

## **Complex Child in Need (CCIN) process – Child Exploitation and Extra-Familial Risk**

### **Practice Guidance**

#### **Introduction**

Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. The vast majority of children and young people in the UK grow up to thrive and achieve their potential albeit with the usual teenage struggles that are familiar to many parents and carers. Some young people can, however, become vulnerable in a range of situations which are extra-familial, such as sexual exploitation, trafficking, County Lines, extremism and self-harm. Sometimes, but not always, these situations are preceded by problems in the young person's environment, living with the effects of domestic abuse, conflict with parents/ carers, mental health issues, abuse and neglect.

In these circumstances there is often a high degree of concern by family members, agencies and the young person's wider network. For a younger child, a child protection conference may be the best forum for discussing these issues, with a child protection plan being the best way forward to address the concerns; the emphasis in these circumstances is that it is the responsibility of parents/carers to promote the young person's safety and welfare.

Working Together to Safeguard Children, 2018, sets out how organisations, agencies and practitioners should work together in partnership with others to safeguard and promote the welfare of children and provides a framework to ensure they are clear about what is required of them. It sets out a range of multi-agency responses to differing levels of need, including: Early Help, Children in Need and Children in Need of Protection. In the 2018 Edition, an additional emphasis on the assessment of extra-familial risks and wider environmental factors that may be a threat to their safety was included.

#### **Key principles**

The **CCIN** framework has been developed and adapted from best-practice evidence and evaluated models. A commitment to Restorative practice underpins the framework.

The Framework sets out the approach to multi-agency coordination for individual children and young people, peer-groups, locations, and people of concern. The guidance set out in this document refers to the pathway for individual planning and review.

The Research in Practice paper '**That Difficult Age**' provides a clear and focused approach that improve responses to adolescent risk:

1. **Work with adolescent development - in particular perception, agency, aspiration, and skill** – for example, identity formation, friendship attachments, risk-taking. This includes avoiding policies and practice that respond to adolescent choice and behaviours in ways that could 'ensnare' them and constrain positive development
2. **Work with young people as assets and resources**
3. **Promote supportive relationships between young people and their family and peers (where possible)**
4. **Prioritise supportive relationships between young people and key practitioner(s)** within the system response
5. **Take a holistic approach to young people and the risks they face**
6. **Ensure services are accessible and advertised** – for example, services should incorporate self-referral mechanisms, social marketing, and assertive outreach to target hard-to-reach groups
7. **Equip and support the workforce**, including through high quality learning opportunities and regular supportive supervision.

The **CCIN** approach starts from a basis of being open and explicit with families that we intend to build a trusting and positive relationship with them. It follows the principles of restorative practice in identifying strengths, whilst being clear about what we are worried about and therefore what we need to do together to bring about positive change.

Children / young people, parents and wider family must be active participants and not passive recipients of a **CCIN** approach. Their active inclusion in the assessment and planning is critical. Not engaging is simply not an option, we simply have not found the right form of engagement.

## **Pathway**

### **CCIN**

*An initial child protection conference brings together family members (and the child where appropriate), with the supporters, advocates and practitioners most involved with the child and family, to make decisions about the child's future safety, health and development... [its purpose is] to bring together and analyse, in an inter-agency setting, all relevant information and plan how best to safeguard and promote the welfare of the child. It is the responsibility of the conference to make recommendations on how organisations and agencies work together to safeguard the child in future (Working Together 2018: 49).*

Young people and families who are experiencing extra-familial risks should only be discussed at a Child Protection Conference if the primary concern is a **familial** one.

A **CCIN** approach should be taken in cases where following a Strategy meeting and enquiries under s47, concerns of significant harm are substantiated and the child is judged to be suffering or likely to suffer significant harm **but the primary harm is outside the family home**. This approach provides an alternative conference model with the same duties and responsibilities as any other Initial or Review Child Protection Conference.

If a young person's parents / carers are taking all appropriate steps to care for their child but that child continues to experience **extra-familial** threats in their community, peer group or school, a **CCIN** pathway will be adopted.

## **Siblings**

Where the child or young person lives with siblings or other children, consideration should always be given to the individual needs assessment and plans of those children and child-led decisions made about the most appropriate level of service. In all cases, relevant information about connected children should be considered during assessment, planning and decision-making.

## **Specific functions in a CCIN model**

### **Chair**

In **CCIN** meetings, the primary focus is on safeguarding the welfare of young people and chairs play a central role in maintaining this ethos.

The chair **MUST** maintain a focus on the key Contextual factors outlined in the assessment whilst guiding the meeting participants to a clearly developed safety plan.

**CCIN** meetings will be chaired and recorded by an Independent Reviewing Officer from the Safeguarding Unit. The actions arising from the meeting will be recorded and distributed to all agencies who form the **CCIN** group within 24 hours of the meeting.

The role of the Chair is pivotal to the outcome in a **CCIN** model. The Chair is Facilitator, Quality Assurance practitioner, 'safety gate' and responsible for keeping the young person at the centre of the meeting and ensuring the meeting moves forward productively and achieves its aims efficiently, having regard to procedure, pace and participation. Chairs must therefore have a good understanding and knowledge of Contextual Safeguarding and be aware of the aim and purpose of **CCIN** meetings.

### **Lead Professional**

The role of the Lead Professional is to complete the **CCIN** report. They will present an overview, with key contextual findings at the **CCIN** meeting. Throughout the meeting it is the role of the lead practitioner to present key issues and support the young person, family, and meeting to problem-solve.

It will be the role of the lead professional to coordinate the delivery of a plan, working alongside and brokering actions between multiple partners to ensure commitments are met. Any issues with compliance regarding the agreed plan should be raised with the Independent Reviewing Officer – Chair – who will then raise with the individual / Organisation or senior officer accordingly.

