

Learning from Complex Case Panel 2017-2018

Background to Complex Case Panel

The Complex Case Panel was established in 2010, following a serious case review, to improve risk management for children and young people.

The panel ensures that multi-agency problem solving and decision making takes place at a senior level, for children and young people with multiple and complex needs and for whom current arrangements have not been effective in meeting planned outcomes and reducing risk.

Any agency can propose that a young person should be discussed at the complex case panel, providing the agreed criteria is met and the normal case planning, conferencing or dispute resolution processes have been tried and failed to improve outcomes (see [Complex Case Panel Procedure](#)).

Overview of children

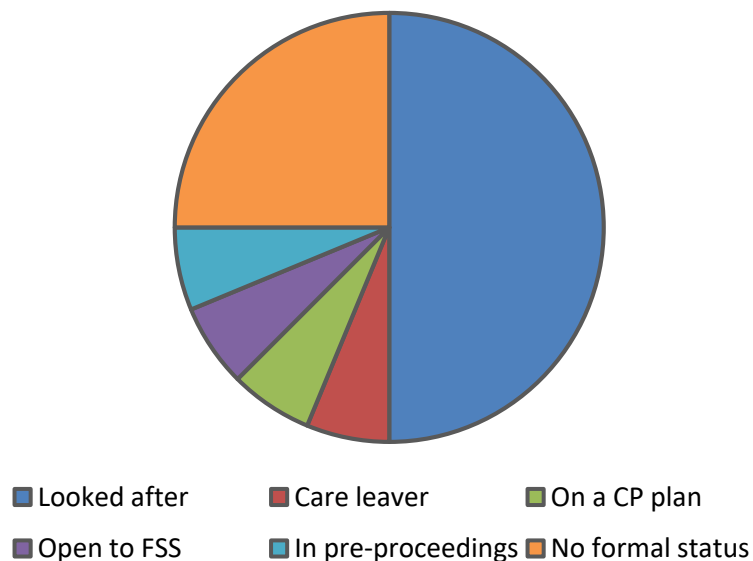
In the period from June 2017 to June 2018, 6 complex case panel meetings were held. During this period;

- 16 new children were presented,
- 17 child updates were reviewed
- 13 children were closed
- No children remained under the purview of the panel for more than 4 months

All children brought to the panel had high levels of complexity and needed multi-agency input. Of the 16 new children referred;

- All were brought by staff from Children's Social Care

Social Care Involvement Prior to Referral to the Panel



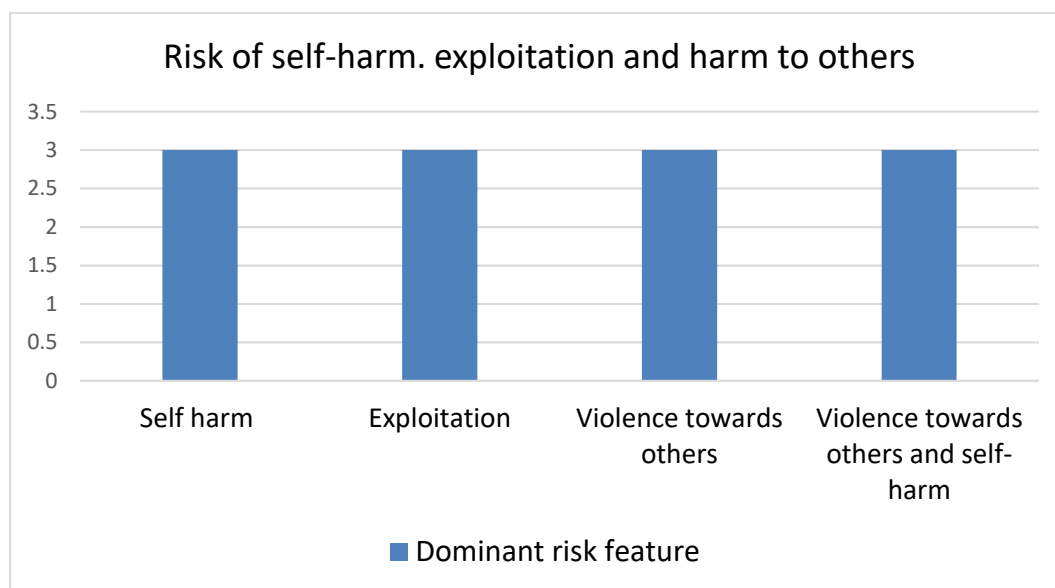
- Except for 2 siblings both aged under 5, all were over the age of 14
- 44% were girls and 56% were boys
- 4 were involved with the Youth Justice Service
- 37.5% of children had autism either diagnosed or identified as a potential issue

Findings

Over the year, the following themes were present;

High risk of self-harm, exploitation and harm to others

75% of the children referred entailed high levels of risk.



