad hoc assessments and treatment relating to the child's health (including mental health) or development are arranged by the appropriate health professional;
- undertake appropriate medical tests, examinations or observations, to determine how the child's health or development may be being impaired;

(continued after flowchart)

Flowchart: Health/Medical responsibilities when health actions are identified at multi-agency meetings.

Health & Medical professionals should make every effort to attend any multi-agency meeting that they are invited to. If they are unable to attend, every effort should be made to get a team representative to attend on their behalf, together with the child/family full health records. Alternatively discuss with social worker the option to dial into the meeting. If there is no possible way a team representative can attend, a discussion with the Safeguarding Children team, supervisor (if applicable) MUST take place. This may lead to:

- An alternative solution being sought
- An agreement to send apologies together with a written report that should be sent directly to the social worker 48 hours prior to meeting



Health needs identified at the meeting



The health representative (Health Visitor/School Nurse) should take any actions pertaining to health and progress appropriately. This could be:

- Liaising with the appropriate health professional to progress the action
- Communication with GP or Community Paediatrician (if appropriate) for a referral to be made and request confirmation to when and where the referral has been sent to
- If the health action requires a funding stream, this needs to be discussed further within the multi-agency setting.



If the Health representative did not attend the meeting and health actions were identified, the actions should be sent to the health representative by the Social Worker to progress.



Any difficulties in progressing any health actions should be discussed with the organisation safeguarding children team or line manager. If the health action is not possible (e.g. an unrealistic action/no service available) then this should be fed back to the chair with the reasons and the alternatives that can be offered.

- provide or arrange for any specialist assessments, as appropriate. Examples include (a) physiotherapists, occupational therapists, speech and language therapists and child psychologists may be involved in specific assessments relating to the child's developmental progress and the lead health practitioner (probably a consultant paediatrician, or possibly the child's GP) may need to request and coordinate these assessments; and (b) an assessment by Child and Adolescent Mental Health Services.
- ensure appropriate treatment and follow up health concerns.
- identify and assess risks arising from parental alcohol and substance misuse
- identify and assess risks arising from parental mental ill-health
- ensure the development of a Health Plan which describes the monitoring to be undertaken and reported to the review meeting for the Multi-agency Child in Need Plan.

The school should:

- where adverse events and circumstances have caused the child's progress in education to be delayed or impaired, develop and implement any necessary arrangements by which the child will be assisted and supported to catch up
- support and encourage the parents to engage with the school
- be alert to and act on any concerns about the child's emotional well-being by referring the child to services that can promote the child's emotional health

The Family Centre should:

- engage with parents to promote and develop their parenting skills and abilities
- provide the parent with consistent advice, guidance and support that takes account of the particular characteristics of their child and their limitations as parents

The Probation Service should:

- identify offenders who pose a risk of harm to children as well as children who may be at heightened risk of involvement in (or exposure to) criminal or anti-social behaviour and of other poor outcomes due the offending behaviour of their parent/carer(s).
- where an adult offender is assessed as presenting a risk of serious harm to children, the offender manager should develop a risk management plan and supervision plan that contains a specific objective to manage and reduce the risk of harm to children.
- in preparing a sentence plan, offender managers should consider how planned interventions might bear on parental responsibilities and whether the planned

interventions could contribute to improved outcomes for children known to be in an existing relationship with the offender (Working Together pp 60-61).

Alcohol and Drug Services should:

- establish whether service users are parents
- contribute to assessments of parental risk to children
- contribute to case management
- employ an assertive outreach approach to the provision of assessment and recovery services

All involved professionals should:

- contribute to the assessment
- contribute to planning the required support
- state frequency of visits that will be undertaken to families and inform CS worker of any difficulties with access to the children, DNA appointments or lack of availability of services/assessments that have been assessed as required
- promote activity to safeguard and promote the child's welfare
- contribute to the management of the case and implementation and review of the Child in Need Plan as required, providing information about the child and family
- be alert to concerns about parental substance misuse, mental ill-health, learning disabilities, parental offending and domestic abuse and ensure that these are considered and addressed in the work provided through the multi-agency child in need plan.

PROCEDURES

2. The Multi-Agency Case Planning Process

Each child identified as a “child in need” following a Child and Family Assessment, and who are provided with/require ongoing services coordinated by Children’s Services will have a Child in Need Plan.

2.1 When to initiate a Child in Need Plan

A Child in Need Plan may be initiated in one of the following circumstances:

- The child and family have received early help support (e.g. Families First, etc.) but now require more formal support via a Child in Need plan (“Step-Up”);
- Following referral and assessment, on the decision of the Team Manager that the child is in need and will require ongoing services from one or more HSCB partner agencies, coordinated by the local authority (Children Act S.17(10)(a) or (b));
- A Child Protection Plan has ceased and the child protection conference has agreed a Child in Need plan (“Step-Down”);
- The child was previously looked after and the final statutory review of the child’s case set out an agreed Child in Need plan, or, a Child in Need plan is agreed after the child ceases to be looked after (“Step-Down”);
- The child has become the subject of a Supervision Order or Family Assistance Order; or responsibility for an existing Supervision Order or Family Assistance Order has been newly transferred to Hertfordshire by the decision of a Court or formal agreement between the authorities. These cases may not be allocated to a Children’s Practitioner. Multi-agency meetings may not always be required;
- The child has moved into Hertfordshire and was subject to a formal Child in Need plan in the previous local authority and those needs are ongoing;
- The child and their family are destitute as a result of having no recourse to public funds and/or are street homeless and therefore ‘in need’ (see Section 4 No Recourse To Public Funds) Multi-agency meetings may not always be required;
- The child is disabled (Children Act S.17(10)(c)) – (see Section 4 Children and Young People With Disabilities 0-25 Together Service);
- A court has requested a “Welfare Report” from the local authority (Children Act S.7 private law proceedings) or a report on an investigation of the child’s circumstances and the need for a care order or supervision order (S.37). Multi-agency meetings may not always be required;

2.2 Multi-Agency Child in Need Planning Meeting

Once a child has been assessed as “in need” a Multi-Agency Child in Need Planning Meeting will be arranged to agree the contents of the Child in Need Plan and set out the support required from the various professionals to meet the child's needs.

The child's social worker/practitioner is responsible for convening the meeting and arranging invitations.

The Planning Meeting provides an opportunity for a child and their parents/careers, together with key agencies, to identify and agree the package of services required and to develop the Child in Need Plan. Professionals at the meeting need to clearly explain the parents' individual responsibilities in terms of meeting the Plan's targets, and the expectations in relation to their co-operation and behavior.

Attendees

Child in Need Planning Meetings should be attended by the child (depending on age and understanding), parents/careers, other family members / support network as appropriate, and those agencies whose potential/actual contribution is recommended as an outcome of an assessment. If the child does not wish to attend or it is not considered appropriate, the reasons for this should be recorded.

The Social Worker must ensure that the child's views are given to the meeting (Children Act Section 17(4) (a) and (b)) and in a format acceptable to the child e.g. drawing, written, verbal. If the child is the subject of Care Proceedings, the Children's Guardian must be invited, and copies of minutes and plans distributed to him/her.

The child's social worker should discuss potential attendees for the Planning Meeting with the child and the parents/careers prior to arrangements being made for the meeting. It will be important that an appropriate venue suitable for the child and his or her family are used for the meeting. Consideration must be given to transport, timing and any child care issues. Where a child is attending a meeting and is of school age the meeting should wherever possible be held outside of school time.

Attendance by partner agencies at planning and review meetings is highly important to ensure all agencies involved are clear about why, where, when and how their contributions impact on the ability of partner agencies to provide support and manage risks for the child. Attendance will reduce the risk of misinformation and miscommunication when making decisions. Where possible the professional involved, or a colleague who knows the child should attend. The agency should otherwise submit a report for the meeting and check the minutes for accuracy.

Chairing

The planning meeting will be arranged by the social worker and chaired by the Team Manager from the Team which has carried out the most recent assessment (most often the Assessment Team) or the Team Manager from the team receiving the case. In some instances the Consultant Social Worker may chair the meeting with the agreement of the Team Manager; in such cases the Team Manager will review and authorize the minutes and the CIN Plan. This meeting can be used to handover the case to a Social Worker from the Family Safeguarding Team where longer term work is indicated, and/or to engage other professionals.

A summary note of the discussion and decisions of the Child in Need Planning meeting will be taken by the Chair, using the relevant **LCS** Child in Need planning forms (there is no need for separate minutes). The chair can arrange for a note taker to accompany them. The LCS forms must be signed off by the Chair and the family as soon as possible, and distributed to all participants within 10 working days. **Click here for LCS Guidance**. The chair should consider whether the parents or child need help to understand the completed form (e.g. translation of information or other communication needs).

The Chair of the Child in Need Planning Meeting is responsible for the initial Child in Need Plan and its distribution. A copy of the Child in Need Plan should be provided to the parents, child (depending on age and understanding) and the agencies or other professionals involved in the provision of services under the Plan, and the Children's Guardian if the child is subject of Care Proceedings.

2.3 The Multi-Agency Child in Need Plan

The plan will be developed in a Child in Need Planning Meeting which will consider all the completed assessments. The plan will describe why the child is unlikely to achieve or maintain a reasonable standard of health or development without the provision of services and why their health or development is likely to be significantly impaired, or further impaired, without the provision of such services or how they are disabled. The plan will identify and assess risks arising from domestic abuse, substance misuse and parental mental ill-health.

Most Child in Need Plans will envisage that Children's Services intervention will be time limited. However, some children and families may require longer term support, for example disabled children (see Section 5).

The Child in Need Plan must identify any resources or services that will be needed to achieve the planned outcomes within the agreed timescales, who is responsible for which action and the time-scale involved. If resources have to be outsourced/financed by the local authority it may be necessary to seek funding approval from the Hertfordshire Access to Resources Panel (H.A.R.P) (*see Hertfordshire Access to Resources Panel (H.A.R.P) and Delegated Authority for Resource Agreement Procedure*).

