Tees HOTH Standard Operating Procedure - Protocol on a Page



Int			CP / care planning / risk management meetings already in place. Representation at this meeting will ideally
Safety Planning, I			include all members of the current team around the child, including parents and the child but as a minimum:
		In each LA the case holding	the child's key worker, HOTH lead, Police HOTH Team, any agencies identified within triage (not current mem-
		team will differ.	bers of the team around the child. Any actions will be included into the existing child's plan.
		(Please refer to each LA	
		structure)	Frequency of meetings should be reflective of the seriousness of concerns and the individual circumstances of the child.
Š			the child.
Review		Significant risk cases will b	be reviewed in no more than 4 weekly intervals. Strong risk cases will be reviewed no more than 8 weekly intervals. Ideally, this will be aligned with the existing review meetings and must include representation from HOTH.
		If a young person has been open for 12 months +, consideration is given as to whether a complex case discussion, chaired by independent chair, is required.	

NB: Should a child transfer between Local Authorities any info relating to HOTH needs to be shared with the receiving LA in line with CIN/ CP cross boundary guidance and statutory guidance 'Working Together to Safeguard Children'.