



Bristol Safeguarding  
Children Board

making safeguarding everybody's business

Guidance for  
the  
management  
of Strategy  
Discussions

2017

## Purpose

This guidance is provided to support professionals working with children and families where there are child protection concerns and it is considered that there is reasonable cause to suspect the child is suffering or is likely to suffer significant harm there should be a Strategy Discussion.

## 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, the police, health and other bodies such as the referring agency.

This might take the form of a Multi-Agency meeting, either face-to-face or a number of phone calls co-ordinated by the Local Authority Consultant Social Worker/Practice Leader/Team Manager. A strategy discussion can take place following a referral or at any other time, including during an ongoing assessment.

<b>Purpose</b>	Local authority children's social care should convene a strategy discussion <i>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. i.e. there is a risk of significant harm<sup>1</sup>.</i>	
<b>Attendees</b>	<p><b>Minimum</b></p> <ul style="list-style-type: none"> <li>• <b>Local Authority Children Social Care</b> (Consultant Social Worker/Practice Leader/Team Manager (as meeting chair))</li> <li>• <b>Health professionals</b> (Community Paediatrician/ Named or Designated Safeguarding Health Professional or a senior delegate, Hospital Staff)</li> <li>• <b>Police</b> (appropriate police staff)</li> </ul> <p>should, <b>as a minimum</b>, be involved in the strategy discussion.</p>	<p><b>Additional</b></p> <p>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; Criminal Justice; Voluntary Sector services</li> <li>• any health services the child <b>or</b> family members are receiving (Health Visitor, Sexual Health Nurse, midwife, and GP)</li> <li>• 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</li> </ul>

<sup>1</sup> [http://www.proceduresonline.com/swcpp/bristol/p\\_ch\\_protection\\_enq.html?zoom\\_highlight=strategy+discussion#strategy\\_discuss](http://www.proceduresonline.com/swcpp/bristol/p_ch_protection_enq.html?zoom_highlight=strategy+discussion#strategy_discuss)

		<p>consider involving the relevant adult services professionals;</p> <ul style="list-style-type: none"> <li>• Consideration should also be given to the need to seek advice from or invite a professional with expertise in the particular type of suspected Significant Harm</li> <li>• Consideration should also be given to the need to seek legal advice</li> </ul> <p>All attendees should be sufficiently senior to make decisions on behalf of their agencies <b>OR</b> be clear that they are in attendance for the purposes of providing and sharing information only.</p>
<b>Venue</b>	<p>Where a face-to-face strategy is required, the convening Consultant Social Worker/Practice Leader/Team Manager will consider which venue will best facilitate the attendance of all of the relevant invited professionals and support Multi-Agency working. They should also take into account the complexity of the case and information being shared. E.g. a face to face strategy involving duty hospital staff should take place at the hospital.</p>	
<b>Tasks</b>	<p>The Consultant Social Worker/Practice Leader/Team Manager/Deputy Team Manager are responsible for chairing the strategy discussion, collating the available information and providing notes of the discussion with clear actions and outcomes.</p> <p>There must be a clear record of the:</p> <ul style="list-style-type: none"> <li>• Reason for and purpose of the Strategy Discussion;</li> <li>• Decisions reached in the Strategy Discussion.</li> </ul> <p>The discussion should be used to:</p> <ul style="list-style-type: none"> <li>• Share available information in respect of the risk of significant harm;</li> <li>• Agree the conduct and timing of any criminal investigation;</li> <li>• Agree actions required to immediately safeguard the child and any other family members at risk</li> </ul> <p>Decisions of the Strategy Discussion may be one or more of the following:</p> <ul style="list-style-type: none"> <li>• Take no further action;</li> <li>• Commence S47 Enquiries as part of an Assessment;</li> <li>• Arrange for a Police investigation;</li> <li>• Conduct an Assessment (s17 CA '89) for a Child In Need;</li> <li>• Convene a Child Protection Conference if necessary after the outcome of a S47;</li> <li>• Inform the Local Authority Designated Officer (if the alleged perpetrator is a professional working with or has access to children while working);</li> <li>• Make a referral to another agency i.e. 'early help'.</li> <li>• Conduct a medical assessment of the child</li> </ul> <p>The Chair should clearly record reasons for decisions and ensure that a clear record is</p>	

