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**MULTI-AGENCY SAFEGUARDING DELIVERY GROUP**

**PROTOCOL FOR MULTI-AGENCY ENGAGEMENT IN STRATEGIES & SECTION 47 ENQUIRIES**

**Introduction:**

1. [**Working Together to Safeguard Children 2018**](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2) provides guidance to ensure the statutory and legislative compliance of all agencies who are required to work together as part of a system of support to protect children and ensure they receive high quality and effective support as soon as it is needed. Working Together 2018 states the following:
2. The purpose of a Strategy Meeting is to:

“Determine the child’s welfare and plan rapid future action if there is reasonable cause to suspect the child is suffering or is likely to suffer significant harm”

1. Strategy meetings should take place in these circumstances and must as a minimum involve the local authority children’s social care, the police and health.
2. Other relevant partners may be included either as part of the Strategy Meeting when relevant or they may be involved in subsequent Section 47 Enquiries if they have information that could contribute to the assessment of risk to the child/children. These include:-

* The practitioner or agency which made the referral;
* The child’s school or nursery;
* Any health or care services the child or family members are receiving;
* Any other service or agency, including the voluntary and community sector, providing support to the child(ren) and/or family members (eg Harbour).

1. All attendees at Strategy Meetings should be sufficiently senior to make decisions on behalf of their organisation or agencies.

**Strategy Meetings in County Durham:**

1. The procedures in relation to Strategy Meetings and S47 Enquiries can be accessed here [**Strategy Meeting**](http://www.proceduresonline.com/durham/scb/p_ch_protection_enq.html?zoom_highlight=Strategy+Meeting).
2. Strategy Meetings will take the form of a multi-agency meeting, convened and chaired by the relevant locality Children’s Social Care Team Manager.
3. Agencies can choose to attend Strategy Meetings in person or via tele-conference using dial-in facilities. In **all cases** it is expected that relevant health practitioners and police will attend either in person or via tele-conference.

**Role of Chair of the Strategy Meeting:**

1. The Chair of Strategy Meeting shall in all cases be the relevant Children’s Social Care Team Manager, or their nominated deputy.
2. The Chair will consider all information contained within the MASH report and/or other information received regarding risk to the child(ren) and make a decision on whether threshold is met to convene a Strategy Meeting;
3. Within 1 hour of a decision to hold a Strategy Meeting, the Chair will make arrangements to provide the Health and Police “Single Point of Contacts” (SPOCs), and the referring agency/practitioner, together with any other relevant agency (See 4 above), the “**Strategy Meeting Proforma**” **(Appendix 1). GP practices will receive Appendix 2**. This will be sent via secure email to the agency’s nominated SPOC contact.

**Role of the Strategy Meeting Administrator:**

1. The Strategy Meeting Administrator shall in all cases be the relevant Children’s Social Care Team Coordinator, or their nominated deputy.
2. The Team Coordinator will ensure all Health and Police SPOCs and any other relevant agency as advised by the Chair, receives the Strategy Meeting Proforma, via secure email, within 1 hour of a decision to convene a Strategy Meeting;
3. The Team Coordinator shall make clear the required timescale for completion and return of Proforma.
4. The Team Coordinator shall collate all Strategy Meeting Proforma returns and ensure they are available to attendees of the Strategy Meeting.
5. The Team Coordinator shall monitor attendance and information returns for all Strategy Meetings held in their team. They will ensure decisions of the meeting are circulated to all in attendance within 24 hours of the meeting and circulation of the full minutes will take place within 3 working days.
6. Team Coordinators will produce a quarterly performance report that will summarise the following for consideration of the Multi-Agency Safeguarding Delivery Group:-

* Requests to attend / submit information to Strategy Meeting by agency;
* Attendance at Strategy Meetings by agency;
* Submission completed Strategy Meeting Performa by agency;
* Circulation of decisions within 24 hours ;
* Circulation of minutes within 3 working days.

**Role of the Agency Single Point of Contact (SPOC):**

1. Receive requests for agency contribution and/or attendance at Strategy Meetings;
2. Be able to respond to those requests swiftly. Depending on level of immediate risk this could be within a minimum timeframe of one hour and up to a maximum of 48 hours.
3. Carry out checks within the agency to determine practitioner involvement in and agency knowledge of the child and family;
4. Ensure the Agency completes and returns the information required on the Strategy Meeting Proforma within the timescale required;
5. Once identified, ensure requests are fielded to the relevant practitioner within the organisation, together with proforma, which will contain details of the Strategy Meeting date, time, venue and dial-in information;
6. Ensure arrangements are in place to pick up and monitor referrals when on leave or otherwise not in the office.