In particular, any Multi-Agency Child in Need Plan should:

- Include the views of the child and family and record their expectations
- Describe the identified developmental needs of the child, and any services required;
- Be "SMART" i.e. include specific, achievable, child-focused outcomes intended to promote and safeguard the welfare of the child
- Have regard to the "6 Bees Outcomes", which set out the County Council's ambition that each child in Hertfordshire should Be Happy, Be Independent, Be Ambitious, Be Safe, Be Healthy, and Be Resilient.
- Include realistic strategies and specific actions and interventions from across the multi-agency partnership to achieve the planned outcomes;
- Identify clearly the roles and responsibilities of the various professionals and family members, including the nature and frequency of contact by professionals with children and family members;
- Include specific, realistic timescales and deadlines, avoiding/limiting "ongoing" and "continuing" actions
- Identify points at which progress will be reviewed and how it will be judged e.g. performance measures of the impact and effectiveness of the various professional interventions
- Include a contingency plan to be followed if circumstances change significantly requiring a prompt response or in the event of a lack of progress or objectives not being met, or resources not being available;

- Require that the *Hertfordshire Safeguarding Children Board Child Protection Procedures* must be followed if there are concerns about a risk of significant harm to the child;
- Specify arrangements for the management of the case as described in the following sections.

Written Agreements

Separate Written Agreements should only be used as a short term temporary exception where there is no Child in Need or CP plan in place or when an emergency situation arises in a Child in Need or CP case in the Family Safeguarding or 0-25 Together Services where a written agreement is required to ensure that the primary carer understands the expectations and their responsibilities to keep the child safe in the absence of a plan or review of a plan.

See *Practice Guidance Note on Written Agreements* available here:

<https://hertscc365.sharepoint.com/sites/intranet/Services/Children's%20Services/Pages/Social-Work-Procedures,-Forms-and-Practice-Guidance-Notes.aspx>

2.4 Multi-Agency Visits

Implementing the Plan

The social worker will be responsible for leading and coordinating the implementation of the plan including making requests and referrals to appropriate agencies for services. Their duty to assist is set out in the Children Act (Section 27) and Working Together (p.29).

Where it becomes necessary to make minor adjustments to the Plan and services provided, any changes to the plan must be made in consultation with the parents and the child (where appropriate) and key professionals from other agencies.

Frequency

Each child subject to a Child In Need Plan will be visited by the social worker/practitioner and other professionals as frequently as specified in the Child in Need Plan. Visits will be to the child's home unless the CiN plan permits otherwise. The most typical frequencies for social work visits will be between 4 and 6 weekly, with visits taking place more often in the early stages of the CiN Plan (especially when stepped-down from a child protection plan) and less often in the later stages. Over-frequent visiting may lack focus or purpose and should be avoided.

Purpose

A visit is a professional intervention in the life of the child and family and its purpose and method should be planned with a defined purpose.

Visits may be undertaken either announced or unannounced, or some announced and some not.

The child must be seen. Additional visits may be planned to achieve an intervention involving only one or more adults. With the exception of young children who are unable to talk, the visit must involve spending time alone with the child (i.e. without the main parent or carer).

The impact and outcome of each visit should be recorded on the child's case record. A descriptive, narrative account without analysis and without a professional opinion that is focussed on the child should be avoided.

2.5 Multi-Agency Child in Need Review Meetings

For children and young people in families with No Recourse to Public Funds (NRPF), see Section 4 for the review process

Frequency of Reviews of Child in Need Plans

Child in Need plans must be reviewed by a meeting no more than 3 months from the initial plan and then within each further six months. If there are significant changes in the family circumstances, an early review should take place.

A Child in Need plan should normally cease within 12 to 15 months (i.e. by the third review). Exceptions to this will be those cases where the CiN plan acknowledges the need for longer term support, for example in relation to children who meet the criteria for the 0-25 Together Service, or where a Supervision Order has been extended beyond 12 months.

At 9 months (i.e. the second review), the review should identify whether the Plan is expected to be ceased by 15 months (the third review). If not, the relevant Team Manager must request that a Child Protection Conference Chair or Independent Reviewing Officer chairs the third review.

Chairing of Review Meetings

The first CiN review meeting should be chaired by the social work Team Manager. Subsequent review meetings should be chaired by the Consultant Social Worker (CSW). Re-allocation may be required, or the application of different processes e.g. Child Protection or Step Down.

Where the child has been subject to a single continuous CiN plan for more than 12 months the review meeting will, subject to availability, be independently chaired by a Child Protection Conference Chair or Independent Reviewing Officer.

