



local safeguarding children board

Keeping children safe is everyone's responsibility

# Brent Health Economy Participation in Strategy Discussions and Meetings

<b>Report Author</b>	<b>Brent LSCB Policies and Procedures Sub Group</b>
<b>Date Agreed by the Policies and Procedures Sub Group</b>	<b>February 2017</b>
<b>Scheduled Date for Review</b>	<b>February 2020</b>

## 1. Pathway

- 1.1. This pathway is to ensure health partners are compliant with new Working Together 2015 arrangements for partnership working. (See Appendix 1).

## 2. Contribution and Participation

- 2.1. The flow chart illustrates the process, see Appendix 2.

## 3. Health Services and Records

- 3.1. All patients should have a GP. Each GP has **their own records**.
- 3.2. Child Health:
  - 3.2.1. Children under age 5 (school age entry) have a health visitor and children over 5 have a school nurse.
  - 3.2.2. They have **their own records**, which can be accessed by the health safeguarding children advisors and the HVs/SNs
- 3.3. The acute Trust all have **their own records and their own named professionals**.
- 3.4. Specialist services may be in other health centres with **their own records**.

## 4. Location of Meetings

- 4.1. Strategy meetings should be held at a convenient location for the key attendees, such as a hospital, school, police station or children's services office.

## 5. Recording of Decisions

- 5.1. Any information shared and the basis for all decisions reached should be clearly recorded by the **chair of the strategy discussion/meeting** and circulated after the meeting to all contributors.
- 5.2. Minutes are taken by Brent Social Care.
- 5.3. A template should be completed with all agreed actions, by whom and timescales. This should be photocopied and disseminated out to all attendees.
- 5.4. Timescale to receive minutes of strategy meeting – 1 week of meeting.
- 5.5. The attendee should record what information has been shared by their own agency and the decisions taken at the meeting within their own notes. Any actions to be taken by that agency should be followed through to completion.
- 5.6. See Appendix 3 for 'Confidential Feedback Form' template.
- 5.7. The practitioner should follow through obtaining a copy of any minutes taken by the chair to ensure that the record of the meeting is correct. Inaccuracies should be fed back to the chair for amendments

## 6. Expert Advice

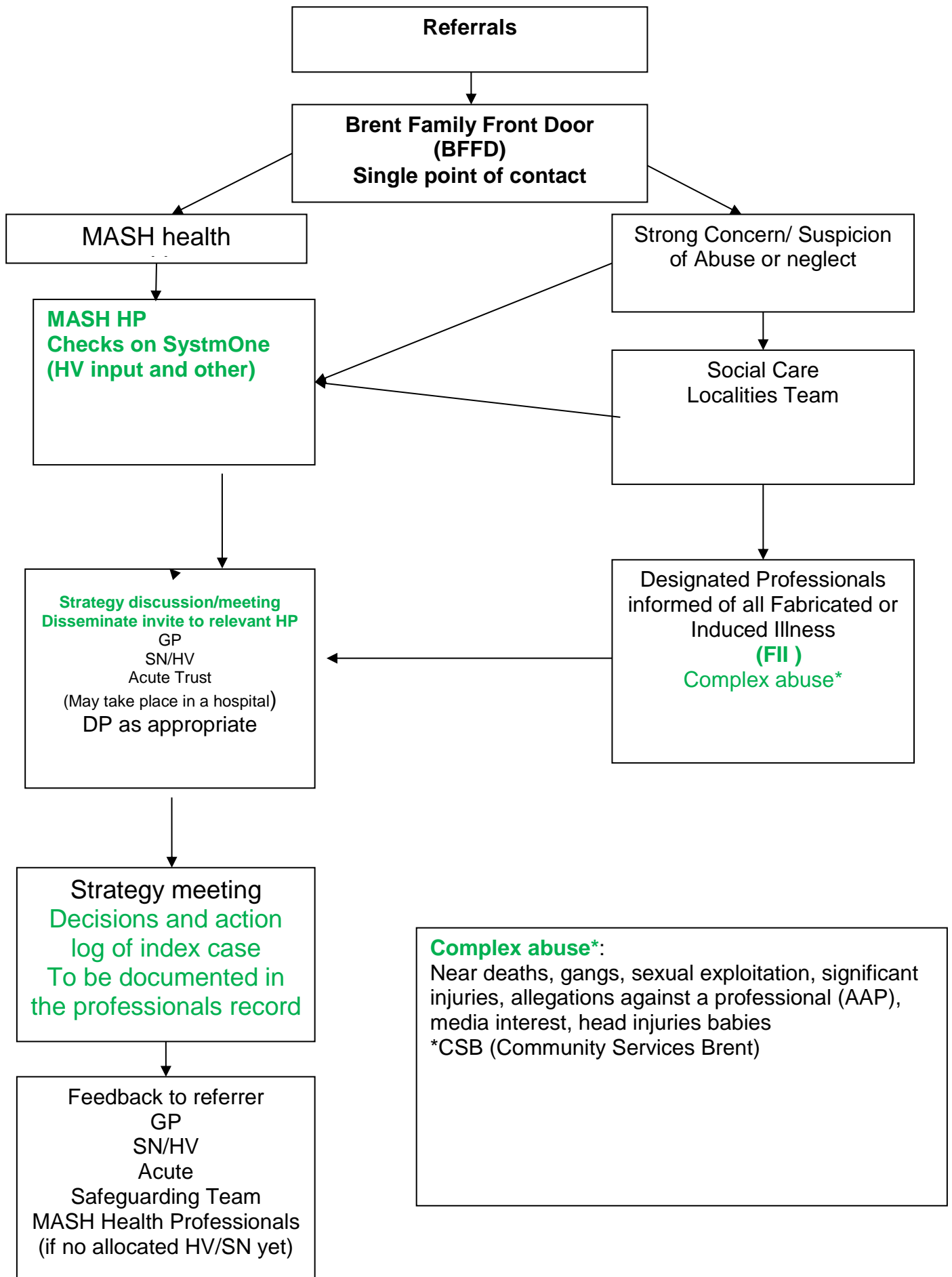
- 6.1. The Designated Professionals are a source of expert advice for health and social care and can be called upon when needed.