	<p>provided to each participant in the Strategy Discussion. The Chair must also record the further action required,</p> <ul style="list-style-type: none"> <li>• by whom; and</li> <li>• the time-scale for completion.</li> </ul>
<p><b>Section 47</b></p>	<p>Where there are grounds to initiate a section 47 enquiry, 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 any legal action is required including any immediate need for issuing court proceedings and when and how will legal advice be arranged.</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, and certainly no longer than 45 working days from the point of referral into First Response.</p> <p>The principles and parameters for the assessment of children in need at chapter 1 paragraph 26<sup>2</sup> should be followed for assessments undertaken under section 47 of the Children Act 1989.</p>
<p><b>Dissemination of minutes</b></p>	<p>The following people should <u>always</u> receive copies of a strategy discussion record</p> <ul style="list-style-type: none"> <li>• <b>Child's GP</b></li> <li>• <b>Community Child Health Partnership.</b> Health Visiting and School Nurse Teams in Bristol will receive a copy of the strategy discussion record from the Named Nurse of Bristol Community Health.</li> <li>• <b>Designated Safeguarding Lead in the education provider</b> that the child attends: Early Years; Primary; Secondary and post 16. If a child is <u>not</u> in education then the Education Welfare Service should be provided with a copy of the notes.</li> </ul> <p>Consideration should also be given to which other professionals that are involved with the family should receive a copy of the Strategy Discussion record and it <b>must</b> be discussed and agreed by Health who will distribute to other relevant professionals such as Midwifery Services, Hospitals and CAHMS.</p> <p>The Strategy Discussion Chair should record who is to receive a copy of the Strategy Discussion record.</p> <p>Copies of the record should be provided to relevant parties <b><u>within 10 working days</u></b> of the strategy discussion.</p> <p>Where a series of Strategy Discussions are required, the outcome of actions agreed at any previous Strategy Discussion should be reviewed first (see Strategy Discussion agenda).</p>

## Roles and Responsibilities

<p><b>Children's Social Care</b></p>	<p>Convene the strategy discussion and make sure it considers:</p>
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<sup>2</sup> Working Together to Safeguard Children, 2015

	<ul style="list-style-type: none"> <li>• The child's welfare and safety, and identifies the level of risk faced by the child. Consider the Voice of the Child, it is paramount to engage with age appropriate children and what they wish to achieve;</li> <li>• Supervision/contact arrangements if the child has been admitted to hospital. Supervision from an external agency may be required and these arrangements should be clearly identified and agreed between Children's Social Care, Police and the hospital.</li> <li>• 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> </ul> <p>And</p> <ul style="list-style-type: none"> <li>• Agrees what further action is required, and who will do what and by when</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> <li>• Informs other agencies if agreed children's social care plans are altered after the strategy discussion.</li> <li>• Undertake, where agreed, Section 47 enquires and/or assessment of the child's welfare</li> </ul>
<b>Police</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 where joint enquiries take place.</li> <li>• Consider perpetrator management options and civil order opportunities to reduce/prevent the risk of an individual or group's offending against a child/ren (where necessary in partnership with other regulatory agencies such as housing or licensing)</li> </ul>
<b>Health</b>	<ul style="list-style-type: none"> <li>• Advise on the need for and timing of Section 47 Child Protection Medical Assessments and/or treatment by a paediatrician</li> <li>• Consider whether there are any other children in the household who may also require a medical assessment</li> <li>• Provide pertinent health information about the child and/or their family members relevant to the risk of significant harm</li> </ul>
<b>Other agencies</b>	<p>Some of the further actions agreed in the Strategy Discussion may have to be undertaken by the other representative agencies.</p> <p>In these circumstances, prior to any follow-on Strategy Discussion, the agency representative should provide the Consultant Social Worker/Practice Leader/Team Manager with written confirmation that the actions agreed to be undertaken by their agency:</p> <ul style="list-style-type: none"> <li>• have been completed; or</li> <li>• have not been completed yet but will be by a specific date; or</li> <li>• have not been completed but are no longer relevant or required (the representative agency manager should explain why); or</li> <li>• mean that arrangements need to be made to hold a further Strategy Discussion.</li> </ul>