Process and Possible Outcomes

Each CiN Review will:

- Review progress against the various elements of the CiN Plan. The purpose is to assess whether actions and outcomes have been achieved sufficiently to reduce the level of input or end involvement, to identify any changes in need that require addressing in a new or revised plan. Where there is a lack of progress in implementing the CiN Plan, the need for a Strategy Discussion and possible Section 47 Enquiry must be considered (see Section 2.7 below).
- The child's social worker/children's practitioner, who should invite or seek the views of the child, parents and any service providers;
- Consider equality and diversity issues and how the child's needs will be met in these areas should be explicitly addressed as part of the meeting's agenda;

The key outcome of a Review will be:

- The child is no longer a *Child in Need* requiring Children's Services intervention, which will result in a recommendation to the Team Manager that the case be closed. This may include a *Stepping Down* for further services (see Section 2.7); or
- The child continues to be a Child in Need requiring the same level of services, resulting in the continuing provision of services and minor amendment, as necessary, of the Child in Need Plan; and/or
- The child's needs are sufficiently complex and/or s/he requires additional services to safeguard and promote his or her welfare this may require a referral to the Complex Risk Panel (see Section 3 below); and/or
- The child appears to be at risk of *Significant Harm*, resulting in the need for a *Strategy Discussion/Meeting* and possible *Section 47 Enquiry*. Follow the Hertfordshire Safeguarding Children's Board Procedures if there are concerns about significant harm to the child.

Where the outcome of the Review is a revision to the Child in Need Plan, the social worker/Children's practitioner should circulate a copy of the amended Plan to the child (depending on age and understanding), parents, and other agencies/professionals involved in providing the services set out in the amended Plan, including any new services to be provided. **Click here for LCS Guidance**. Also to the Children's Guardian if the child is subject of Care Proceedings.

Any child protection or safeguarding issues which arise during the course of a Child in Need Plan must be responded to in line with *Hertfordshire Safeguarding Children Board Procedures*.

Recording Child in Need Reviews

A summary note of the discussion and decisions of the Child in Need Planning meeting will be taken by the Chair, using the relevant **LCS** Child in Need planning forms (there is no need for separate minutes). The chair can arrange for a note taker to accompany them. The LCS forms must be signed off by the Chair and the family as soon as possible, and distributed to all participants. **Click here for LCS Guidance**. The chair should consider whether the parents or child need help to understand the completed form (e.g. translation of information or other communication needs).

A copy of the record should be sent to the child (depending on age and understanding), parent and all other participants in the Review process (Also to the Children's Guardian if the child is subject of Care Proceedings) within ten working days for the meeting. The Plan must be updated as required.

2.6 Professional Supervision

Professional supervision and line management accountability for all staff involved in child in need cases will be consistent with the normal arrangements for supervision and line management within each HSCB partner organisation. These should set minimum standards including the frequency with which each child's case will be discussed in case supervision.

Where they are members of the same Family Safeguarding Team, those contributing to the implementation of the multi-agency child in need plan should be supervised as a group. The development of a multi-agency supervision strategy has been commissioned by the HSCB Improving Outcomes Sub-Group and it will be incorporated into the HSCB Procedures.

2.7 Limited or No Progress Implementing the CiN Plan

In cases where there is limited or no progress in implementing the child in need plan, the need for a Strategy Discussion or Section 47 Enquiry must always be considered. This is referred to as a “Step-Up” to a child protection investigation. One possible outcome of the Section 47 Enquiry is a decision by the Service Manager (Children’s Services) to convene an Initial Child Protection Conference within the HSCB Child Protection Procedures. The conference will then decide whether the child is at risk of significant harm such that a multi-agency child protection plan is required to protect the child.

Please refer to the HSCB Child Protection Procedures at Section 3.4 (Strategy Discussions and Meetings), Section 3.5 (Section 47 Enquiry) and Section 3.6 Child Protection Conferences.

2.8 Ceasing a Child in Need Plan

A Child in Need Plan can cease in one of the following circumstances:

- On the decision by a CiN Review Meeting to cease the plan because the child is no longer a child who is in need of services (as defined in Section 17(10)) (“Step Down”)
- On the decision of a child protection conference that the child is subject to a child protection plan (“Step Up”)
- The child has become looked after
- On the expiry or revocation (or transfer on the decision of the Court to another local authority) of the Supervision Order or Family Assistance by virtue of which the child was subject to a plan (but where there are unmet needs a CiN Review Meeting can decide to maintain the CiN plan beyond the expiry of the statutory order)
- The child has ceased to live in Hertfordshire and the local authority in which they are living has been informed in writing of the Child in Need Plan and provided with a copy and a copy of the notes of any CiN review meetings
- The child has moved permanently outside England and Wales
- The child’s 18th birthday
- The child has died

3. Complex Cases Panel

3.1. 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 work together regardless of their individual agency. Cases considered will include children in need, children in need of protection, children looked after, care leavers, and those requiring multi-agency support for their transition to adulthood. 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. The panel will review cases as necessary.

The existing Risk Management Panel successfully removes barriers and improves the outcomes for young people. Building on this the panel has been extended to a full day (on the last Thursday of each month) to incorporate younger children and includes representatives from the County Council's Children's Services and Adult Care Services. Panel membership will differ between the morning and the afternoon.

3.2. 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.

3.3. Aims of Panel

The aims of the Panel are to:

- Respond to escalation requests for the co-ordination of complex multi-agency arrangements.
- 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

3.4. 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 be 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)
- Outcomes may require specific intervention of more than one agency.

