

**Strategy Discussion / Meeting Procedure**

**Procedure**

The Trust Board has granted the Chief Executive of the Sandwell Children’s Trust the authority to approve this document.

**This Procedure should be read in-conjunction with the Working Together 2018,** [Sandwell Safeguarding Children Board (SSCB) Policies and Procedures](http://westmidlands.procedures.org.uk/) **and** [**Sandwell Children’s Trust Procedures Manual**](http://www.proceduresonline.com/sandwell/cs/index.html)

**The purpose of this Procedure is to ensure the child or young person who may be at risk of significant harm has a plan in place to deal with the immediate concerns.**

**All contact and work received by families from Sandwell Children’s Trust (SCT) will be based around restorative practice principles. This is to ensure we improve the life outcomes for all children, young people and families we work with. In Sandwell, we intend to use restorative principles and behaviours with colleagues as well as children and families, to help develop positive working relationships.**

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| **Date** | **Version** | **Comments:** | **Approved by:** |
| 22-03-18 | 1.0 | Draft Wolverhampton policy (January 2018 V1.4) adopted as basis of new SCT policy | Carol Singleton |
| 27-03-18 | 1.2 | Policy revised to reflect move to SCT format | Carol Singleton |
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| **CONSULTATION** |
| The following people have been consulted on this policy:   * Group Heads |

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| The next revision is due:   * February 2022 |

**Index**

1. **Holding a Strategy Discussion/Meeting**
2. **Purpose of a Strategy Discussion/Meeting**
3. **Strategy Discussion/Meeting Attendees**
4. **Strategy Meetings**
5. **Strategy Meetings/Discussion in Cases of FGM**
6. **Parental Involvement**
7. **Is a Child Protection Medical Required?**
8. **Medical Assessment in Cases of Sexual Abuse or FGM**
9. **Timescales**
10. **Agenda for Strategy Discussion/Meeting**
11. **Recording of a Strategy Discussion/Meeting**
12. **Outcomes**

**Appendix**

**Flow Chart 1: Action Following a Strategy Discussion/Meeting**

1. **HOLDING A STRATEGY DISCUSSION / MEETING**

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/meeting involving Sandwell Children’s Trust (SCT) [including the 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/Skype 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.

In deciding whether to call a strategy discussion/meeting, SCT should consider the:

* Seriousness of the concern(s)
* Repetition or duration of concern(s)
* Vulnerability of the child (through age, development state, disability or other pre-disposing factor)
* Source of concern(s)
* Accumulation of sufficient information and patterns of concerns
* Context in which the child is living
* Predisposing factors in the family that may suggest a higher level of risk of harm (for example, mental health difficulties, parental substance misuse, domestic violence or immigrant issues such as social isolation)

A Strategy Meeting must be convened even if there has been a recent assessment or the child has previously been subject to Child Protection Planning; where further concerns of abuse and neglect have been referred. SCT will normally inform the family of the cause for concern unless to do so would place the child at risk of significant harm. If a decision is made not to inform the family, the reason for this should be recorded within the strategy meeting notes.

Where the child or young person has been on a Child Protection Plan in the past 2 years and referral is made then the following applies:

* Referral relates to Child Protection concerns then a Section 47 Enquiry must immediately commence in line with existing policies and, it should be initiated at a Strategy Meeting/Discussion as soon as possible following the receipt of the referral.
* Referral relates to Child in Need concerns then a Strategy Meeting must be convened to ensure that concerns are not more significant.

A Strategy Discussion should ideally be face-to-face but may also be undertaken via a telephone/Skype discussion or a meeting (a Strategy Meeting) depending on the urgency and nature of the referral. Where emergency action may be necessary to safeguard a child an immediate strategy discussion must take place.

Under certain circumstances, a Strategy Meeting convened as a Strategy Discussion only would not be sufficient. Any party who is unable to attend needs to identify a representative from their agency.

If the child is or has recently been receiving services from a hospital, the discussion should involve the appropriate clinician.

**2.0 PURPOSE OF A STRATEGY DISCUSSION/MEETING**

SCT 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 purpose of the Strategy Discussion/Meeting is to decide if a Section 47 Enquiry under the Children Act 1989 with a Social Work Assessment is required and, if so, to develop a rapid plan of action for the enquiry. A strategy discussion /meeting is a multi-agency forum including all key professionals known to or involved with the child and family. It is an opportunity to share as much of the available information as possible between participants to inform the next steps.

