**Oxfordshire Complex Child Panel: Terms of Reference**

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**1. Introduction**

A small proportion of young people have multiple needs and present serious ongoing concerns to the education, health, social care and youth support services in their area. It is likely that most of these services will have offered interventions at different times in the young person's history. However, the services may not have been able to commit the necessary resources and expertise in an integrated way that achieves the desired outcomes or the best progress possible . Some children’s cases have become 'stuck' and in a small number the consequences have been tragic as risks have spiralled.

The purpose of setting up the complex child panel was to enable managers to realise and share their responsibility for the whole young person, and to avoid taking a reactive stance along specialist divisions.

Where inter-agency planning fora, such as [**Core Groups**](http://trixresources.proceduresonline.com/nat_key/keywords/core_group.html), [**Child Protection Conferences**](http://trixresources.proceduresonline.com/nat_key/keywords/child_prot_conf.html), children [**Looked After Reviews**](http://trixresources.proceduresonline.com/nat_key/keywords/looked_aft_review.html) or Teams Around the Child have not made sufficient progress to reduce risk and secure improved outcomes, professionals should recourse to independent chairs/reviewing officers to raise their concerns and this should lead to renewed action to address the concerns. Equally, consideration should be given to whether the child’s plan fulfils the statutory or local remit of another procedure or panel that considers both eligibility and provision, either single or multi-agency. In a proportion of cases, the decision may be taken to initiate court proceedings, and this provides the court’s oversight towards the desired outcomes for the child. In some cases, this route will not be appropriate or will not have been effective in ensuring the child's safety. When these 'normal' processes have been tried and the risks to the child's safety or outcomes persist, there should be an escalation process that ensures scrutiny, expertise and multi-agency accountability at a senior level.

Over a decade ago, Oxfordshire Safeguarding Children Board approved the proposal to set up a multi-agency advisory process. The process ensures that senior managers and 'experts' become more involved in overseeing risk management, the resolution of disputes and providing consultation or resources and thereby increase senior accountability for achieving improved outcomes.

**2. Governance arrangements**

Oxfordshire Safeguarding Children's Board oversees these arrangements by agreeing to:

* Endorse the Complex Child Panel and process
* Regularly review, through an annual report to the Board, whether the panel is achieving its intended impact on individual cases
* Update guidance as required;
* Identify safeguarding themes and gaps in practice/commissioning
* Identify learning for wider dissemination

**4. Purpose**

The Panel's objective is to improve inter-agency risk management of children and young people.

The Complex Child Panel is a senior level multi-agency advice and consultation group. Its function is operational, but it has the ability to recognise wider service or policy gaps so that strategic work can be taken forward in other forms.

**5. Deciding which panel to use**

The Panel functions alongside other high level groups which have a particular focus.

Examples of these are:

* Entry to Care Panel: considers requests and recent admissions to care and provides oversight of risk management arrangements for use of unregistered care, where this is unavoidable
* Placement & Commissioning Panel: approves placements and packages of care for children with complex needs
* Multi-Agency Public Protection Arrangements (MAPPA): reviews the risks posed by individual adults and young people in the community
* Legal Panel (Children, Education & Families): considers whether cases have reached the threshold for s31 care proceedings

None of these panels preclude the use of the Complex Child Panel. However, professionals/managers considering a referral should have regard to:

* Statutory guidance and local procedures that apply to the case and other panels/processes established to manage them. These should be accessed before the Complex Child Panel
* The risk management remit of the Complex Child Panel, which does not include approval to place a child or matching of a child to placement

**6. Case responsibility**

Children’s cases are brought to the Panel for discussion by managers, practitioners and clinicians with case responsibility. The Panel does not supersede or take-over case responsibility, this remains unchanged.

