



North East Lincolnshire Council
Children's Services
Strategy Meeting Protocol

Version 2

SCOPE OF THIS DOCUMENT

This document details the expectations, standards and requirements with regard to the Strategy Meeting between Children's Social Care and other Agencies, especially the Police. It is the initial and key part of process when there is reasonable cause to believe a child is **suffering or is likely to suffer significant harm**.

1. INTRODUCTION

A Strategy Meeting should take place whenever there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm through emotional, physical, sexual harm or neglect. This includes witnessing or hearing harm to others. A strategy meeting may also be convened when Children's Social Care enquiries through assessment have identified issues which remain a concern or issues which have escalated, and that place children at risk of or likely to suffer significant harm.

Strategy Meeting

A meeting where all core partners working with the child or family meet **face to face** to discuss concerns. This is the **preferred option** when planning how to respond to concerns relating to children and significant harm concerns.

Minimum required attendees: A Local Authority Social Work Manager, Health Practitioners and Police

Other relevant practitioners: The referring agency, school or nursery, any health or care services involved

If an agency is unable to attend but is able to provide information, means of them joining the meeting electronically should be offered (conference call/skype/teams)

Strategy Discussion

Discussion takes place between CSC, Police and Health (can be over the telephone). Strategy discussions are agreed by Decision Makers, Children's Social Care Manager and Detective Sergeant/Detective Inspector, Police. This is the option for out of hours working.

A strategy meeting can follow a strategy discussion at a later date, however if it is established that there is no role for the Police following a strategy discussion, this does not prevent a multi-agency meeting taking place between other involved agencies to plan appropriately for the child(ren).

Agency Dispute

Where there is a difference of opinion between agencies in respect of the outcome of a contact/ referral and where it is felt that a Strategy Meeting should take place, escalation through direct line supervisors is required immediately (Team Manager/Case Supervisor to Head of Safeguarding. Police Sergeant to Detective Inspector PVP in the first instance).

2. NOTIFICATION

Any information, which indicates that a child is actually at or is at risk of significant harm, must be shared with the partner agency as soon as possible after receipt of the contact /referral or concerns raised.

Strategy discussions/ meetings must take place within the following guidelines:

- Allegations/concerns indicating a serious risk of harm to the child (serious physical injury or serious harm) – meeting/discussion to **occur same working day**
- Allegations of penetrative sexual abuse – meeting discussion to **occur same working day** to preserve forensic evidence
- Where immediate action is required by either agency (Police/CSC) – meeting to **occur within one working day**
- Where allegations are complex – **within five working days** but sooner if immediate protection is required

FRONT DOOR STRATEGY MEETING (MASH)

Initial analysis of MASH referral indicates either likelihood or ongoing harm, the harm appears to be significant and/or the child is need or immediate protection (significant harm is the threshold that justifies compulsory intervention in family life in the best interests of children, 1989 Children Act)

- Strategy discussions/meetings are to be agreed by MASH Team Manager.
- In the event that MASH Team Manager not available, requests for strategy discussions/meetings are to be agreed by CASS TM, Service Managers or Head of Safeguarding.
- MASH CS/SW to have face to face discussion with Duty Manager when it is believed that threshold for significant harm is met

- MASH SW will complete contact and referral in EHM/LCS with recommendation of strategy discussion in referral/reason for suggested outcomes, worker will select outcome of strategy discussion but will not finalise referral
- Transfer completed referral to Duty Manager Tray
- Duty Manager will decide whether criteria is met for strategy discussion, if further information is needed or if the case could/should be managed at S17
- Duty Manager will inform MASH Police & Health for the need for a strategy meeting and complete relevant referral forms (SPOC/Health Request). They will arrange a time for the meeting to occur. nelc.mash@nhs.net
- SPOCPublicProtectionGrimsby@humberside.pnn.police.uk
- DM/SW to email StrategyMeetings@nelincs.gov.uk with the professionals required (and all current contact details), the Strategy Meeting Chair, the names of all the children to be discussed in the meeting
- Business Support will book a room and invite all identified professionals, education professionals to be sent pro-forma for completion prior to attendance (see Appendix)
- Where a Duty Manager decides a strategy meeting is needed and multi-agency colleagues disagree, the strategy meeting is to go ahead as planned and escalation processes followed via delegated lines of Children's Social Care Management or Police Command.