More than one Strategy Discussion/Meeting may be necessary depending on the circumstances of the case and to plan any further enquiries required. It is in everyone’s interests to ensure that enquiries are completed as quickly as possible, however, it is vital that Strategy Discussions/Meetings take place not just to fit in with timescales but in a way which ensures that all key agencies are focused on the welfare of the child.

Where there is more than one Strategy Discussion/Meeting, the interval between Strategy Discussions/Meetings should not exceed 28 days and the process must be concluded within 3 months unless in exceptional circumstances and authorised by a Head of Service, so that no child is left for too long without a decision as to what services should be provided or what actions should be taken.

Where there is sufficient evidence, the Strategy Discussion/Meeting may recommend to the Social Work Manager that an Initial Child Protection Conference is held.

Where an Initial Child Protection Conference is to be convened this must take place within 15 working days of the last Strategy Discussion/Meeting.

Compliance with these timescales depends on the co-operation of all agencies that have worked with or have knowledge of the child and the family.

**3.0 STRATEGY DISCUSSION/MEETING ATTENDEES?**

The Strategy Discussion/Meeting must involve as a minimum the Social Work Manager, allocated Social Worker, Police, Education and Health. 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

Representatives involved with the family who hold information relevant to the concerns about the child should be included as appropriate, particularly education and health. The

referring agency should also be invited if appropriate.

All attendees should be sufficiently senior to contribute to the discussion and be able to make decisions on behalf of their agencies.

Full names and dates of birth should be sent to partners with the invite to the strategy meeting. All health invitations should be sent to: [lac.sandwell@nhs.net](mailto:lac.sandwell@nhs.net)

**Social Workers**

Social Workers with their managers should convene the strategy discussion and make sure it:

* considers the child’s welfare and safety, and identified 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

**Police**

The police should:

* discuss the basis for any criminal investigation and any relevant processes that other agencies might need to know about, including timing and methods of evidence and gathering
* lead the criminal investigation (SCT have the lead for Section 47 enquiries and assessment of the child’s welfare) where joint enquiries take place

Where a Strategy Discussion/Meeting is being convened in relation to a child who is ordinarily resident in the area of another Local Authority, his/her home authority and all other agencies involved with the child must be informed as soon as possible, and be involved as appropriate in the Strategy Discussion/Meeting.

Where there is a possibility that a child may be charged with a criminal offence, the Youth Offending Service should be invited to attend the strategy discussion/meeting.

When required, a legal advisor should also be invited. The need to seek advice must not delay any necessary action to secure the safety and well-being of any child believed to be at imminent risk of significant harm.

Consideration should also be given to the need to seek advice from or invite a professional with expertise in the form of abuse or neglect in the case.

If the strategy meeting/ discussion is related to a young person who is less than 6 months from their 18th birthday and is likely to meet the definition of an Adult with Care and Support Needs the relevant adult social care manager should be included.

**4.0 STRATEGY DISCUSSION/MEETING**

There are two types of strategy meeting one which is normally chaired by a Social Work Unit Manager and one (complex) which is chaired by someone from the Safeguarding Unit or by a Senior Manager.

**4.1 Complex Strategy Meetings – Safeguarding Service**

These are arranged when the following concerns are suspected or identified:

1. Where a child has made an allegation against a member of staff, volunteer, or someone in a position of trust including, staff, professional and volunteers and foster paid or unpaid carers;
2. Where there is more than one alleged perpetrator;
3. Where there is more than one child involved who does not live in the same family;
4. Any indicators or organized or ritualistic abuse;

This list is not exhaustive and the Safeguarding Service may chair other strategy meetings which require an independent view or because the issues involved are complex in nature.

**4.2 How to Arrange a Complex Strategy Meeting with the Safeguarding Service**

The Manager responsible must contact the Safeguarding Service to discuss arranging a complex strategy meeting. In the case of allegations made against a person in a position of trust a LADO referral from must be completed and either discussed with the LADO.

There will be a discussion regarding the timing of the meeting, invitations and what further information is required. The meeting must be held within three days of the referral being made.

Minutes will be taken, signed by the chair and distributed by the Safeguarding Service. These will be held on LCS and will be distributed within 5 working days of the meeting. However, the recommendations and decision must be distributed within 24 hours of the meeting.