## Appendix 1 Working Together To Safeguard Children 2015

<b>Strategy discussion</b>	
<p>Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm there should be a strategy discussion involving local authority children's social care (including the fostering service, if the child is looked after), the police, health and other bodies such as the referring agency. This might take the form of a multi-agency meeting or phone calls and more than one discussion may be necessary. A strategy discussion can take place following a referral or at any other time, including during the assessment process.</p>	
<b>Purpose:</b>	Local authority children's social care should convene a strategy discussion 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.
<b>Strategy discussion attendees:</b>	<p>A local authority social worker and their manager, health professionals and a police representative should, as a minimum, be involved in the strategy discussion. Other relevant professionals will depend on the nature of the individual case but may include:</p> <ul style="list-style-type: none"> <li>• the professional or agency which made the referral;</li> <li>• the child's school or nursery; and</li> <li>• any health services the child or family members are receiving.</li> </ul> <p>All attendees should be sufficiently senior to make decisions on behalf of their agencies.</p>
<b>Strategy discussion tasks:</b>	<p>The discussion should be used to:</p> <ul style="list-style-type: none"> <li>• share available information;</li> <li>• agree the conduct and timing of any criminal investigation; and</li> <li>• decide whether enquiries under section 47 of the Children Act 1989 should be undertaken.</li> </ul> <p>Where there are grounds to initiate an enquiry under section 47 of the Children Act 1989, decisions should be made as to:</p> <ul style="list-style-type: none"> <li>• what further information is needed if an assessment is already underway and how it will be obtained and recorded;</li> <li>• what immediate and short term action is required to support the child, and who will do what by when; and</li> <li>• whether legal action is required.</li> </ul> <p>The timescale for the assessment to reach a decision on next steps should be based upon the needs of the individual child, consistent with the local protocol and certainly no longer than <b>45 working days</b> from the point of referral into local authority children's social care.</p> <p>The principles and parameters for the assessment of children in need at chapter 1 paragraph 35 should be followed for assessments undertaken under section 47 of the Children Act 1989.</p>
<b>Social workers with their managers should:</b>	<ul style="list-style-type: none"> <li>• convene the strategy discussion and make sure it:</li> <li>• considers the child's welfare and safety, and identifies the level of risk faced by the child;</li> <li>• decides what information should be shared with the child and family (on the basis that information is not shared if this may jeopardise a police investigation or place the child at risk of significant harm);</li> <li>• agrees what further action is required, and who will do what by when, where an EPO is in place or the child is the subject of police powers of protection;</li> <li>• records agreed decisions in accordance with local recording procedures; and</li> <li>• follows up actions to make sure what was agreed gets done.</li> </ul>
<b>The police should:</b>	<ul style="list-style-type: none"> <li>• discuss the basis for any criminal investigation and any relevant processes that other agencies might need to know about, including the timing and methods of evidence gathering; and</li> <li>• lead the criminal investigation (local authority children's social care have the lead for the section 47 enquires and assessment of the child's welfare) where joint enquiries take place.</li> </ul>

## Appendix 2 February 2017 Flowchart

### Flow chart of health contribution to strategy discussions/meetings: February 2017



## Appendix 3 Confidential Feedback Form

**Organisation:**

**Name of practitioner completing form:**

**Designation:**

**Base & Telephone Number:**

<b><u>Type of Meeting</u> (please circle)</b>					<b>Venue of meeting:</b>	
					<b>Date of meeting:</b>	
<b>SOCIAL WORKER'S NAME:</b>						
<b>SOCIAL WORKER'S BASE &amp; TELEPHONE NUMBER:</b>						
<b>Family Name</b>	<i>Childs Name</i>	<i>Sex</i>	<b>D.O.B. Age</b>	<i>HV/S N</i>	<b>Nursery / School</b>	<b>NHS/RIO ID</b>

**Summary:**

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NAMES OF OTHER PROFESSIONALS/AGENCY ATTENDING MEETING

**Agreed actions:**

**SIGNED.....**

*Copy to be sent to Organisation's Safeguarding Children's Department*

## Brent Health Economy Safeguarding Contact List

For updated contact list- see Brent CCG website [Safeguarding Children Page](#)