LONG TERM TEAMS STRATEGY DISCUSSION

An event or cumulative concerns on a case already open to service indicates that that the child is suffering or is likely to suffer harm. The harm appears to be significant and/or the child is in need of immediate protection.

- CASS Case Supervisor must consult with the CASS Team Manager or Service Manager to agree that a strategy discussion is required
- CASS Case Supervisor will inform MASH Police/Health for the need for a strategy meeting and complete relevant referral forms (SPOC/Health Request). They will arrange a time for the meeting to occur ; nelc.mash@nhs.net
SPOCPublicProtectionGrimsby@humberside.pnn.police.uk
- CS/SW to email StrategyMeetings@nelincs.gov.uk with the professionals required (and all current contact details), the Strategy Meeting Chair, the names of all the children to be discussed in the meeting
- Business Support will book a room and invite all identified professionals
- Health will invite associated health colleagues to the meeting (HV, SN, Midwifery, YMM, Hospital, LAC Health)

- Where a Case Supervisor/Team Manager decides a strategy meeting is needed and multi-agency colleagues disagree, the strategy meeting is to go ahead as planned and escalation processes followed via delegated lines of Children's Social Care Management or Police Command.

3. IMMEDIATE PROTECTION

Working Together to Safeguarding Children (2018) states that 'where there is a risk to the life of a child or a likelihood of serious immediate harm, an agency with statutory child protection powers **should act quickly to secure the immediate safety of the child.**

Planned emergency action will normally take place following an immediate strategy meeting between Police, Children's Social Care and other agencies as appropriate.

When considering whether emergency action is required, an agency should always consider whether action is also required to safeguard and promote the welfare of other children in the same household, the household of an alleged perpetrator, or elsewhere.

4. STRATEGY MEETINGS/DISCUSSIONS PRINCIPLES

Any strategy discussion/meeting should consider all children:

- Within the family.
- In the household.
- Who may have contact with the person(s) who may pose a risk of harm

With regard to possible safeguarding concerns and record decisions appropriately.

NB It is important to record where there are no safeguarding concerns and the reason, for example where a sibling lives with, and is being adequately cared for by, an alternative carer.

The purpose of the strategy discussion/meeting is to:

- Share available information about the family and causes for concern.
- Agree the conduct and timing of any investigation, including criminal investigation.

- Decide whether a Section 47 enquiry should be initiated or continued, **at which point a Single Assessment should be initiated.**
- Plan the detail of the Section 47 enquiry, including the **need for medical treatment**, and who will undertake what actions, by when and for what purpose.
- Agree what action is required immediately to safeguard the child, and/or provide interim services and support. If the child is in hospital, decisions should also be made about how to secure the safe discharge of the child.
- Determine if legal action is required.
- Determine what information from the strategy discussion will be shared with the family, unless such information sharing may place a child at increased risk of abuse or neglect or jeopardize police investigations into any alleged offence(s),
- Determine the need for, and timing of, any further strategy meeting.

5. STRATEGY MEETING INVOLVEMENTS

Agreement to hold/arrange a strategy meeting/discussion should be at first agreed by a Children's Social Care Team Manager.

Strategy meetings must always be chaired by a Children's Social Care Manager, who is experienced in child protection work and familiar with the particular case. CASS/MASH BSO is available to arrange the strategy discussion and take minutes.

The exception to this would include strategy meetings in relation to allegations against a professional, which are chaired by the Local Authority Designated Officer (LADO).

SUDI (Sudden Unexpected Death in Childhood (SUDiC) for Children aged 0 to under 18 yrs) strategy meetings which are chaired by the lead agency (Health/Police) and organised by Safer Partnership.

Where the information or nature of the concerns is deemed complex, every effort should be made to ensure that a Business Support Assistant (Children's Social Care) will minute the Strategy Meetings.

Where possible, all professionals involved with the child or young person, who have relevant information should be invited to attend. Where the child is an adopted child, a member of the Adoption Service should be invited.

A copy of the record of the Strategy Discussion must be provided to the other parties involved as soon as possible, but within a maximum of 24 hours.

