



Children with Complex Needs Protocol

Practice Guidance Notes

January 2002



DERBY CITY COUNCIL



Introduction

The aim of the protocol is to ensure all agencies work in partnership to promote social inclusion and equality. A partnership approach to assessment and care planning will ensure that children with complex needs receive the most appropriate service. In order to promote the social inclusion agenda the Protocol aims to ensure that children are supported at the lowest level of intervention compatible with meeting their needs. Where children have reached a high tier of intervention, the aim will be to seek to return them to progressively lower tiers of intervention, which will enhance their social inclusion.

These notes should read in conjunction with the Protocol and Panel Referral forms, see Appendix 1 and Appendix 2 on pages 7 to 12 of this guide.

Before the Panel

These practice guidance notes are intended to give advice on the steps that need to be taken in order to have a case presented at panel.

The kind of cases that may trigger the process of referral to panel are illustrated by the following three case studies:

- Jack 13 years, severe disabilities, autistic spectrum disorder, severe challenging behaviour (violent to mother), complex care needs (feeding, toileting, medication)
- Manjit 14 years, mental health problems, attachment disorder, challenging behaviour, repeated absconding, history of sexual abuse and neglect
- Susan 8 years, profound multiple learning difficulties, hearing loss and sight impairment.

The criteria that may trigger a referral to the Children with Complex Needs Panel are:

- school placement breakdown – alternative placement cannot be identified
- family approaching breakdown
- continuing health care needs unmet.

Multi-Agency Meeting

If professionals are of the view that a referral needs to be made then a multi-agency meeting **must** be held to review all the individual agency assessments. This meeting should be attended by all professionals working with the child; this is the primary care team. This meeting should be attended by the parent(s) and the child where this is appropriate.

The purpose of the meeting is to consider:

- what needs are not met by current resources
- the views of the child, parent and other family members
- objectives for the care package and strategy to promote social inclusion
- care package.

More than one meeting may be needed to form a multi-agency assessment of this agenda.

The multi-agency assessment must conclude whether needs can be met locally with additional flexibility and/or additional resources at a primary care level, or a referral to complex needs panel is needed.

Where it is decided that a referral to panel is needed the meeting must decide the following:

- the lead agency and person managing the referral process
- the person for all other agencies who will manage the case through internal eligibility processes. All agencies must be involved in the process
- who will be providing the reports required
- for health – establish the lead commissioning agency and designated manager.

Completing the Form

All sections **must** be completed. The referral form must be accompanied by assessment reports and current care plans. In the event of this information not being available, panel will not be able to consider the case.

Section One – The Child or Young Person's Details

All boxes must be completed. Some information is required for monitoring and planning purposes. The name of the GP is an essential piece of information as it identifies the responsible Primary Care Trust.

Section Two – Parental Details

This section should include everyone known to have parental responsibility.

Section Three – Key Professionals and Provider Agencies Involved

It is essential that all agencies involved with the child/family are identified and involved in the referral process.

Section Four – Agreement to Referral

The referral form must be agreed by the designated manager in each partner agency. It is the responsibility of the primary care team member from each agency to secure the agreement of their designated manager prior to the referral being made. The referral must be signed by the designated manager in the lead agency. Designated managers are:

| | |
|---|--|
| Derby Social Services | Rachel Dickinson Assistant Director |
| Derby Education Service | Elizabeth Beswick Education Officer – Pupil Services |
| Central Derby Primary Care Trust | Pam Hallam Clinical Standards Officer |
| Derbyshire Social Services | Peter Riddle Assistant Head of Children’s Services |
| Derbyshire Education Service | Sarah Yearley Education Officer – Special Needs |
| Chesterfield Primary Care Trust | Kathryn Blackshaw Assistant Director of Planning and Performance |

The referral form does not need to be signed by each designated manager; the form can be signed off at the panel meeting itself. However, the designated manager must be made aware and agree to the referral being made. The designated manager may require the referral to progress through internal eligibility criteria processes prior to agreeing the referral for panel. For Social Services this is the Children’s Resource Panel and for Education this is the SEN Panel.

Section Five – Detailed Assessment Reports and Current Care Plans

The referral must be accompanied by assessment reports and current care plans from all the involved agencies. The panel will not be able to consider the referral if these are not attached.

Section Six – Description of needs not met by current resources.

A clear description of individual needs that are not met must be provided together with an indication of where the issues identified can be found in the assessment reports.

Section Seven – Views of the Child, Parent(s) and Other Family Members

This should include a description of their difficulties and what they think should be done to help. In the event of the views of the child and significant family members not being known the panel will be unable to consider the referral.

Section Eight – Objectives, Timescale and Strategy to Promote Social Inclusion

This section must specify clear objectives for the care package which reflects the unmet needs identified in section 6. The primary care team must have developed a clear care plan indicating the work that needs to be done and the time that will be needed.

It is essential that the team has considered how to promote social inclusion. The most desirable circumstance (and most socially included) for any child is to be cared for by their family, attend a local school and have health services provided locally. These circumstances will enable children to be part of their community and establish peer social relationships and maximise the opportunity to meet cultural, religious and linguistic needs. Any care plan that moves a child away from these circumstances must have an accompanying plan aimed at promoting social inclusion and at optimum level re-establishing the most desirable circumstances for the child.