Strategy Meetingsthat fall outside of the remit of the Safeguarding Service and should be attended by people of sufficient seniority from all invited agencies to be able to both contribute to discussion of available information and to make decisions on behalf of their agencies. The meeting should not be delayed because of availability of personnel. Agencies would need to provide written information if they cannot attend the Strategy Meeting. The information provided should detail the actions that agency proposes to undertake as part of the safety planning for the child.  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 involve the relevant adult services professional*.*

**4.3 Complex Strategy Meetings - Managers**

A Strategy Meeting, chaired by an appropriate manager from SCT is likely to be convened in the following circumstances:

* Where there are suspicions of organised or multiple abuse where concerns relate to fabricated or induced illness
* Where concerns are complex, for example, forced marriage

Usually, the Strategy Discussion/ Meeting should be held at either the Multi Agency Safeguarding Hub (MASH), but can be convened elsewhere if appropriate, for example, if the child is an in-patient in hospital.

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 should 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 certainly no longer than **45 working days (single assessment)** from the point of referral into Children and Young People Service. However, it progresses to Initial Child Protection Conference should take 15 working days

The principles and parameters for the assessment of children in need should be followed for assessments undertaken under section 47 of the Children Act 1989. Good assessments support practitioners to understand whether a child has needs relating to their care or a disability and/or is suffering, or likely to suffer, significant harm. The specific needs of disabled children and young carers should be given sufficient recognition and priority in the assessment process. Further guidance can be accessed at ‘Recognised, valued and supported: Next steps for the Carers Strategy (2010)’.[[1]](#footnote-1)

**5.0 STRATEGY MEETING/DISCUSSION IN CASES OF FGM**

A [Strategy Meeting](http://trixresources.proceduresonline.com/nat_key/keywords/strategy_meeting.html)/ Discussion should be convened when there is risk of significant harm to a girl (or other girls) because of FGM. An initial Strategy Meeting/Discussion should be convened in partnership with police and health colleagues at a minimum.

A decision will be made as to whether the girl, sister or female member of the extended family or community has suffered or is likely to suffer significant harm because of FGM. If so, a [Section 47 Enquiry](http://trixresources.proceduresonline.com/nat_key/keywords/sec_47_enq.html) will be initiated. This also applies to an unborn child who may be assessed at risk of FGM after she is born. An assessment will be undertaken and, jointly with the Police, undertake a [Section 47 Enquiry](http://trixresources.proceduresonline.com/nat_key/keywords/sec_47_enq.html).

Where a child appears to be in immediate danger of mutilation, legal advice should be sought and consideration should be given (see [The Female Genital Mutilation Act 2003](http://www.legislation.gov.uk/ukpga/2003/31/pdfs/ukpga_20030031_en.pdf)), for example seeking an Emergency Protection Order or a Prohibited Steps Order making it clear to the family that they will be breaking the law if they arrange for the girl to have the procedure.

Where a child has been identified as suffering or likely to suffer significant harm, it may not always be appropriate to remove the child from an otherwise loving family environment. This will form part of the assessment.

If the Strategy Meeting concludes that the child has not suffered significant harm, then the outcome may be a [Child in Need](http://trixresources.proceduresonline.com/nat_key/keywords/child_in_need.html) Assessment or advice to the referrer that the child's needs can be met through early help or universal services.

See Female Genital Mutilation (FGM) Guidance for more information on FGM.

**6.0 PARENTAL INVOLVEMENT**

The Social Worker has the prime responsibility to engage with parents and other family members to ascertain the facts of the situation causing concern and to assess the capacity of the family to safeguard the child. Parents are not party to Strategy Discussions/Meetings and are not usually informed until Section 47 Enquiry stage.

However, this does not mean that parents should not be informed about concerns about their child, or should not be told what is going on. Parents should also be provided with information regarding any legal process which may be used to safeguard the child. S47 leaflet

**7.0 IS A CHILD PROTECTION MEDICAL REQUIRED?**

A child protection medical assessment should always be considered when there is a suspicion or a disclosure of child abuse and/or neglect involving injury, suspected sexual abuse or serious neglect. This is often referred to as a Section 47 medical or ‘medical assessment’.

The need to consider a Medical Assessment in these cases arises from Section 47 of the Children Act which places a statutory duty on the Local Authority (SCT) to make enquiries to enable it to decide whether it should act to safeguard and promote the welfare of the child.

Local procedure and protocols also supports the need to consider a medical assessment for the purposes of a Section 47 investigation in a child’s best interests.

A Medical Assessment is not a requirement in every case, however it needs to be considered regardless of whether the child has any visible injuries or appears neglected so involving the Duty Paediatrician in the discussion is helpful.