3.5. 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, Child & Adolescent Mental Health Services; Deputy Designated Nurse for Looked After Children and Care Leavers, Virtual School, SEN & Inclusion, Children's Commissioners and Access to Resources Team

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

The Panel will be chaired by a rota of senior managers from Hertfordshire Children's Services. 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.

It is the responsibility of the person attending the panel to ensure that their agency's records are updated with the details from the panel and the multi-agency plan for the child.

3.6. Frequency

The panel will be held monthly, on the last Thursday of the month. The panel will sit from 2.00 p.m. until 4.30 pm.

3.7 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

3.8. Referral Process

- Referrals can be made by professionals from Health or Children's Social Care, using the referral form below and e-mailing this to the Panel Coordinator michele.turner@hertfordshire.gov.uk
- 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 below). 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 should 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.

Complex Case Panel – Referral Form

Name:	DOB:	LCS NO:
Worker:	Manager:	Team/Agency
Date of Referral:		
<p><u>Brief Summary of when/why the Child/Young Person is involved with Services:</u></p> <p><u>What is your summary of needs and risks?</u></p> <p><u>What has been tried and who else is involved in supporting the child/young person/family?</u></p> <p><u>Why is this case being escalated to the Complex Cases Panel?</u></p> <p><u>In your opinion, what kind of additional service does the young person need to change the situation?</u></p>		

Date of Panel	Decisions from risk panel	Who to complete	By When	Outcome

4. Families with No Recourse to Public Funds (NRPF)

Note: This section only applies when the sole identified need for support is for the provision of subsistence and/or accommodation.

4.1. Assessment

A Child & Family Assessment may identify that the only necessary support is the provision of subsistence and/or accommodation by Children's Services by means of a No Recourse to Public Funds Child in Need Plan. Cases may be held by a Children's Practitioner. Additionally, HCC Brokerage will arrange the provision of subsistence and accommodation. Additional tasks for Brokerage include:

- Contact the Home Office every four weeks to confirm the family's immigration status and enquire about any decisions regarding their application(s)
- Complete checks every four weeks with the family and their accommodation provider to ensure the family are still using the support provided and for quality control purposes

4.2 Review of NRPF Child in Need Plan

- The NRPF CiN plan should be reviewed after 12 weeks and then every 6 months by the responsible Service Manager, supported by a Service Manager Support Officer. The review will be informed by a report from the Children's Practitioner produced in consultation with the Brokerage worker and following a review visit within the preceding month. The Service Manager will record the decisions of the review and the reasons for those decisions in the child's case record.
- Should any concerns about the welfare of the child be referred or emerge while the child remains subject to the NRPF CiN plan, the Family Safeguarding Team should conduct a new C&F assessment, overseen by a QSW and the relevant team manager. If it is identified that additional support needs have become apparent requiring a general CiN response, Brokerage will continue to provide accommodation and H.O. checks. The social worker will convene a multi-agency meeting to produce a child in need plan (See Section 2.2.1.) and the social worker will convene the Child in Need Review meetings with the frequency and attendance specified in the plan (see Section 2.2.3. (b)) with the multi-disciplinary team, including brokerage representation
- If child protection issues emerge, the case will be allocated to a Qualified Social Worker and a S.47 strategy discussion will be convened within the normal Child Protection Procedures. Brokerage will continue to provide accommodation and Home Office checks and will be invited to any child protection conference and reviews as appropriate

4.3. Ending the NRPF CiN Plan

- If the family are granted Leave to Remain with recourse to benefits, the Family Safeguarding Team CiN worker will refer the family to the relevant Housing department and support them with applications for benefits
- *If the family are granted Leave to Remain without recourse to benefits.* Family Safeguarding worker will discuss with the family options to appeal and how to gain

employment. The Local Authority may need to continue to support the family until such time that they gain employment, they may need to move away from Hertfordshire in order to meet their family's needs. Family Safeguarding will ensure the completion or update of the human rights assessment and give the family written notice to stop support within 14 days if appropriate.

- *If the Home Office makes a negative decision regarding the family's right to remain; or a review of the Home Office information identifies that the application to the Home Office is hopeless such as when a family have made repeated applications arguing the same facts.* In these cases FS teams will seek legal advice and consider options available to the family and whether they are prepared to leave the country voluntarily. If they decide not to leave Children's Services must review whether their obligations under the Children Act 1989 (Section 17) and Human Rights Act 1998 have been discharged. Family Safeguarding will ensure the completion or update of the human rights assessment and may give the family written notice to stop support within 14 days.

5. Multi-Agency Approach to Supporting Children and Young People with a Disability (The 0-25 Together Service)

5.1. Introduction

5.1.1. The 0-25 Together Service intervenes and supports children with complex disabilities, life limiting or lifelong support needs young people and young adults who have a range of complex need

5.1.2. A disabled child is a child in need by virtue of the legal definition of such children (see paragraph 2 of Section 1.1 of this Protocol). The local authority has a duty to safeguard and promote the welfare of disabled children and so far as is consistent with that duty, to promote their upbringing by their families, by providing a range and level of services appropriate to those children's needs, as described in Children Act 1989, Section 17 and Part I of Schedule 2 to the Act. In particular, the local authority must by virtue of Paragraph 6 (1) of Part I of Schedule 2 to the Act provide services designed—

- (a) to minimise the effect on disabled children within their area of their disabilities;
- (b) to give such children the opportunity to lead lives which are as normal as possible; and
- (c) to assist individuals who provide care for such children to continue to do so, or to do so more effectively, by giving them breaks from caring.