**7. Complex child panel membership**

Chairperson: Deputy Director, Social Care CEF or in his/her absence: Director of Children's Services, Oxford Health

**Members:**

* Deputy Director, Safeguarding and Corporate Parenting, CEF
* Head of Corporate Parenting, CEF
* Designated Safeguarding Doctor, Oxford University Hospital Trust
* Designated Nurse for Looked After Children, Oxfordshire Clinical Commissioning Group
* Clinical Lead, CAMHS, Oxford Health
* Service Director, CAMHS, Oxford Health
* Detective Inspector, Problem-Solving Team, Thames Valley Police
* Safeguarding Manager, CEF
* Head of Disability Service, CEF
* Head of Leaving Care Service, CEF
* Head of Youth Justice and Exploitation Service, CEF
* Head of Special Educational Needs, sharing attendance with Head of Learner Engagement, CEF
* Legal Advisor, CEF
* Service Manager, Adult Social Care
* Service manager, Adult Mental Health, Oxford Health
* Other senior colleagues as required for specific case discussions. Specific invitations should be indicated on the case referral form.

**8. Roles of members**

Members will:

* Read children’s referrals in advance of the Panel
* Research their own agency's involvement with referred children and bring relevant information to the Panel
* Take a solution-focussed approach to children discussed, demonstrating respectful challenge and support to the practitioners working directly with the children/young people
* Agree actions with clear timescales and lines of communication, before the next Panel
* Follow-up and ensure their agency's actions are completed in a timely way
* Where resources are recommended or committed, the appropriate internal approvals are sought and promises are kept
* Learning achieved through the Panel is disseminated to relevant teams and individuals
* Escalate to OSCB any child who meets the criteria for a formal review by the Child Safeguarding Practice Review Group

**9. Frequency of panel meetings**

Meetings will take place on an ongoing bi-monthly basis.

**10. Criteria for complex child planning**

The process seeks to deliver a flexible, multi-agency response for children and young people whose planned outcomes are not being achieved, despite the best efforts of the inter-agency group implementing the child’s plan. For example:

* **Neglect**: children with a [**Child Protection Plan**](http://trixresources.proceduresonline.com/nat_key/keywords/child_protection_plan.html), which have had a plan for more than 18 months and where the CP Panel have reviewed the case but remain concerned about the **absence of progress** due to gaps in provision/lack of a specialist assessment
* Children where care proceedings have been completed but have resulted in a [**Care Order**](http://trixresources.proceduresonline.com/nat_key/keywords/care_order.html)**not being made, against LA advice**
* **High risk young people**:  where adolescents or care leavers, living in the community, whether in their families, in care, homeless or in supported accommodation, are at risk of [**significant harm**](http://trixresources.proceduresonline.com/nat_key/keywords/significant_harm.html), whether to self or others, through exploitation, being a victim of crime, violence/aggression, offending, self-harm, misadventure or serious substance misuse. They may be at risk of losing their liberty to custody or a secure order, or at risk of physical harm/death
* **Out of County placements**: where adolescents have been placed at long distance and are **lacking co-ordinated services** from a range of professionals to reduce serious risks, e.g. self-harm, risk of suicide, violence/aggression, to be able to move to a placement/home in-county
* **Multiple complex needs at risk of poor outcomes**: where adolescents have both mental health problems and substance misuse; or mental health problems and learning disability; or where two statutory proceedings are in place at the same time e.g. criminal proceedings and child protection conferencing for a young person with sexually harmful behaviours

This list is intended to be illustrative, not exhaustive.

**11. Examples of service-based concerns affecting outcomes**

Complex Child Panel is not intended to 'escalate' or 'sweep-up' serious cases which are making reasonable progress through normal case-management frameworks. These include support and challenge from panels (e.g. legal, adoption, fostering, placement panels) independent chairs/reviewing officers and casework supervisors/managers.

