

Strategy Discussions

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1. Holding a Strategy Discussion

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 residential or 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 and when new information is received on an already open case.

2. Purpose of Strategy Discussion

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.

The Strategy Discussion may take place over the telephone or at a meeting or as a conference call.

A Strategy Discussion must take the form of a meeting, chaired by a manager from Children's Social Care Services, if there is concern about:

- Fabricated or Induced Illness is suspected; see **Fabricated or Induced Illness Procedure**.

3. Who should be Involved

A local authority social worker health practitioners and a police representative should, as a minimum, be involved in the strategy discussion. Other relevant practitioners will depend on the nature of the individual case but may 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;
- Agencies providing support to parents or children in the household.

All attendees should be sufficiently senior to make decisions on behalf of their organisation and agencies.

Where other agencies are not included in the initial strategy discussion, the social worker should undertake checks with them for relevant information prior to any decisions being made and consider their role in the plan that is developed.

If the child is a hospital patient, the consultant(s) responsible for the child's care should be involved. This should be established by contacting the named professionals in the organisation. Where a medical examination has been carried out, the appropriate doctor should be involved.

Where a medical examination may be necessary, a senior doctor from those providing services should also be involved.

If the child lives outside of the area all agencies that have information about the child and family must be invited to attend or contribute to the Strategy Discussion.

Where required, a legal adviser should be invited or legal advice sought to inform the Strategy Discussion.

Where parents or adults in the household are experiencing problems such as domestic abuse, substance misuse or mental illness, it will also be important to consider involving the relevant adult services professionals.

Those participating should be sufficiently senior to be able to contribute to the discussions of the available information and to make decisions on behalf of their own agency.

4. Agenda for Strategy Discussion

Strategy discussion tasks: The discussion should be used to:

- Share available information;
- Agree the conduct and timing of any criminal investigation;
- Decide whether enquiries under section 47 of the Children Act 1989 must be undertaken.

Where there are grounds to initiate an enquiry under section 47 of the Children Act 1989, decisions should be made as to:

- What further information is needed if an assessment is already underway and how it will be obtained and recorded;
- What immediate and short term action is required to support the child, and who will do what by when;
- Whether legal action is required.

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 no longer than 45 working days from the point of referral into local authority children's social care.

The principles and parameters for the assessment of children in need at chapter 1 paragraph 40 should be followed for assessments undertaken under section 47 of the Children Act 1989.

Social workers should:

Convene the strategy discussion and make sure it:

- Considers the child's welfare and safety, and identifies the level of risk faced by the child;
- 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);
- 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;
- Records agreed decisions in accordance with local recording procedures;
- Follows up actions to make sure what was agreed gets done.

Health practitioners should:

- Advise about the appropriateness or otherwise of medical assessments, and explain the benefits that arise from assessing previously unmanaged health matters that may be further evidence of neglect or maltreatment;
- Provide and co-ordinate any specific information from relevant practitioners regarding family health, maternity health, school health mental health, domestic abuse and violence and substance misuse to assist strategy and decision making;
- Secure additional expert advice and support from named and/or designated professionals for more complex cases following preliminary strategy discussions;
- Undertake appropriate examinations or observations, and further investigations or tests, to determine how the child's health or development may be impaired.

The police should:

- Discuss the basis for any criminal investigation and any relevant processes that other organisations and agencies might need to know about, including the timing and methods of evidence gathering;
- 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

Outcome of the strategy discussion - see **Appendix 2: Flowchart: Action following a Strategy Discussion.**

Single Agency Enquiry

Where there is a need for a child protection investigation but there is agreement, following a strategy discussion, that the investigation will be commenced by a single agency (this can include Social Care, Police, Health) with regular updates being shared with the other agency and continual assessment of the situation undertaken.

The situations where Children's Social Care Services is the Lead Agency include:

- Suspected minor non-accidental injury on an older child and there are no significant concerns of previous abuse;
- Minor neglect or emotional abuse;
- Information concerning sexual abuse or behaviour, not amounting to an allegation but giving rise to child protection concerns;
- Abuse committed by a child who is under the age of criminal responsibility.

The situations where the Police are the Lead Agency include:

- Persons aged 18 years or over making historical allegations;
- Where the perpetrator is not a relative, carer or professionally involved with the child;
- Where the perpetrator is not known to the child.

If during the course of the criminal investigation it emerges that parental deficiencies in the care of a child have significantly contributed to the alleged abuse the process will develop into a joint enquiry. Additionally, if risk to other children is identified in the course of a Police single agency investigation then the need for a joint enquiry should be discussed with Children's Social Care Services.

Joint Enquiries

Joint enquiries will normally take place where initial information indicates that the situation falls into one of the following categories:

- A clear allegation of familial sexual abuse;
- Alleged or suspected physical injury;
- Cruelty, ill treatment, or abandonment;
- Wilful or repeated neglect;
- Concerns/suspicions of Fabricated or Induced Illness (FII);
- Allegations against any employee of an LSCB agency or anyone who works with, or has contact with, children in either a professional or voluntary capacity;
- Organised, complex, or institutional abuse.

For further information please see **Joint Investigations Protocol**.

Where a decision is made to initiate legal proceedings, legal advice must be obtained and the approval of a Children's Social Care Services Manager must also be obtained in line with local protocols.

Any decision made after a [Strategy Discussion](#) that further child protection action by Children's Social Care Services and/or the Police is not necessary as there is insufficient evidence of suffering or likely to suffer Significant Harm to the child may only be made providing it is agreed by a Children's Social Care Services Manager and the Officer in Charge of the Police Child Abuse Investigation Unit and the reasons recorded.

In such circumstances consideration should be given to whether any other service is appropriate for the child (please see **Early Help Assessment Procedure**).

Where the decision of the Strategy Discussion is to initiate a Section 47 Enquiry, the plan for the Section 47 Enquiry should reflect the requirement to convene an [Initial Child Protection Conference](#) within 15 working days of the last Strategy Discussion. If this is appropriate. Initial safety planning will aim to be completed within 5 days of the Section 47 commencing or based on any locally agreed practice standards.

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 **45 working days** from the point of referral into children's social care.

The principles and parameters for the assessment of children should be followed according to the **Assessment Protocol**.

Appendices

[Appendix 1: Flowchart: Immediate Protection](#)

[Appendix 2: Flowchart: Action following a Strategy Discussion](#)