**Section 47 Enquiry:**

1. Where a decision of the Strategy Meeting is to carry out further enquiries to ascertain risk, a Social Worker will be allocated to lead the enquiry. Information can be found by clicking on the link [Section 47 Enquiries](http://www.proceduresonline.com/durham/scb/p_ch_protection_enq.html?zoom_highlight=Strategy+Meeting#s47_enq).
2. A Section 47 Enquiry requires all agencies to engage in the further assessment process. Those agencies that were involved in the Strategy Meeting, together with any other agency that may have relevant knowledge about the child(ren) should expect to be contacted by the Social Worker to contribute to the Section 47 Enquiry.
3. If contact is not made, and the agency has important information, then they should make contact with the relevant social worker, if known, or the Children’s Social Care Team Manager to ensure their information is captured and considered.
4. Additional checks and requests for information will be carried out by the Social Worker and contact may be made via the identified SPOC or directly to the relevant practitioner. The purpose of this contact will be to ensure initial checks of agency involvement are shared and this should include information that may already have been shared by their agency with the MASH.

**Agencies required to provide SPOC:**

1. The following agencies are required to provide either a countywide, locality or team level SPOC:-

* Police
* Health:-
  + Harrogate & District NHS FT
  + County Durham & Darlington NHS FT
  + Tees, Esk & Wear Valleys NHS FT
  + GP
* Housing Solutions
* Headteacher of Child(s) school(s) – Primary
* Designated Safeguarding Lead of Child(s) school – Secondary
* National Probation Service
* Community Rehabilitation Company
* County Durham Youth Offending Service
* One Point Early Help Service

**Dispute Resolution:**

1. Where Families First have concluded that an initial child protection conference is not required but professionals in other agencies remain seriously concerned about the safety of a child, these professionals should seek further discussion with the Social Worker, and the Team Manager and agencies should record their concerns in their agency files .
2. If concerns remain, the professional should discuss with a designated/lead person or senior manager in their agency. The agency may formally request that Children's social care convene an initial child protection conference. Children's social care should convene a conference where one or more professionals, supported by a senior manager/named or designated professional requests one.
3. If the matter remains unresolved the [Conflict Resolution Policy](http://www.proceduresonline.com/durham/scb/p_conflict_res.html) should be used.

**Appendix 1:**

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| --- | --- | --- | --- | --- |
| **Families First To Complete** | **Strategy Meeting Proforma Request for Agency Information** | | | |
| Strategy Meeting Chair: |  | Families First Team: |  |
| Locality: |  |
| Date of Strategy Meeting |  | Time & Venue: |  |
| Dial-in Details: |  |
| Name of Child(ren) |  | Date of Birth: |  |
|  |  |
|  |  |
| Name of Parent(s) |  | Date of Birth |  |
|  |  |
|  | | | |
| Reason for Strategy: |  | | |
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| **Relevant Agency to Complete** | **Name of Service/Agency Providing Information** | |  | |
| Practitioner Name & Job Title |  | Contact (email/phone) |  |
| Practitioner will **attend** Strategy Meeting | y/n | Practitioner will **Dial in:** | y/n |
| Practitioner Involvement | From: To | Practitioner will provide written submission only | y/n |
| **Brief Summary of Agency Safeguarding Concerns** | | | |
| (eg. Reasons for involvement, current or previous concerns) | | | |
| **Information already shared with MASH, together with dates shared:**  **Child:**  **Parent/Carer/Adult(s):** | | | |
|  |  |  |  | | |  |  |  |
| **Return completed form to:** | |  | **By no later than:** |  |
| **Team Coordinator Name; Email Address; Telephone Number:** | | | | |

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**Appendix 2**

**GP Report to Child Safeguarding Strategy Meeting**

|  |  |
| --- | --- |
| Name of Child |  |
| Date of Birth |  |
| NHS Number |  |
| Date Registered with Practice |  |
| Start Date child’s records |  |
| Any Gaps |  |
| Date of Strategy Meeting |  |
| I will/will not be available for teleconferencing  Any comments about this | |

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| --- | --- | --- | --- | --- | --- |
| Family Structure | | | | | |
| Name | DOB | Relationship | Address | Notes reviewed  Yes/No | Reg. with Practice Y/N |
|  |  |  |  |  |  |

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| --- | --- | --- |
| 1 Significant Event details-what information do you have about what has led to the Strategy meeting being held? | | |
| Date | Significant Event | Comments |
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| 2. When did you last see the child and what was your involvement with their care? |

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| 3. What concerns –if any- do you have about this child? |

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| 4. Any previous concerns about child’s general health and development: including milestones, immunisations, Was Not Brought, behavioural or psychological issues, compliance with medical advice and/or medication? |

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| --- |
| 5. Any concerns about household issues relevant to child’s welfare including: comment on parent child relationship, parental illness/disability, substance misuse, domestic violence and learning disability.  Concern about parenting capacity? Previous safeguarding concerns? |

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| This box is for recording the Outcome of the Strategy meeting and any Actions for the GP surgery  **Please ensure that this is recorded in the child’s record and that coding is appropriate, for all members of family.** |

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| --- | --- | --- | --- |
| Date  Completed | Name  Designation | Signature | Practice Stamp |
|  |  |  |  |
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