(2) The duty imposed by sub-paragraph (1)(c) shall be performed in accordance with regulations made by the Secretary of State.

5.1.3. A one-worker, one-family approach is taken in Hertfordshire and where the 0 – 25 Together Service is actively involved, they are expected to address the needs of the whole family. This means that in cases in which the family has of no recourse to public funds, the 0 – 25 Together Service would hold any plan in which there are wider issues that require intervention.

5.1.4. This does not mean that all disabled children need the frequency of intervention or review that a child at risk of harm, abuse or exploitation might be afforded.

5.1.5. Disabled children and their families will at times require personalised resourcing to remain safe and take part. There are systems in place to allocate funding, whether it comes from a single agency or jointly across health and/or education and/or social care. Further details on access to personalised resources can be found in Chapter 4.17.1 of the Hertfordshire County Council Social Work Procedures Manual, which starts at the following link:

http://hertschildcare.proceduresonline.com/chapters/p_025_together.html

5.1.6. Following an assessment of a disabled child and their family's needs can lead to a number of different personalised plans, which are described in the following sections:

5.2. No Plan

5.3. Short Breaks Review Plan / Chronically Sick and Disabled Persons Act 1970 (CSDPA)

5.4. Child in Need Plan s17 (10) c (Disability Only)

5.4.1. Further information and detail about the plans supporting disabled children are available in Chapter 4.16. of the County Council's Social Work Procedures

5.5. Child in Need Plan s17 (10) b (Disability and Family Support)

5.5.1. These cases are responded to within Section 2 of this Protocol and Procedures.

5.6. Child Protection Plan

5.6.1. The HSCB Child Protection Procedures will apply

5.7. Child Looked After Plan

5.7.1. The procedures in Chapter 5 of the County Council's Social Work Procedures will apply.

6. Multi-Agency Case Escalation Process

6.1. Introduction

6.1.1. This policy has been developed by Hertfordshire Safeguarding Children Board (HSCB) to ensure that all agencies working with children and young people in Hertfordshire (including Health, Education, District/Borough Councils, Children's Social Care, Adult Services, Probation, Police and community and voluntary sector organisations), have access to a straight forward multi-agency policy to quickly resolve, and where necessary escalate, professional differences where there are concerns that the welfare and safety of children and young people are at risk of being compromised.

6.1.2. The aim of this policy is to promote a culture of partnership working, whereby all agencies working with children, young people and their families feel confident, able and supported to address concerns in situations where there are differences

in professional judgements around the response to the well-being and safety of children and young people.

- 6.1.3. Occasionally situations arise where professional disagreements occur. Disagreements can be healthy and foster creative ways of working with children and their families. However, disagreements can also impact negatively on positive working relationships and consequently on the ability to work together to safeguard and promote the welfare of children.
- 6.1.4. This policy provides workers with the means to raise concerns they have about decisions made by other professionals or agencies by
- a) Avoiding professional disputes that create drift and delay, or obscure the focus on the child,
 - b) Resolving the difficulties within and between agencies quickly and openly, and
 - c) Identifying problem areas in working together where there is a lack of clarity and to promote the resolution via amendment to protocols and procedures
- 6.1.5. The child's needs, safety and wellbeing must be the paramount consideration at all times and professional differences must not distract from timely and clear decision making. All professionals working with children and families have a duty to act assertively and proactively to ensure that the child's welfare is seen as a priority at all levels of professional activity, as outlined in the statutory guidance Working Together to Safeguard Children (2015) and the HSCB Child Protection Procedures
- 6.1.6. It should be noted that if Hertfordshire Childrens Social Care decides not to proceed with a Child Protection Conference, following a Child Protection Investigation, then other professionals involved with the child and family have the right to request that local authority children's social care convene a conference, if they have serious concerns that a child's welfare may not be adequately safeguarded. This escalation policy should be used to resolve differences of opinion
- 6.1.7. This policy is not designed to replace the statutory complaints processes established within individual partner agencies. All agencies are responsible for ensuring that their staff are supported and know how to appropriately escalate and resolve interagency concerns and disagreements about a child or young person's well-being and the response to safeguarding needs.

6.2. Key Principles

- 6.2.1. Professionals should always:
- Share key information appropriately and often. There can be no justification for failing to share information that will allow action to be taken to protect children (please note additional consents are needed to share MARAC information)
 - Seek to resolve the issue quickly and at the practice rather than the management level.
 - Ensure that professional differences do not place children at further risk by obscuring the focus on the child or delay decision making.
 - Keep focus on the child's safety and welfare at all times.
 - Familiarise themselves with the escalation routes within their agency for resolution and escalation.
 - Ensure accurate and contemporary recording on the child's file of key decisions and conversations in relation to the resolution process.
 - Stay proactively involved; safeguarding is everyone's responsibility.

