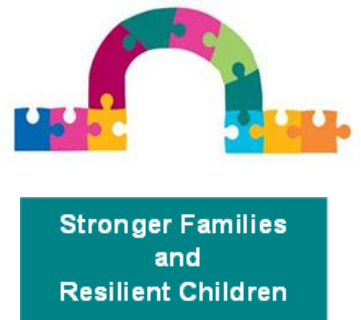




Derby City Council



## **Children's Social Care Risk and Network Meeting Guidance.**

### **Introduction**

Local and national data tells us that the number of older children entering care has been part of the reason as to why Children in Care numbers have risen. Older children that come to the attention of Children's Services present with a range of behaviours that can become challenging for parents and carers to manage and this can lead to break down of relationships at home or in placements (where children are already in care).

Derby Children's services have identified a need to try and identify (at the earliest possible time), those cases that are likely to present such a challenge and take proactive action via multi-agency fora to address such challenges, thereby preventing crisis in families/placement breakdown and reducing the numbers of older children entering care. Part of this work will take place through the realignment of Early Help services in the city, to ensure a preventative approach for cases that do not meet the criteria for Children's Social Care.

However, for those children already known to Children's Social Care, it is felt that further work is required to address those cases most likely to present with risks associated with breakdown at home or in an existing care placement.

### **Proposal**

All teams across Children's Social Care (Localities, Children in Care Service, Leaving Care Service and IDCS) will implement Risk and Network meetings for cases where risk of breakdown is developing. The aim being: to prevent the deterioration of situations that could lead to an increase in a young person's risk and/or placement breakdown.

## **Case identification and Criteria**

The below list will provide a guide for Social Workers and Child Practitioners to enable identification of relevant cases for risk and network meetings but is not exhaustive.

- Emerging or actual aggression/violence – verbal and physical
- Damage to property
- Concerns regarding risk of harm to others or vulnerability to being harmed by others/self
- Worsening health conditions whether physical or emotional/mental
- Escalation of behaviour (INC anti-social behaviour)
- Degenerating parental/carer resilience/ability to cope
- Concerns about access to or carrying weapons

Where cases are already subject to one of the below meetings, then that meeting would supersede the risk and network meeting:

- Risk Strategy Meeting (usually for cases co-worked with YOS)
- MAPPA meetings
- CRE strategy meeting
- Enhanced Case Management Meeting (CONCORDAT cases)
- Child Protection meetings (ICPC and RCPC)

Furthermore, risk and network meetings do not prevent the need for following existing safeguarding/S47 processes such as strategy discussions, ICPC/RCPC etc...

## **Operation**

Cases need to be identified in each service area against the criteria highlighted in the above section by front line practitioners in conjunction with managers.

Once cases have been identified, the Team Manager would arrange the meeting and in conjunction with the allocated worker, ensure invites are sent to staff from partner agencies either already involved in that case, or who should/could be involved to help address the issues causing concern, i.e. CAMHS, Complex Behaviour Service, Police etc....

The Team Manager must consider inviting FCAMHS to meetings to provide specialist insight into how the professionals working with young people and families are best advised to address behaviours of concern.

These meetings would replace existing network meetings for CIN cases and take place a maximum of 6 months apart, interspersed by the full 6 monthly CIN review meeting and would also intersperse 6 monthly LAC review meetings.

The meeting would be chaired by the Team Manager in the relevant team (DHOS will chair for IDCS due to team structure in that service).

Prior to the meeting, the allocated practitioner will complete the risk/resilience and vulnerabilities matrix (attached at appendix one), this should then be used with the

professional group (attending the meeting) and should be added to during the meeting.

The strengths based questions/meeting template matrix (attached at appendix two) should then be used to identify what we are worried about, what is going well, child's voice and what needs to be done. This will give a clear strengths based plan for the multi-agency group to be working from and can then be used to review in future meetings.

Actions agreed should consider what other referrals need to be made, what families are going to do themselves to reduce risk, what other information needs to be gathered, whether access to the Priority Families commissioning framework is required/family group conference is needed etc....

At the completion of the meeting, the allocated practitioner will add a case note to LCS on the young person's file and request (using existing processes) that the team CSO adds the risk/resilience/vulnerabilities matrix and strengths based questions/meeting template matrix to Live Link.

## **Review**

Reviews as prior highlighted will take place no later than 6 months after the initial risk and network meeting. Each review should be action focused and be based upon reviewing progress against the actions agreed at the prior risk and network meeting.

Reviews should be held until risks have either abated or there is a need to take other action in the case.

## **Measuring Impact**

These meetings will commence from February 2020 and the Policy and Insight Team will be asked to identify whether any reduction in the number of older children coming into care is observable at 6 monthly intervals. This will be reported back to the cross cutting DHOS group that meets on a monthly basis.