6. STRATEGY MEETING

The Chair of the Strategy Meeting should ensure that an agenda is followed which supports the enquiry and investigation. A strategy meeting is being held because we believe that a referral, an assessment or key event indicate clear concerns that a child is suffering or is likely to suffer significant harm. The following information must be obtained prior to the strategy meeting occurring:

- A Children's Social Care Team Manager is the overarching decision maker for all S47 investigations and agreement must sought prior to strategy discussions take place.
- CS/SW/BSO ensures that Police and all relevant professionals are in attendance or linked by technology/telephone
- Family Network: SW has details of current family network/genogram and takes to the meeting
- Family Group Conference should be considered and if possible at all planned strategy discussions
- SW and professionals must provide information relevant to current concerns, significant history of child & family, history of agency involvement (dates/times/periods)

AGENDA FOR STRATEGY DISCUSSIONS

- **Introductions and apologies:** absent invitees should be consulted via spider phone/skype

Chair:

Attendees present

Attendees invited and/or apologies given

Chair and SW to ensure that all children who may be at possible risk are considered (siblings not resident in the home, children who may visit or have a close relationship to)

Chair (CSC Decision Maker) to provide rationale for the meeting (SCRIPTED)

Social Worker to provide reason for strategy meeting and CSC brief CSC history including current involvement

Police to feedback on checks

Health to feedback on checks

Education to feedback on checks

Multi-agency professionals to feedback on checks

Chair to request that agencies provide a scaling for the safety of this and all children

Chair to provide summary to the meeting and ask professionals to make a decision on whether this should remain at S17 or progress to S47 and provide their rationale for this (SCRIPTED)

The Strategy Meeting will be used to:

- Share available information
- Agree when the child will be seen alone by the Lead Social Worker (unless inappropriate for the child) and whether any particular factors such as the child's race, ethnicity, language, disability or any other special needs should be taken into account and whether an interpreter will be required for the child and/or the family.
- Consider the needs of any other children who may be affected e.g. siblings and other children in contact with the alleged abuser/s;
- Decide whether a Social Work Assessment S17 and/or Section 47 Enquiry should be initiated or continued and if so, which children should be included.
- Plan the Section 47 Enquiry (if one is to be undertaken), including the need for further information, the need for and timing of **Medical Assessments** and/or treatment, and who will carry out what actions, by when and for what purpose;
- Decide whether a single agency or a joint enquiry/investigation is required.
- Agree what action is required immediately and in the short term to safeguard the child and/or provide interim services and support, including the care arrangements for the child/children and if the child is an in-patient on a Maternity or Children's Ward, the child's discharge from hospital.
- Agree whether urgent actions are required to remove the child from the risk of harm or to remove the alleged perpetrator from the child's home.
- Agree where a child is in hospital, how to manage parental and other contact arrangements.
- Agree a contingency plan if the child cannot be located.

- Agree the conduct and timing of any criminal investigation, including who should be interviewed, by whom, for what purpose and when and the need to carry out the interviews in accordance with **Achieving Best Evidence** guidance.
- Agree the arrangements for obtaining consents to interviews and assessments of the child (if the assessment is to take place during the course of court proceedings, the courts prior consent must be obtained).
- Agree how the child and family will be supported during the process.
- Determine what information from the Strategy Discussion will be shared with the family, unless such information sharing may place a child at increased risk of harm or jeopardise any criminal investigation. If urgent action is necessary, a decision will need to be taken about informing or consulting parents and the child/ren, obtaining consents, taking legal action, accompanying the child and notifying parents.
- Agree, in the light of the race and ethnicity of the child and family, how information will be obtained and shared with the family and establishing whether an interpreter is required.
- Determine if legal action is required.
- Coordinate a press strategy, if relevant.
- Agree timescales for all the above and responsibilities for required actions.
- In cases where information indicates a history of violence and threatening behaviour by the parents towards professionals, consider the risks to the child/children and to staff, determine a strategy for managing the risk and agree joint action as appropriate.
- Agree the need for feedback to each other (e.g. if single agency enquiries) and for further Strategy Discussions with clear timescales.
- For every child admitted to a Children's Ward, consider whether a discharge planning meeting (DPM) should be held. The expectation is that in most cases, a discharge planning meeting will be held. A record of the discharge planning meeting should be made

7. MEDICAL ASSESSMENTS

Strategy discussions/meetings must consider the need for and timing of a medical assessment. Medical assessments **must** be considered where there has been a disclosure or there is suspicion of any form of abuse to a child.

A medical assessment should demonstrate a holistic approach to a child and to assess the child's well-being, including mental health, development and cognitive ability.

A medical assessment is necessary to:

- Secure forensic evidence
- Obtain medical documentation
- Provide reassurance for the child and parent
- Inform treatment follow up and review for the child (injury, infection, new symptoms including psychological)

Only Doctors may physically examine the whole child. Other staff should only note any visible marks or injuries on a body map and record, date and sign details in the child's file.