In the majority of cases positive outcomes were achieved due to;

- Good multi-agency working and engagement
- Strong evidence of relationship building
- Engagement of police in developing resilient relationships
- Strong evidence of good networking around missing children

The panel recognised challenges in resolving exploitation cases and the need to support middle managers in making complex decisions regarding a small number of high-risk young people who are serious and prolific offenders.

High level discussions have taken place in relation to Child Drug Exploitation (CDE) and specific responses have included the broadening of the Child Sexual Exploitation Sub Group to the Exploitation Sub Group and the agreement that CDE will now be the subject of a CSC/TVP led multi-agency Task and Finish Group which will agree enhanced safeguarding procedures and also explore options for future service delivery, led by the County Manager for Youth Justice.

Complex placement decisions and the effort to identify creative, sustainable solutions

Complex placement planning was a feature for almost all the children who came to the panel and increasingly the children with the highest risks are those who are in local authority care.

The focus has largely been on seeking creative solutions to placements using a combination of options (residential, secure, family-based care) and to ensure positive community networks can remain in place. Good practice examples include:

- A shared care arrangement for a gang affiliated child at risk of exploitation through association
- Funding for intensive evening and weekend diversion activities for a young person linked to adult offenders and at risk of exploitation

The panel acknowledges that seeking creative solutions can be extremely difficult in the context of lack of appropriate placements and resources and at times national solutions need to be sought.

Concerns about a lack of appropriate placements on a national basis were escalated to the Oxfordshire Safeguarding Children Board and the following actions were taken in response;

- The OSCB Independent Chair raised the issues with the Association for Independent Local Safeguarding Chairs (AILC) as a platform for raising the profile of the issue nationally
- Altering local MP's to the concerns
- The Director of Children's Services leading a review of placement sufficiency with Director's from the South East sector-led Improvement Programme to identify common themes and escalate issues at government level

High numbers where autism is identified as a potential issue

The panel considered this at its meeting in September and agreed that labelling of behaviour as demonstrating autistic traits is unhelpful. It noted that there is an overlap in features of ASD and attachment difficulties and the key issue is to establish an explanation of functional impairment and to give an indication of needs.

The panel recommended exploring with CAMHS the option of consultation and advice for Children's Social Care at a senior level.

Low numbers of children aged under 11 being referred to panel

The panel recommended a summary of work being undertaken in relation to non-accidental injury and thresholds in family courts be brought to panel.

The panel further recommended that senior managers be reminded to review cases where placements may not be sound following unsuccessful care proceedings, with a view to referring to panel, if appropriate.

Listening to and engaging with the wishes of children/young people and their families in decision making

It was heartening to reflect on the degree to which the voice of children, young people and families were noted and considered by the panel even though it was not always possible to accommodate their wishes.

Examples of this include;

- The letter received by the panel from a young person requesting a fresh start who had a long history of social care input, high-level self-harm, missing episodes and who was the victim of assaults. The panel noted the core team had done some brilliant work, leading to a successful move to a move-on home and college attendance.
- Listening to and engaging a parent who was having difficulty in recognising her child's health needs
- Intensive measures put in place for a child fearful that they were on "the slippery slope into care"
- A child in hospital who had researched placement options for himself given reasons why his preferred choice was not possible

The panel clearly recognised the value of listening to the views and wishes of children, young people and their families in relation to the most complex decision making about their lives.

Case Example

Further to a sudden breakdown of placement and an admission to a paediatric ward at the JR Hospital, no placement could be found that was able to meet the needs of a 12year old with ASD and complex behaviour problems. Children's Social Care and CAMHS worked via daily conversations and joint planning at senior level to find a solution. The child was supported in a s136 Unit and then by adapting an Oxfordshire Assessment Centre. These provisions ensured he and others were kept safe with as child-centred approach as possible. Regulatory bodies were advised of these abnormal arrangements. CSC staff had appropriate advice and support to meet his mental health needs, throughout the crisis. Managers at a senior level were able to authorise the placements and meet his care and support needs locally because of the strong working relationships that have developed.

This led to a meeting with NHS England in October 2017 which heard about their commissioning plans for CAMHS in-patient beds and to a special meeting of senior partners and operational leads to review three complex and challenging cases and identify what could be done differently.

As a consequence, a new protocol and care pathway has been developed to ensure cases are managed and supported effectively, escalated with intensive joint work and daily planning by senior managers when appropriate.