Rather, it is used for a small number of cases where improved outcomes are not being achieved and risks are increasing. Features of such cases may include:

* Professionals working to their best ability but holding high levels of risk for prolonged periods
* Agencies working without coherence with one another, or hindered by separate objectives/timescales
* Agencies' resources diverted towards short-term crises not achieving long term outcomes;
* Gaps in provision - services unavailable
* Gaps in provision - rigid application of threshold criteria hampering combined inter-agency effort
* Disputes amongst professionals, unresolved by line-managers
* Professionals have become 'stuck', run out of ideas, repeating unproductive patterns of service delivery
* Gaps in specialist knowledge/assessment currently available to planning group

**Leading to:**

**Child/Young person's increased risk of:**

* Abuse/neglect
* Self-harm/risky behaviours
* Harm to others
* Long-term dislocation from family and community

**12. Intended outcomes of the process**

Discussion leads to:

* Consensus about levels of risk and management accountability at senior management level
* Ensuring there is a single risk management plan adopted by all agencies involved with child. This should include contingencies to deal with unexpected or short-term crises and increased risks
* Actions agreed by individual agencies to 'unblock' progress, to reduce risk and improve outcomes within specific timescales; named professionals who will help, further to the panel discussion
* In-principle agreements about contributions of resources/shared funding (some of which may be subject to confirmation by agencies)
* Communication and monitoring arrangements by panel members who have agreed actions
* Progress reporting requirements, including timescale. The panel will decide whether update reports should be made in writing or in person to a future panel

**13. Process**

**i. Request for complex child discussion at panel**

Any agency can propose that a young person should be discussed at the complex child panel with reference to the agreed criteria, so long as the normal case planning, conferencing or dispute resolution processes have been tried and failed to improve outcomes.

The reason for bringing the case must be presented to the agency's senior manager and authorised within line management structures.

The child's key social worker should be consulted about the referral to ensure the timing is congruent with other processes affecting the case. For example, if the case is about to receive an expert assessment or decision in care proceedings, the referral to the panel may not be timely.

Where possible, the referring agency should bring the case jointly with the child's key social worker. The referring agency should not request that the social worker bring the case to panel and not attend or follow through with their reasons.

Where the child's current plan is being overseen within the child protection or looked after children’s framework, the referral should be discussed with the independent reviewing officer or independent chair.

Once agreement has been obtained, the request should be passed to the administrator at least two weeks in advance of the panel, so that written information is sent out in advance and agencies can check their record systems.

**ii. Written information**

The practitioner should ensure that a referral is completed (see template):

* Basic information and family structure (and wider family/community networks where the connections are important)
* Brief history and overview
* Any significant assessment information
* Agencies/professionals involved
* Analysis of current risks (known and unknown)
* Identified issues or obstacles to effective case planning or provision
* The anticipated benefits of a complex child panel discussion
* Outcomes sought

In addition, the following information should be prepared in advance for circulation to panel members:

* Chronology, current risk assessment, last case review report (e.g. review case conference report)

**iii. Conducting the panel**

* This will be chaired by the Deputy Director, Social Care, or in his/her absence, the Director of Children's Service, Oxford Health
* See panel membership list above for attendees
* Each case will be presented by the practitioner(s) who requested the discussion/a representative of the respective core group/inter-agency planning group for the child. Groups of practitioners representing the range of agencies involved, are especially welcome
* The social care Team Manager will attend
* Case discussions will be minuted (see template) by the administrator and signed by the chairperson
* Agenda slots will be kept for previous cases on which progress reports have been requested
* An agenda slot can be used for strategic safeguarding items, as agreed by Panel members

**iv. Following the panel**

* The administrator will ensure the minutes are received by the key worker or lead professional for the child;
* The senior manager/agency representative who presented the case at panel is responsible for ensuring that the actions approved at the panel are brought back and acted on promptly by the core group/inter-agency planning group
* The revised/additional elements to the child’s risk management plan, that have been recommended by the panel, should be adopted and implemented by all agencies
* The child’s plan should be revised to reflect actions recommended at the panel and reported to the [**Independent Reviewing Officer**](http://trixresources.proceduresonline.com/nat_key/keywords/indep_reviewing_officer.html)/independent chairperson (where appropriate) Arrangements for reporting back to the panel to be adhered to