## **Out of hours**

Strategy discussions are undertaken out of hours, overnight and at weekends by the Emergency Duty Team (EDT). This usually includes a social worker, police and the on call Community Paediatrician. The discussion is recorded and emailed to either First Response or the Consultant Social Worker/Practice Leader/Team Manager responsible for the child.

The recording of an Out of Hours Strategy discussion must be sent in advance of the start of the next working day. This is especially the case where the child is an inpatient in hospital. The child's safe discharge may be delayed if a safe plan is not agreed and in place.

NB: EDT must ensure that information shared is sent via secure email and is typed in a word document only.

## **Complex and organised abuse<sup>3</sup> - Strategy Discussion Meeting**

Complex and organised abuse may be defined as abuse involving one or more abusers and a number of related or non-related abused children. The adults concerned may be acting in concert to abuse children, sometimes acting in isolation or may be using an institutional framework or position of authority to recruit children for abuse.

A Strategy Meeting should be arranged to take place as a matter of urgency to assess the need for future action to be taken and, in particular, whether a criminal investigation should take place.

The Strategy Meeting will be chaired by a Local Authority Consultant Social Worker/Practice Leader/Team Manager/Deputy Team Manager of children's social care and must take place within one working day of the receipt of the referral and be formally recorded. The Safeguarding Children Board Business Manager must be informed and will inform the Independent Chair of the LSCB, if appropriate.

The nominated manager of children's social care (chair) and the police (Detective Inspector or above, or equivalent Police staff member) should attend the meeting. The meeting will involve senior staff from health, education and other agencies as required and, where necessary, must ensure coordination across local authority boundaries.

The Strategy discussion/meeting must carefully note:

- An assessment of the information known to date:
  - The children named;
  - The children who may be in current contact with possible abusers;
  - Children who were, but no longer are, in contact with possible abusers;
  - Possible victims who are now adults.
- Decide what further information is required at this stage and arrange for the information to be gathered;
- Establish if and to what extent complex abuse has been uncovered;

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<sup>3</sup> [http://www.proceduresonline.com/swcpp/bristol/p\\_org\\_complex\\_abuse.html?zoom\\_highlight=complex#strategy\\_meeting](http://www.proceduresonline.com/swcpp/bristol/p_org_complex_abuse.html?zoom_highlight=complex#strategy_meeting)

- Undertake an initial mapping exercise to determine the scale of the investigation and possible individuals implicated as well as prepare:
  - Consider which witnesses to be interviewed prior to any interviews of children;
  - Multiple and simultaneous interviews.
- Consider a plan including resource implications, for investigation to be presented to the management and resources strategy group;
  - Consider any immediate protective action required.

A strategic decision will need to be made by senior managers from the involved agencies as to whether the social work input into the enquiries/investigation can be managed in the conventional way or whether a specialist approach is required for example from a dedicated team outside the service. This will usually depend on the number, geographical spread and age range of potential interviewees, as well as whether those implicated are foster carers or employees of any member agency.

Where the Strategy Discussion confirms that the investigation will relate to complex and organised abuse, it will appoint a Multi-Agency Strategic Management Group to oversee the process.

Where a member of staff of any agency is implicated in the investigation, his or her line manager must not be a member of the Strategic Management Group.

