# Safeguarding Partnership Multidisciplinary team meetings (MDT)

#  Terms of Reference and Operational Approach

Social distancing, self-isolating and lockdown can cause stress and changes in everyone's behaviour. Families are under new pressures and different types of abuse and harm are likely to be more prominent during this time. Every professional in the county and every relevant agency for the Northamptonshire Safeguarding Children’s Partnership will be proactive, sharing responsibility for doing everything possible to identify risk and harm that may currently be hidden and to support our most vulnerable children and young people.

To ensure vulnerable children are as safe as possible and they receive the help they need, partner agencies have agreed to come together focusing at locality level on the children and young people who all organisations are most worried about and remain responsible for.

Multidisciplinary team meetings will enable a partnership approach that maximises resources available at this time and planning for future possibilities at this uncertain time.

The partner agencies representatives for each locality have been identified (Appendix 1) and they will agree a lead professional that will facilitate a way of coordinating the services and support to most vulnerable children and families.

This approach will be applied across all vulnerable children including:

* Children who have a Child Protection Plan
* Children in care of the Local Authority
* Children assessed as being in need or otherwise meet the definition in section 17 of the Children Act 1989.
* Children and young people up to the age of 25 with education, health and care (EHC) plans
* Care leavers

**These meetings do not replace normal case management arrangements or escalation/conflict resolution routes. MDTs are also not a route for referrals into social care, should professionals be concerned about children who are not open to social care, early help support and safeguarding referrals should be completed through the normal route.**

## Co-ordination and facilitation of Multidisciplinary team meetings

**In Locality**

Childrens Social Care had the lead in co-ordination the locality meetings which will focus on children with a child protection or child in need plan, who partners are most worried about and present the highest risk. A Children’s Service manager or above will be chairing the meeting.

Police will be notified of the children to be discussed in advance and only attend if actively involved with the family otherwise they will take actions after the meeting.

The 4 identified localities are:

Northampton/ Wellingborough and East Northants/ Kettering and Corby/ Daventry and South Northants

**Countywide**

The meetings will focus on Children in Care, Care Leavers and Children with EHCP, children and young people who are identified at the highest risk of harm during this unprecedented time. There is an expectation that Children’s Social Care will jointly lead these meetings with partners in Health and Education. The chair will be agreed by the agencies representatives.

## Frequency and length of meetings

The meetings will be held weekly preferably at the start of the week, so that emerging issues can be resolved during the week and reported in a timely way into the strategic partners meetings.

The length of the meeting will depend on the number of children and young people being discussed, it is suggested that each discussion should be no longer that 10 or 15 minutes.

There is an intention to continue these meetings post Covid.

## Case Discussions & Criteria

Cases to be discussed will include:

* High risk cases and those where there is a particular issue around children accessing support from schools, health care, support from social care, repeat Police involvement.
* Fragile placements at risk of breakdown
* Children and Young People whose general and emotional wellbeing is deteriorating as a result of the current crisis.

MDT attendees are responsible for selecting children from their caseloads to discuss and are required to share this list with the Lead and other participants prior to the meeting. In order to have effective decision making, representatives who attend the meeting are required to have access to children’s records during the discussion, as they may not be the case holder for the individual children and young people being discussed.

The MDT lead will utilise the most effective platform available to conduct these meetings. This may be skype/teleconference or another local solution.

## Record keeping & reporting

Each meeting will have business support to aid the co-ordination and administration of the meetings. A summary template (Appendix 2) will be completed and emailed to the Assistant Director for Safeguarding and Early Help and the designated Nurse for Children’s safeguarding and LAC following the meeting.

Each participant of the meeting will be responsible for recording the discussions and actions in their individual organisation’s electronic record keeping system. The actions will need to be followed and reviewed either in another MDT if concerns remain high or in the next core group or planned review meeting.

Themes from these meetings will be compiled in a report that will be shared with the Safeguarding partnership on quarterly basis. Actions in relation to these will be agreed by the Safeguarding partnership.

Principles that will underpin MDT

Safeguarding principles will be applied in all actions:

* the best interests of children will always come first
* if anyone has a safeguarding concern about a child they should act on that immediately
* the professionals should remain aware of the hidden harm ( abuse that happens behind closed door) and the online risk

In supporting children, it will be essential to consider:

* vulnerability and risk against protection and resilience
* how child and family are feeling about the social distancing/isolation measures, how this is/will impact on their home life and their wider family.
* who is currently living in the household and where all members of the family are living to understand risks/ support needs/ known networks.
* Does the child have access to means of communication with their keyworker? For example, WhatsApp, texting, mobile phone. Does the child have a means by which to connect with their friends/ peers?
* For children who normally get free school meals to check to see if the family are in receipt of food/food tokens from the school. Consider making a request to the Community Resilience Hub, if required.

## Consent

It has been established that in these meetings professionals are discussing the children and young people who are deemed to be at high risk of harm, and where the safeguarding provision or the public interest/official authority ground would justify the information sharing.

A record will be kept of the information that has been shared and the reasoning for the decision not to seek consent for information sharing.

## Governance

Each MDT lead is responsible for ensuring the summary template is sent to the CFN and Health lead cited above. This information will be reported into the NSCP to give assurance that every effort is being made to complement the statutory requirement to safeguard CYP and to highlight risks and themes that require strategic support to resolve.

Update September 2020

*Following the increase in face to face contact and return of children to school, the multi-disciplinary locality meetings will no longer take place as normal case management and safeguarding arrangements are found to be sufficient to respond to vulnerable children in the locality areas.*

*The county wide meetings for children looked after/ care leavers and children with disabilities/ additional needs will continue under agreed ToR*.