Tees HOTH Standard Operating Procedure - Protocol on a Page

Referral

New HOTH Referral (not already open case (EH/CSC))

Screening Tool submitted to CHUB / MACH alongside a SAFER referral. Regardless of CHUB / MACH rag-rating outcome, the initial screening tool is shared with HOTH lead for consideration and decision whether to progress to triage.

New HOTH Referral (already open case (EH/CSC))

Screening Tool submitted directly to local HOTH inbox (or forwarded from CHUB / MACH)

Triage

Multi-Agency Triage

Local multi-agency HOTH triage held daily to consider:

- New screening tools received
- Deferred screening tools
- 'Children Missing' data (Police, RHIs)
- Other data / Intel (e.g. overnight arrests, stop searches, daily intel relating to HOTH children, POC/LOC)

New / deferred screening Tools received

Local multi-agency meeting (attended / overseen by HOTH) convened (within 2 weeks of daily triage) to undertake:

- Commence Risk Assessment Tool and set timescale for completion
- Identification of risk type and level
- Agree safety and disruption actions

Harm Outside of the Home Indicators

Significant	Strong	Early

Significant / Strong: Case accepted into HOTH

Child is assigned a category of exploitation, risk level and lead professional identified. Actions agreed.

- HOTH hazard marker added to LCS / EHM record, TrakCare and Police systems.
- HOTH case note added onto LCS/EHM record.
- Referrer / worker to advise of the decision.
- Lead practitioner speaks to young person and family
- Young person's GP is notified.
- Mapping meeting to be organised by HOTH team where required (undertaken by the involved professionals)
- Child's HOTH Case Profile created and added to LCS/ EHM Record.

Early: Case not accepted

Actions may still be agreed to be undertaken by involved services.

- Referrer advised of the decision.
- HOTH case note added to LCS / EHM record (which will Include the outcome and any identified actions)

Missing Children

Consider missing data daily alongside any return home interview information and partner information

HOTH concerns not identified

NFA / Advice / guidance may be given / actions may still be agreed to be undertaken by involved services.

Potential HOTH concerns identified

Complete initial tool and SAFER and submit to CHUB / MACE (if not already open to EH / CSC).

Request an initial screening to be completed (if already open to EH / CSC)

Any Persons of Concern (POC) or Locations of Concern (LOC) identified as part of triage will feed into the POC and LOC meetings (at least fortnightly) organised by HOTH teams.
(See POC and LOC Terms of Reference)

Safety Planning, Intervention and Disruption

Every case should have a decision around allocation of Police led intervention.

In each LA the case holding team will differ. (Please refer to each LA structure)

Mapping / Assessment

Mapping of the context domains (**Child / Young Person** - Behaviour / Presentation, **Peers** - Friendship Groups and Relationships; including POC and safe adults, **Education**, **Neighbourhood** – Contexts of risk and harm; including online and LOC, **Family / Home**) will be undertaken.

This will be organised by the HOTH lead. Mapping will feed back into the child's plan and inform any disruption and safety activity.

NB: This may lead to reconsideration of Threshold and appropriate procedures need to be instigated.

An initial HOTH meeting will be held. This may be a stand alone meeting or as part of the existing TAC/ CIN / CP / care planning / risk management meetings already in place. Representation at this meeting will ideally include all members of the current team around the child, including parents and the child but as a minimum: the child's key worker, HOTH lead, Police HOTH Team, any agencies identified within triage (not current members of the team around the child. Any actions will be included into the existing child's plan.

Frequency of meetings should be reflective of the seriousness of concerns and the individual circumstances of the child.

Review

Significant risk cases will 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'.