Consent

The following may give consent to a medical assessment

- A child of sufficient age and understanding (Gillick/Fraser competency guidelines)
- A young person aged 16 or 17 has an explicit right to provide consent unless grounds exist in which their capacity to make decisions is impaired
- Any person with parental responsibility, providing they have the capacity to do so
- The Local Authority when the child is subject to a care order (although parents should be informed)
- The Local Authority when the child is accommodated under S20 of the Children Act, 1989, if parents have abandoned child or lacks capacity to give consent
- The High Court when the child is a ward of court
- A Family Proceedings Court as part of a direction attached to an EPO (Emergency Protection Order), and ICO (Interim Care Order) or a Child Assessment Order

Wherever possible, the permission of a parent should be sought for children under sixteen prior to any medical assessment and/or medical treatment

Completing the medical assessment

Agreement to undertake medical assessment should be sought with Police and On-Call Consultant Paediatrician.

Physical Injuries

On-call Consultant Paediatrician, Diana Princess of Wales Hospital, Children's Social Care to arrange

Forensic/ Sexual Harm

Aged sixteen years old – Arrangements to be made with Anlaby Suite, Hull for medical assessment, Police to arrange

Over sixteen years old – SARC, Hull, Police to arrange

Very young children – Examinations to be carried out by SARC, Manchester, Police to arrange

Reports

A report should be provided by the named/designated Doctor to the Social Worker, GP and where appropriate the Police.

The report should include:

- A verbatim record of the carer's and child's accounts of injuries and concerns noting any discrepancies or changes of story
- Documentary findings in both words and diagrams
- Opinion of whether injury is consistent with explanation
- Date, time and place of examination
- Those present
- Who gave consent and how (child/parent/written/verbal)
- Other findings relevant to the child (squint, learning or speech problems)
- Confirmation of the child's developmental progress
- The time the examination ended

8. REVIEWS

More than one strategy meeting may be necessary. This is likely to be where the child's circumstances are very complex and a number of discussions are required to consider whether and if so, when to initiate **Section 47 Enquiries** as well as how best to undertake them.

Where the initial strategy meeting agrees S47 enquiries are to be initiated, there may be circumstances which will require a review strategy meeting being held. It is expected that this would be under exceptional circumstances and the key triggers to instigate a review strategy meeting should be identified and recorded by the chair.

Where the Police are pursuing an investigation, timescales should be set and every effort undertaken between the two agencies to ensure that CSC is fully aware of the progress of the investigation. Where timescales cannot be set, a review strategy meeting should be set to review the progress and whether additional support or intervention is required to the young person and family.

Where a review strategy meeting is required the chair, recording and agenda will be used for all subsequent strategy meetings.

Appendix

S47

If there are reasonable grounds to suspect that a child is suffering or is likely to suffer **Significant Harm**, a **Section 47 Enquiry, Assessment** is initiated. This normally occurs after a **Strategy Discussion**. Unless it is possible to decide that the case should progress to an initial **Child Protection Conference** at the first strategy meeting, a follow up strategy meeting should be chosen as an outcome in addition to S47 enquiries, at which the outcome of those enquiries can be reviewed. This may take the form of a discussion between the parties, which is recorded and distributed accordingly. The due date of the Initial Child Protection Conference is set in the system as at 15 working days of the date of the last strategy meeting.

Section 47 Enquiries are usually conducted by a social worker, jointly with the Police, and must be completed within 15 days of a Strategy Discussion.

Where concerns are substantiated and the child is judged to be at continued risk of Significant Harm, a Child Protection Conference should be convened.

Significant Harm

The Children Act 1989 introduced Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children. Significant Harm is any **Physical, Sexual, or Emotional Abuse, Neglect**, accident or injury that is sufficiently serious to adversely affect progress and enjoyment of life.

Harm is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include, "for example, impairment suffered from seeing or hearing the ill treatment of another". Suspicions or allegations that a child is suffering or likely to suffer Significant Harm may result in an Assessment incorporating a Section 47 Enquiry.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes a single violent episode may constitute significant harm but more often it is an accumulation of significant events, both acute and longstanding, which interrupt, damage or change the child's development.

SPOC Form



Police referral
form.docx

Health Form



MASH Health
Checks.docx

Education Checks



Mash Education
checks V1.docx

Strategy Discussion Checklist



Strategy Discussion
Checklist.docx