## **The Meeting**

Attending a **CCIN** meeting is a daunting prospect for young people and their family. Consideration therefore as to the venue for these meetings is essential and should be agreed in partnership with the young person and their family. Believing a meeting to be restorative by discarding tables does not consider the impact on young people and their family's wellbeing if they must attend a Social Service building. More focus on the where to hold a meeting will assist in the young person and their family's engagement **CCIN** meeting.

Wherever the meeting is held, the room must have either a large whiteboard or at least a blank wall onto which three LANDSCAPE Page Headings can be projected or drawn on flipchart paper or Magic Whiteboard paper.

The suggested heading for each sheet is:

Sheet 1 – **Ecomap**

Sheet 2 – **What is going well**

Sheet 3 – **What should happen – how / who & when**

Meetings should not last longer than two hours under any circumstances as it becomes difficult for participants to maintain concentration and that may result in poor planning.

## **Agenda**

The agenda for a **CCIN** meeting must include a decision about Threshold of Significant Harm.

### **1. Introductions**

The Chair will welcome attendees and provide the following introduction and scene setting:

The purpose of this meeting is to work together and for you (young person and family) to leave today feeling motivated and optimistic about what together, we can change.

Information shared today is confidential - as is the record of the discussion and any plans we make today – these should not be shared with anyone not invited to this meeting without permission.

**At the end of the CCIN meeting, we will agree whether the child(ren) / young person is experiencing significant harm and if so, whether a CCIN plan is needed.**

Today we will consider.

- What we are worried about
- What is going well, what strengths are there and how can this help to improve safety
- What do we need to see change?
- What will our plan be? Who will be responsible for each part of a plan and when will they do things?

## **2. Eco mapping**

The Chair will invite the young person and family members to volunteer information about themselves and their family and friend's network – names, ages, relationships, addresses. The Chair should assemble the information on the whiteboard or on an adjacent flipchart. Other information about key individuals, organisations, services, community supports etc can be added where appropriate.

## **3. Information Sharing**

The Chair will summarise the reasons the meeting was called or if review, invite the Lead Professional to outline **(briefly)** the key events since the last meeting and provide an update on the progress of the plan.

**What is Going Well?** The meeting participants will then be asked to give their views about what is going well, starting with the Young person and then their family.

## **Scaling**

The Chair will invite the young person and family and then meeting participants to scale or rate their estimates of the safety level using a numerical scale, usually between 0 and 10, where 0 equals no concerns and 10 equals the highest possible risk.

At review, following scaling, a comparison will be made to the previous meeting and consideration given to whether safety is improving.



## **What should Happen?**

### **What are we Worried About?**

The meeting participants will be asked to give their view of what they are worried about, starting with the young person and then their family. The chair should advise attendees to state briefly what they have seen / heard or know that worries them and the impact of this upon the child / children. The Chair will listen to views and capture the key points in turn on the headed recording sheets. There should be short sentences recorded only in language that is accessible to all.

### **The Plan**

All attendees should leave the meeting with a clear SMART plan.

The Chair should facilitate a discussion, led by the young person and family to create the plan. The Chair should resist the temptation to suggest or prescribe what needs to be in the Family's Plan because the plan stands more chance of having the 'ownership' of those responsible for implementing it if they have conceived it.

The Chair can and should take a lead in testing willingness, confidence, and capacity. Equally, some actions which are 'bottom lines' for safety reasons will be non-negotiable and the Chair should help make this explicit and explained.

The Chair should describe the intended Safety Destination which the plan needs to aim for and how this will be brought about, by whom and by when. These sections need to be as specific as possible.

Consideration should be given at every point to whether a Family group Meeting should address the issue (alone or together with other measures).

The plan will contain elements that our individual, relate to the whole family system and set out the Contingency actions if the risk(s) increase.

## **4. Chairperson's Summary**

The Chair should provide a summary of the worries and strengths identified and any concluding comments made as appropriate, within the context of a strengths-based approach. It is important that this is not a lengthy regurgitation of the meeting.

## **5. Decision Making**

The meeting will consider whether the child is suffering, continuing to suffer (in the case of a review) or likely to suffer significant harm. The Chair should not guide the participants in terms of their decision at this stage.

The views of the child or young person and parents should be ascertained, and then professional views requested. This should include their view of the test being met and if so, what category of harm is relevant.

Any dissenting views should be recorded by the Independent Reviewing Officer on the Record of Meeting.

## **6. Timescales and Review**

Within 5 working days of the decision to progress the **CCIN** Pathway, the Lead Professional or referrer will discuss the case with the Independent Reviewing Officer in preparation for engaging with the young person. Good practise is that the first **CCIN** meeting will take place within 15 days of the decision for the **CCIN** pathway to progress.

If a **CCIN** plan is agreed or continuing, the date and time of a review meeting will be agreed. The frequency of either meeting is at the discretion of the Chair in agreement with the meeting members, especially the family. In some cases, shorter but more frequent meetings will be required to monitor the risk. The minimum timescale should be in line with standard frequency for CIN and Child protection requirements.

## **9. Closing remarks**

The Chair should conclude the meeting by thanking attendees for their contributions and time, paying particular attention to acknowledge the challenges faced by families in such circumstances and noting the particular strengths they showed (a willingness to listen, insight, commitment to change, honesty, patience, respect for others).

## **Following the CCIN Meetings**

It is important that Contextual issues raised within either meeting are not lost as these can help to build a picture of wider contextual concern in a setting / community / person or persons of concern. These therefore need to be shared with MACE partners via the CE analyst who can gather thematic concerns to determine the best course of action