**Multi-agency and Care Planning Responsibilities for Children and Young People subject to Child in Need Plans, Child Protection Plans, Children in Pre- Proceedings and Children who are Looked After.**

This document combines the care planning expectations taken from LCC Care Planning protocol (revised October 2017 *and as updated*), statutory care planning regs (CA1989 Volume 2: care planning, placement and case review) and the LCC scheme of delegation (October 2018). These combined expectations in relation to care planning, both in terms of the circumstances (i.e. when multi agency care planning should be held) and also the frequency of case decision making planning, are set out in this document.

Multi Agency meetings should be held for all children subject to Child in Need, Child Protection and Child Looked After Plans. It is of paramount importance that partner agencies, and at the least Health and Education are involved in care planning for all children. Other partners, such as; Youth Justice or the Police, (for example), will also need to be involved in care planning for some children.

In relation to children who are in the care of the local authority the role of Partner Agencies becomes greater and Partners must be invited to ensure they have the opportunity to contribute to a Child's Care Plan from the onset and throughout placement. This is not only because of our responsibilities as a Corporate Parent, but to ensure that the needs of all Children are met to the best of our ability. Partners often have information about what other resources are available in other areas, if we are placing outside the Child's community. No child should ever be placed in residential care, or moved from a fostering placement into residential care, (except in an emergency), without an in-depth assessment evidencing what type of placement is required and how that placement will meet that Childs needs in comparison to any other type of placement. If the Child is assessed as having additional needs that require residential care and their educational or health needs cannot be met by universal services such as main stream school and/or emotional/mental health services then it is likely joint or tripartite funding will need to be requested. In such cases, it is important that the relevant health and education partner contributes to the assessment and the care planning that determines where a child should reside. These cases are not 'usual' cases, as in most circumstances, children's needs can be met within their community like that of their counterpart. Where a Child is assessed as requiring a residential placement with education or therapy attached to it the following processes are to be followed.



In cases where Education or Health funding is requested, further information will be required for these panels, these include:

* Copy of the YP’s needs assessment / psychological formulation/history
* Social care assessment
* Detailed placement prospectus, including the health and/or Education service provision
* Proposed placement care plan,
* Proposed placement risk assessments,
* Proposed placement outcomes
* Information with regard to what the mental health input will be and the associated health costs.
* CQC report/OFSTED report
* Assurance that the NHS feel the placement can meet the YPs mental needs, and reasons why they cannot.
* Details of the Responsible Clinician (Community Psychiatrist) (if there is one).
* Education Health Care Plan (where applicable)

For all cases where health funding/contribution is being requested the social worker must refer to the embedded Health Tool Kit above and follow the process of the Continuing Care Assessment. This paper work **MUST** be completed by the relevant Health Professional. Preferably this Health Professional needs to be a NHS employee, in circumstances where there is not a NHS professional, who knows the child/young person, then the health professional can be the health professional from the placement. The checklist must be completed to determine the level at which the young person has been assessed. If it is the case that the child/young person scores 3 Highs, 1 Severe or 1 Priority and there is unmet health needs that cannot be met by Universal or Specialist NHS services then we will consider their eligibility for an NHS contribution. The scoring requires supporting information, such as incident records, behaviour charts, care plans/risk assessments etc. If there are any queries from the health professional with regards completion of the assessment, direct them to [complexchildrens.lcsu@nhs.net](mailto:complexchildrens.lcsu@nhs.net) All placements that have health or education contribution olan, must be scrutinised a and by the relevant senior rmanagerer.

Child in Need the meeting will be referred to as Child in Need meetings - maximum of 12 weekly, unless procedures relating to children and young people receiving short breaks apply (children with special educational needs and disabilities - SEND) <http://www.proceduresonline.com/lancashirecsc/p_short_breaks.html>).

If the Child is Subject to Child Protection Plans, the multi-agency meetings are referred to as Core Groups (4 weekly), if the child is a Looked After child these meetings will be referred to as Care Planning meetings (timeliness will be case dependent but at the very least at the midpoint between the child's LAC review and in some cases more frequently 4-6 weekly). They will involve the child (if appropriate), the family and relevant professionals. Within the meetings the child's plan will be reviewed and updates from agencies will be provided.

Case Management Decisions meetings are internal children's meetings where a child/children's plan will be discussed by Management and the allocated worker. The form should be recorded on LCS, under 'forms', generic meeting, care planning meeting. The Managers making these decisions should also record the decision on a case note, under the category 'Case Management Decision'.