## Appendix 1 – Strategy Agenda

<b>Agenda</b>	<ol style="list-style-type: none"><li>1. Introductions and apologies;  Clearly note if an individual has been invited and has attended, sent apologies or not responded (and how info will be obtained from non-responders).  Is the Strategy Discussion quorate?</li><li>2. State and check details of family/household members;  Names, Aliases; DOB; Addresses  Other children</li><li>3. Reason for and purpose of the strategy discussion;</li><li>4. Outline details of the causes of concern;</li><li>5. Relevant background information;</li><li>6. Decisions (consider which of the following may be appropriate and provide analysis and reasoning behind the decision being made).<ul style="list-style-type: none"><li>○ Take no further action;</li><li>○ Commence s47 enquiries as part of social work assessment;</li><li>○ Arrange for a police investigation;</li><li>○ Conduct an assessment (s17 ca '89) for a child in need;</li><li>○ Convene a child protection conference if this is the outcome of the S47;</li><li>○ Inform the local authority designated officer (if the alleged perpetrator is a professional working with or has access to children while working);</li><li>○ Make a referral to another agency i.e. 'Early Help';</li><li>○ Medical assessment of the child(ren);</li><li>○ Other (eg. making applications for civil orders or taking steps to disrupt abusers relevant to the nature of the abuse).</li></ul></li><li>7. Plan the investigation or enquiries;  If a Child Protection medical assessment is not to be undertaken, clearly record the reasoning why this decision has been taken and whether medical advice was provided.</li></ol>
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8. Agree action plan (including the identity and timescale of the person responsible for each agreed action);

<b>Action</b>	<b>Name/ role of person responsible</b>	<b>Timescale for completion</b>

9. Distribution of meeting notes;

Attendees; Child's GP; Named nurse at CCHP; Dedicated Safeguarding Lead - education setting.

10. Date, time and venue of the first or next review meeting (if one is required).

# BSCB Guidance for the Management of Strategy Discussions: Flow Chart

\*if a child is subject of a CP Plan already and another or further concerns are identified a new Strategy Discussion should be convened.

\*\*Immediate action refers to same day. Action is required that day to safeguard and protect the child.

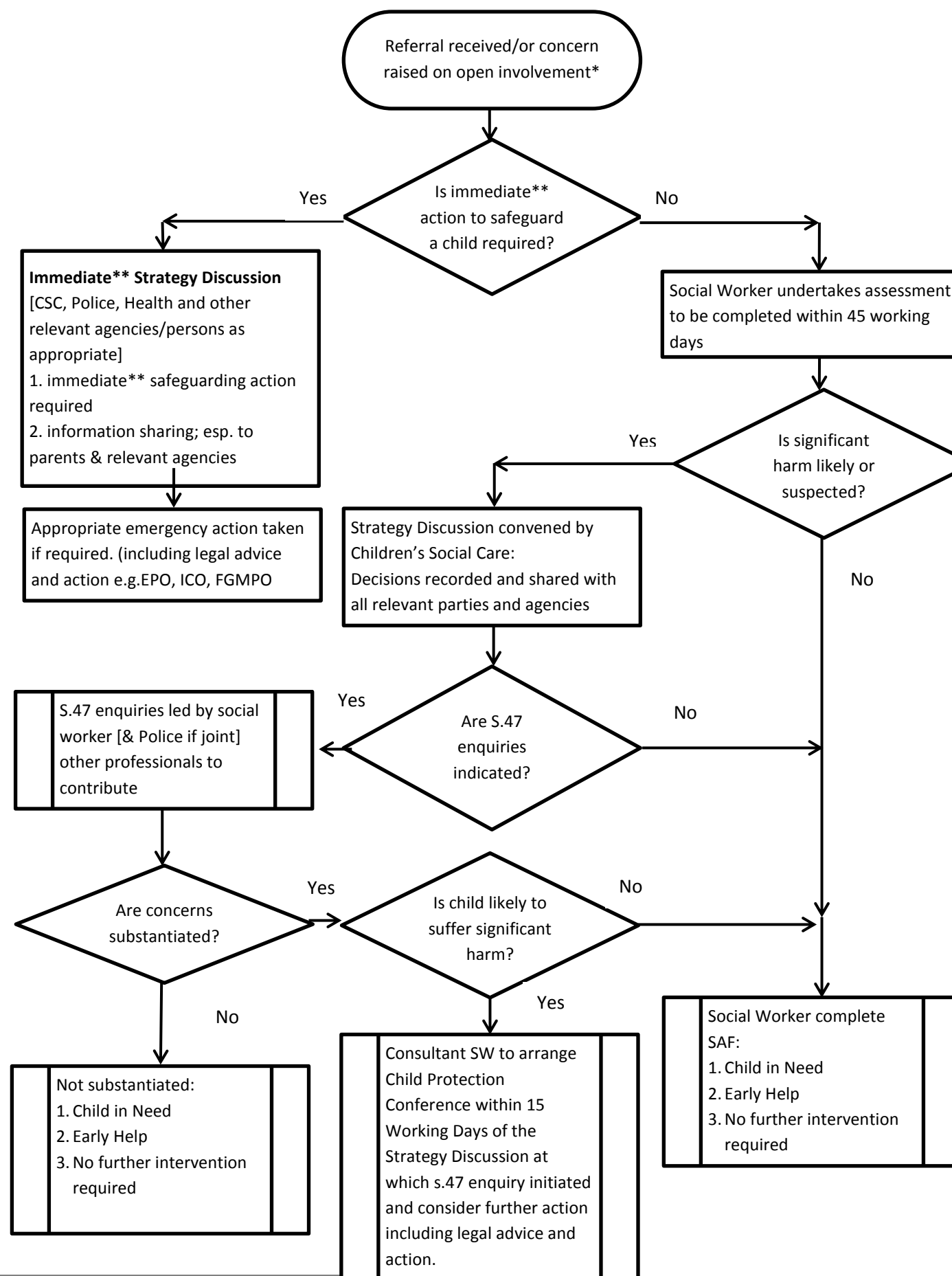
**Agencies involved in a Strategy Discussion:**  
Strategy meetings should, at a minimum, involve social care, police and health representatives. Depending on nature of risk Social care lead should also consider inviting and/or seeking additional information from:

- Child's GP;
- Education Setting;
- Criminal Justice;
- Health Visiting/ Midwifery/ School Nursing Team/ Sexual Health;
- Other agencies known to be involved
- Agencies specialist in responding to that form of significant harm

In considering attendees, social care lead should consider guidance related to the type of significant harm suspected, the immediacy of the risk, and the level of involvement of other agencies.

**Inform Relevant Agencies**  
The following should always receive copies of a strategy discussion

- Child's GP
- Named nurse at Community Child Health Partnership
- The Designated Safeguarding Lead in the education provider. If a child is not in education then the Education Welfare Service should be provided with a copy of the notes.



A **Strategy Discussion** should only be used: *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. I.e. there is a risk of significant harm*

- Agenda**
1. Introduction and apologies;  
Clearly note if an individual has been invited and has attended, sent apologies or not responded.  
Is the Strategy Discussion quorate?
  2. State and check details of family/household members;  
Names, Aliases; DoB; Addresses  
Other children
  3. Reason for and purpose of the strategy discussion;
  4. Outline details of the causes of concern;
  5. Relevant background information;
  6. Decisions (consider which of the following may be appropriate and provide analysis and reasoning behind the decision being made).
    - Take no further action;
    - Commence s47 enquiries as part of a core assessment;
    - Arrange for a police investigation;
    - Conduct a core assessment (s17 ca '89) for a child in need;
    - Convene a child protection conference;
    - Inform the local authority designated officer (if the alleged perpetrator is a professional working with or has access to children while working);
    - Make a referral to another agency i.e. 'early help'.
  7. Plan the investigation or enquiries;  
If a Child Protection medical assessment is not to be held clearly record the reasoning why this decision has been taken and whether medical advice was provided.
  8. Agree action plan (including the identity and timescale of the person responsible for each agreed action);
  9. Distribution of meeting notes; Attendees; Child's GP (HV, MW, School nursing, other relevant health providers); DSL - education setting.

Further guidance is also available here:  
[http://www.proceduresonline.com/swcpp/bristol/p\\_ch\\_protection\\_enq.html#strategy\\_discuss](http://www.proceduresonline.com/swcpp/bristol/p_ch_protection_enq.html#strategy_discuss)