- Use HSCB resolution process when necessary set out below in section 4.

6.3. Process

- 6.3.1. In cases where there is a difference of professional opinion and a professional considers a child or young person is at immediate risk of significant harm, concerns must be escalated to both your manager and a manager within the other service and/or safeguarding lead on the same working day.
- 6.3.2. When there is a disagreement over a significant issue, which potentially impacts on the safety and welfare of a child but the child is not considered at immediate risk, the respective workers must identify explicitly the issue they are concerned about, the risk to the child, the nature of the disagreement and what the workers aim to achieve. Good practice is to convene a meeting or have telephone contact rather than correspond just by emails.
- 6.3.3. The professionals involved in the conflict resolution process must contemporaneously record each intra and inter-agency discussion they have, approve and date the record and place a record on the child's file together with any other written communications and information. The agreed outcome of discussions and how any outstanding issues will be pursued must be recorded.
- 6.3.4. If the risks and issues in a particular case are considered to be so great and of an immediate nature, a decision by the referring agency must be made as to the necessity to bypass the structures in place and consult the relevant senior officer as a matter of urgency. This is to ensure that there is a timely response in place which secures the safety and protection of the child(ren) concerned.
- 6.3.5. A monitoring form (Appendix A) should be completed by the agency raising the escalation for all Escalations at Stage 2 and above.

6.3.6. Stage 1

In the first instance the professional with concerns should raise the matter with the relevant practitioner/decision maker verbally or in writing **within 2 working days** of the disagreement or receipt of a decision.

The professional with concerns should provide clear evidence based reasons for their disagreement. The receiving practitioner / decision maker must read and review the case file and **must speak to the concerned professional within 3 working days** and attempt to find a mutually agreeable way forward sought via discussion or meeting.

The matter must be resolved more quickly if delay would fail to protect the child from harm. Where a resolution is reached the responsible worker will confirm the outcome with the professional who has raised the concerns in writing within a further **2 working days**.

6.3.7. Stage 2

If the professionals are unable to resolve the matter satisfactorily within the timescale, the concern or difficulty should be escalated to their respective line manager **within the same working day** and a resolution should be achieved **within a further 3 working days** or a timescale that protects the child from harm

(whichever is less). Alternatively (e.g. in health services), input should be sought directly from the Named Doctor or Nurse for Safeguarding Children as well as the line manager. Where the child is a looked after child, the expectation would be that the Named Nurse for Looked after Children would be contacted. These first line managers should, where necessary, seek advice from their agency's designated safeguarding children professional.

Where a resolution is reached the receiving line manager/named professional (in health services) will confirm the outcome with his / her counterpart in the agency raising concerns within a further **2 working days**.

6.3.8. Stage 3

If agreement cannot be reached following the involvement of first line managers/named professionals **within a further 3 working days or a timescale that protects the child from harm (whichever is less)**, the issue must be referred without delay to the relevant Service Manager, Detective Inspector / Head Teacher or other designated senior manager). In health, the issue must be referred without delay to the Designated/Deputy Designated Nurse for Safeguarding Children/Looked after Children and Care Leavers.

The Safeguarding Board's Manager should be copied into disagreements that have escalated to this level.

Following referral to senior managers, a resolution should be achieved **within a further five working days** or a timescale that protects the child from harm (whichever is less). The managers dealing with the issue will involve the Head of Service and Assistant Directors in their agency if required.

Where a resolution is reached the senior manager in the agency receiving the concerns will confirm the outcome with his / her counterpart in the agency raising concerns within a further **two working days**.