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| ***Case status/circumstance*** | ***Case decision making*** | ***Who attends the meeting*** | ***Multi agency care planning meeting*** |
| Child in need case where the plan is not progressing, consideration is to be given to escalating the case to child protection | Case management decision meeting to be held by SW, PM and TM  Internal Case Management decision making form attached to a Generic Meeting, Care Planning on LCS forms.  TM also records decisions in a case note (case management decision) | **TM/PM/SW** | **Child in Need Meeting – maximum of every 12 weeks** |
| NB For cases which escalate to Child Protection following Strategy Discussion/Section 47 | Team Manager must be informed  Multi agency strategy meeting will have been recorded on LCS  IRO to be informed |  |  |
| Children subject to Child Protection Plans where no sufficient change has been made despite significant support. | Internal Case Management decision making meeting to take place with social worker, Practice Manager and Team Manager in order to consider escalation (4-6 weekly)  IRO to be informed of decisions  . | . TM/PM/SW | Multi agency core groups every 4 weeks |
| Recommendation to cease CP plan. | Practice Manager and social worker to discuss within supervision.  Record on LCS case note under supervision | PM/SW | Multi agency core groups every 4 weeks |
| Request to start Pre-Proceedings. | Internal case management decision meeting to be convened by PM/TM to SM (as per scheme of delegation)  Senior Manager to record decision on a case note (case management ) | SM  TM/PM/SW  NB Multi agency core groups will be held every 4 weeks to inform decision making | Multi agency core groups every 4 weeks |
| All children subject to Pre-Proceedings protocol. | 4 weekly supervision to be held by PM/SW – case note to evidence discussion  TM to review the case where the plan is not progressing | TM/PM/SW | Multi agency core group every 4 weeks |
| Decision to step down Pre-Proceedings. | 4 weekly supervision to be held by PM/SW – case note to evidence discussion  TM to be informed prior to final pre proceedings meetings. Decision to be recorded on Case Management – IRO is to be informed of outcome | TMPM/SW  . | Multi agency core group every 4 weeks |
| Decision to issue care proceedings, either from Pre-Proceedings or otherwise. | Internal case management decision meeting to be convened by PM/TM.  If TM agrees, referral to BLA panel for Senior Manager agreement to be sought.  Decisions to be recorded on LCS (case management) – IRO to be informed | TM– chair  PM  s/w  Head of Service chair Becoming Looked After Panel until otherwise agreed by DCS | Multi Agency Core Group every 4 weeks |
| Approval for submission of final evidence in care proceedings:  Home Placement  Adoption plan  SGO with allowance (standard)  SGO with allowance (additional)  Long term foster care | Internal Case Decision Making meeting should be recorded on LCS. Case Note should also be recorded to evidence decision making (case management )  Head of Service approval  TM review at 6 months and again at 9 months to ensure updated assessment is completed and to progress discharge ready to present to SM at 12 months for discharge plan to be agreed or continuation of HPA, if HPA exceeds 12 months do we need to then build in TM reviews every 3 months to ensure the plan is progressing.  Senior Manager  Senior Manager  Head of Service  Team Manager | See previous box for information.  Please note the IRO should have sight of the final care plan prior to the evidence being filed in order to provide their views | Throughout proceedings, multi-agency care planning meetings every 4-6 weeks or at Team Managers Discretion |
| Approval for decision to change care plan. | Case decision making request to be made by PM to TM. | TM– chair  PM  s/w  IRO must be informed of any change in care plan | Multi Agency Care planning meeting prior to the change of care plan where ever possible and every 4-6 weeks unless otherwise agreed with the Team Manager with a clear rational recorded on the child's file |
| All children subject to Public Law care proceedings. | Supervision between social worker and PM every 4 weeks  Any contentious issues should be raised with the Team Manager immediately | SW/PM  TM | Multi Agency Care planning meetings every 4-6 weeks unless otherwise agreed by the Team Manager with a clear rational recorded on the child's file. |
| Cases where Section 7 and Section 37 reports have been directed. | Supervision between sw/pm to take place every 4 weeks | PM/SW | Multi agency meetings to be held every 4-6 weeks. |
| Discharge of a Care Order. | Case Management decision making meeting to be held request to be made by PM to TM.  If TM agrees, SM to agree the plan. | PM/TM/SW  SM | Multi agency meetings to take place prior to internal decision meeting and all information to be presented to the Team Manager, clearly referencing the view of all partners. Further multi-agency meetings to be held 6 weekly unless otherwise agreed with the Team Manager. |
| Decision to consider change of placement for CLA. | Case Management Decision making meeting to be held  If TM in agreement, decision to be presented to SM for approval/consideration.  - | PM/TM/SW  SM if TM agrees  IRO to be informed in advance of a change in placement | It is good practice to hold a Multi-agency meeting prior to a placement move and at the very least there is consultation with partner agencies. **If the placement move includes Health or Education components a Multi-agency care planning meeting must** **be held prior to the placement move and the relevant professional must be asked to complete the required paper work and present to their panel, social worker is to support completion of paper work and attend panel as requested.** Further meetings should be held 4-6 weekly unless otherwise determined by the Team Manager. |
| CLA subject to Home Placement Agreement. | Case Supervision every month between SW/PM .  TM to formally review the case every 6 months – case management decision making form to be completed.  SM to formally review the case every 12 months - case management decision making form to be completed.  All decisions to also be recorded on Case note – case management | PM – every 3 months  TM – Every 6 months  SM – every 12 months | Multi agency meetings to be held every 4-6 weeks unless otherwise agreed. |
| CLA where placement is ratified as permanent. | Monthly supervision between PM/SW | PM/SW | Multi agency meetings should be held every 3 months to review the care plan, unless otherwise agreed by the team manager or at the child's review.  CLA reviews are held every 6 months |
| CLA where placement is not ratified as permanent. | Monthly supervision between PM/SW  Case management decision making meeting to be chaired by TM 6 months  All decisions to also be recorded on Case note – case management | PM/SW  TM | Multi agency meetings should be held every 4-6 weeks unless otherwise agreed by Senior Manager or at the child's review.  CLA reviews are held in accordance with Care planning, placement and case review regulations 2010 (and as updated) |
| CLA where child/YP is high risk, either due to behaviours such as MFH, CSE etc. as well as risk of placement breakdown/placement has been identified as vulnerable. | TM to review every 6 weeks with PM/SW  SM to review every 3 months | SW/PM/TM  SM | Multi agency care planning meetings should be held every 4 weeks (or more regularly should this be required). These meetings can be combined as part of placement stability or placement disruption meetings |