Section Nine – Care Package

This section must identify the key components of a care package and why resources over and above those locally provided are required. The following may be key components of a care package; domiciliary care, equipment, day care, additional care staff, flexible outreach support, day/residential assessment placement, type of school (mainstream, special, residential), psychological/psychiatric service/placement, forensic treatment placement.

A brief explanation of why local services cannot meet the needs is required. For example:

Child J. S has had a formal statutory educational needs assessment, a full children in need assessment using the Assessment Framework and a paediatric assessment. The child has severely challenging behaviour and the family need respite. Existing resources (Broadway) could provide a placement but are unable to provide adequate staffing levels to provide a safe placement.

It is critical that when a referral is first made to the Complex Children's Needs Panel that the providers of any future services are not identified. The Panel will:

- decide whether the circumstances meet the eligibility criteria for a complex children's needs care package
- agree the funding partnerships in principle
- commission the primary care team to identify service providers.

The case must be re-referred to the Panel when providers have been identified for approval and confirmation of funding arrangements.

Notice of Panel Decision

For each referral the panel will complete a Notice Of Panel Decision Form. This form will specify the name and key details of the child, the date of the Panel meeting, and key workers from each agency. The panel decision with reasons will be recorded on the form together with the agreed funding arrangements. A copy of the form will be sent to the identified key worker of the lead agency. A copy of the form will also be sent to the financial departments of each agency. The lead agency for each complex care package will be identified. The lead agency will take responsibility for implementing the decision of the panel.

The Notice of Decision Form will specify the care package that has been agreed. Any need to deviate from the agreed package must have panel approval. The form will also specify the timescale and monitoring arrangements. These are critical in order to ensure that the care package is meeting the objectives of the care plan and that everything is being done to promote social inclusion. All cases will be reviewed at least every six months and minutes of reviews/reports of statutory reviews will be considered by the Panel.

January 2002



PANEL REFERRAL

This form needs to be completed in conjunction with the Practice Guidance Notes.

Referral initiated by:

Lead Agency:

Contact telephone number:

1. CHILD OR YOUNG PERSON'S DETAILS

| | |
|----------------|-----------------|
| Family name: | Other names: |
| Date of birth: | Sex: |
| Ethnic origin: | Religion: |
| Address: | First language: |
| | Registered GP: |

2. PARENTAL DETAILS

This section should include everyone known to have parental responsibility for the child/young person.

| | |
|----------------|------------------------|
| Name: | Relationship to child: |
| Ethnic origin: | First language: |
| Address: | Telephone number: |
| | |
| Name: | Relationship to child: |
| Ethnic origin: | First language: |
| Address: | Telephone number: |
| | |
| Name: | Relationship to child: |
| Ethnic origin: | First language: |
| Address: | Telephone number: |
| | |



3. KEY PROFESSIONALS AND PROVIDER AGENCIES INVOLVED

Social Services, Education, Health, Voluntary Sector, Other.

| | | |
|-----------------|---------------|--------------------------|
| Name: | Title: | Telephone number: |
| Address: | | |
| Name: | Title: | Telephone number: |
| Address: | | |
| Name: | Title: | Telephone number: |
| Address: | | |
| Name: | Title: | Telephone number: |
| Address: | | |
| Name: | Title: | Telephone number: |
| Address: | | |
| Name: | Title: | Telephone number: |
| Address: | | |



4. REFERRAL FOR CONSIDERATION BY PANEL AGREED:

| | |
|-------------------------------------|-------|
| Designated Manager Social Services: | Date: |
|-------------------------------------|-------|

| | |
|-------------------------------|-------|
| Designated Manager Education: | Date: |
|-------------------------------|-------|

| | |
|----------------------------|-------|
| Designated Manager Health: | Date: |
|----------------------------|-------|

5. DETAILED ASSESSMENT REPORTS AND CURRENT CARE PLANS

Care Plans must indicate current provision and action.

| | YES | NO |
|-----------------|--------------------------|--------------------------|
| Health* | <input type="checkbox"/> | <input type="checkbox"/> |
| Education | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Services | <input type="checkbox"/> | <input type="checkbox"/> |

*Agency reports from more than one health service may be required; Paediatrician, Clinical Psychologist, Child and Adolescent Mental Health services



6. DESCRIPTION OF NEEDS NOT MET BY CURRENT RESOURCES

What are the child/young person's needs that are unmet by current resources, and what has led you to conclude that they have these needs?

7. VIEWS OF THE CHILD, PARENT(S) AND OTHER FAMILY MEMBERS

What views have the child/young person, parent(s) and other family members given about their difficulties and what should be done to help?

8. OBJECTIVES, TIMESCALE AND STRATEGY TO PROMOTE SOCIAL INCLUSION

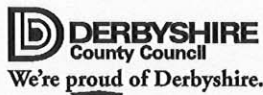
What should be the objectives for this child/young person's care package?

9. CARE PACKAGE

What level of provision in respect of facilities, equipment and staffing arrangements may be needed to meet the child/young person's needs? Indicate why provision over and above that normally available in the area may be needed.



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Care Package agreed:

Timescale and monitoring arrangements:

Date of Panel Review:



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