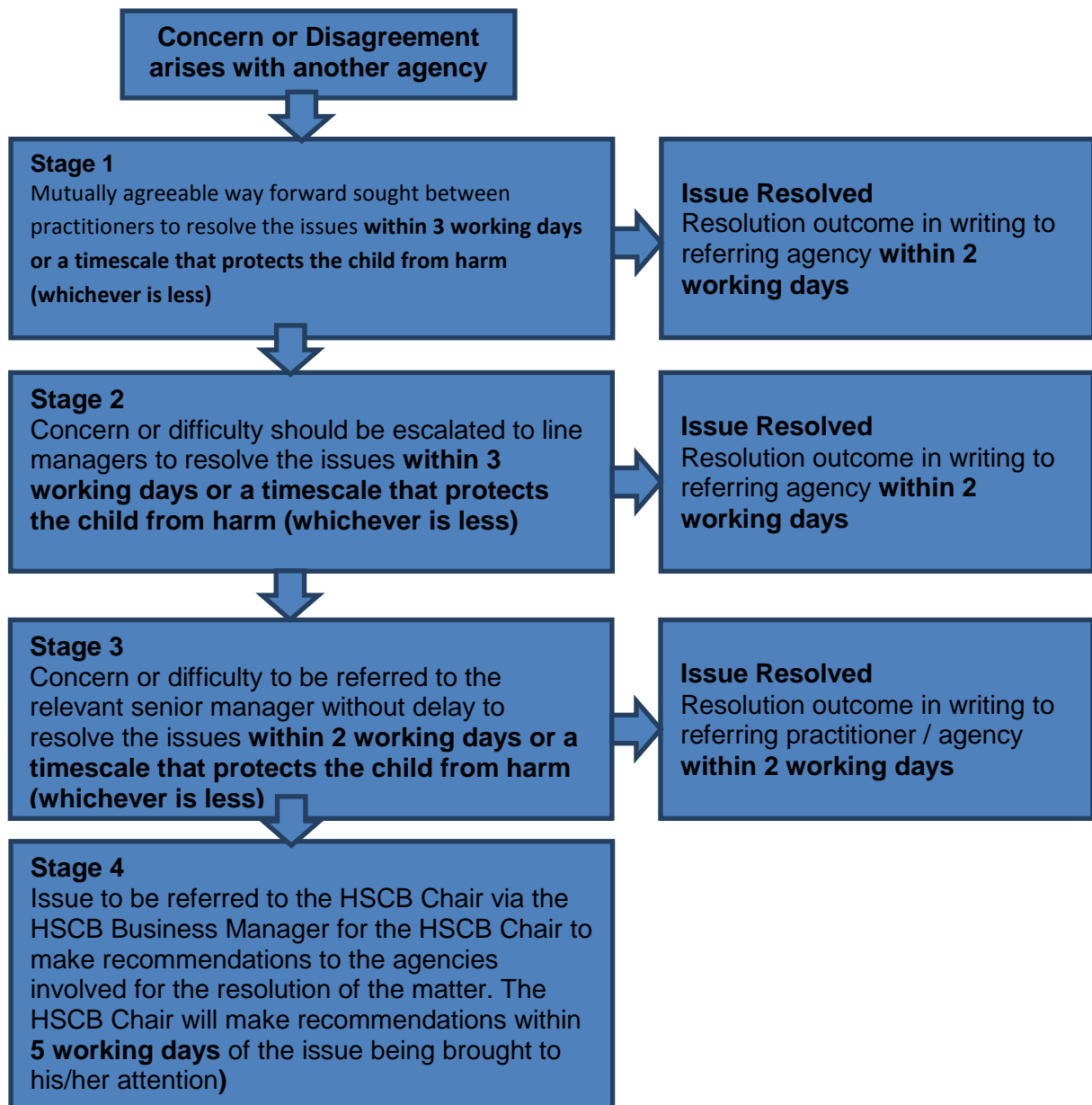
6.3.9. Stage 4

In the unlikely event that the professional disagreements remain unresolved following discussions between respective Heads of Services /Assistant Directors and/or the discussion raises significant policy issues, the matter must be referred to the Chair of the Hertfordshire Safeguarding Children Board. The Safeguarding Board's Manager should be copied into disagreements that have escalated to this level.

The HSCB Chair may seek further written information and will confer as necessary with senior managers / named / designated professionals in the agencies involved, and others as required, and will make recommendations to the agencies for the resolution of the matter. The HSCB Chair will make recommendations within **five working days** of the issue being brought to his/her attention.

The HSCB is not an operational body and cannot direct the actions of partner agencies. However, the HSCB as a body has a strong expectation that the recommendations of the HSCB Chair will be acted upon

Flowchart



Appendix A

Hertfordshire Safeguarding Children Board

Escalation Protocol – Monitoring Form

A tool to record decisions and to monitor the effectiveness of the Escalation Protocol

Occasionally situations arise when workers within one agency feel that the decision made by a worker from another agency, about a child or young person, is not a safe decision. Problem resolution is an integral part of working together to safeguard children. Disagreements should be resolved at the lowest possible stage, and resolution should be sought within the shortest timescale possible to ensure the child is protected. If a child is thought to be at risk of immediate harm, discretion should be used as to which stage is initiated. **This form to be used at the point of escalation to the practitioner’s manager and at each further step of the Escalation Protocol.**

Checklist
<input type="checkbox"/> Have you consulted a supervisor/manager, to seek advice about resolving your concern?
<input type="checkbox"/> Have you made clear initial attempts to resolve the problem at the lowest possible level?
<input type="checkbox"/> Did the supervisor/manager raise the concerns with their equivalent in the other agency?
<input type="checkbox"/> If this did not resolve the concerns, has the Senior Manager or Named/Designated Safeguarding representatives attempt to resolve the professional differences through discussion?
<input type="checkbox"/> If this did not resolve the professional differences, are you seeking resolution by the Independent Chair of the HSCB?

Action Note: A copy of this form is to be held on child/family file in all agencies involved in resolution of professional difficulties. If escalating to next stage, use this form as a basis for reporting to the manager at the next stage. Please send a copy to the HSCB Team on completion – email to: [\[redacted\]](#) Expand as much as required.

Child/Family Name			
Summary of reason for dispute – include views of <i>all</i> agencies concerned			
Agreed outcomes or actions if satisfactorily resolved – includes escalation to next stage if unresolved			
Signature of referring manager	Name		
	Designation		

		Agency	
		Date	
Signature of receiving manger		Name	
		Designation	
		Agency	
		Date	
Stage at which resolution achieved, noting how effective the policy/practice was in resolving the issue			
Time taken to reach resolution			