In cases of physical injury, the child should be seen on the same day if possible. On occasions when the medical examination does not take place on the same day the reasons should be clearly documented within the child’s records and it should be noted that there is agreement between the involved professionals.

Where the child appears in urgent need of medical attention e.g. suspected fracture, bleeding, loss of unconsciousness, severe burns, he/she should be taken to the nearest A&E department as for any other seriously ill or injured child.

The Medical Assessment should be dispensed with only if those managing the investigation (including the Duty Paediatrician) are satisfied that injuries /neglect are minor and the purposes of the investigation can be achieved without it. The reasons for dispensing with a Medical Assessment should be clearly recorded.

If the child is a hospital patient (in-patient or out-patient) or receiving services from a child development team, the medical consultant responsible for the child’s health should be involved, as should the senior ward nurse where the child is an in-patient.  In the case of a pre-birth Strategy Discussion/Meeting, this should involve the midwifery services, hospital based and community based.

**8.0** **MEDICAL ASSESSMENT IN CASES OF SEXUAL ABUSE OR FGM**

A Medical Assessment will be considered whenever a child has made:

* a disclosure of sexual abuse
* or sexual abuse has been witnessed
* or there is a risk of significant harm to a girl (or other girls because of Female Genital Mutilation (FGM)
* or when a referring agency strongly suspects abuse or FGM has occurred.

This requirement should be fully discussed as part of the strategy discussion and should be an action from the discussion if required. The request for the medical examination should be made by the lead social worker or their manager.

Additional considerations are the need to:

* Secure forensic evidence
* Obtain medical documentation

In cases of acute and/or recent sexual abuse, the Medical Assessment should be undertaken as soon as possible, where compatible with the welfare of the child. The Medical Assessment consists of obtaining a clinical history and examination, detailed documentation (including the use of line drawings) and photo-documentation, as well as obtaining any relevant forensic samples, writing a report and arranging any necessary aftercare. Children should not be referred to the GP for the purposes of a Medical Assessment in this context.

Only suitably qualified health specialists may physically examine the child for the purposes of a paediatric assessment. Other staff should note any visible marks or injuries on a body map and document details in their recording.

The child or young person must be assessed fully but appropriately dependent on the age and gender of the child, and the suspected nature and timing of the possible abuse.

In cases of FGM, a medical assessment is undertaken jointly by the designated FGM health professional and consultant paediatrician. They should provide immediate verbal feedback on the outcome of the examination to the attending social worker (and/or the Police officer is applicable) and provide them with a written report for the second Strategy Discussion Meeting.

Strategy Discussions/Meetings must consider, in consultation with the paediatrician (if not part of the discussion or meeting), the need for and timing of a medical assessment. Consideration must also be given as to whether there are any other children in the household who may require a medical assessment. Should the decision be made to postpone or not proceed with sibling medicals the decision and risk assessment should be clearly documented within the strategy discussion/meeting minutes or Section 47 Enquiry.

The child and sibling/s should be in a safe place during the intervening period prior to any examination/s.

The Social Worker will take the lead in arranging the medical assessment and should only make the referral after confirming the agree Section 47 status of the investigation i.e. after a strategy discussion/meeting.

The strategy discussion/meeting should identify the Consultant Paediatrician and/or forensic physician with the skills pertinent to the particular case. When the timing of the possible sexual acts indicates that forensic samples may be relevant the examination will usually take place in an approved forensically clean facility. However, where injuries are serious, forensic evidence can be gathered at the same time as urgent treatment is being administered in a hospital.

Consent for a Medical Assessment should be sought from the parents of the child or other adults with Parental Responsibility in all cases. Consent should also be sought from older children, if they are fully able to understand the nature of that consent as per the ['Fraser Guidelines'](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-8-gillick-competency-fraser-guidelines)

Where consent is not obtained, then urgent legal advice should be sought. A Child Assessment Order may need to be applied for. Parental consent is not required if a young person is aged 16 or 17 and has capacity to make their own decisions ([Mental Capacity Act 2005](http://www.legislation.gov.uk/ukpga/2005/9/contents).)

If a forensic examination is required this can be facilitated by the police and will usually be via the Police Child Protection Unit or Social Work Unit Manager.

**9.0 TIMESCALES**

Initial Strategy Discussions/Meetings should generally be held within 3 working days of a referral or concerns being highlighted except in the cases listed below:

The urgency of the situation, however, may dictate that the Strategy Discussion/Meeting takes place very soon after the referral is received.

* For allegations/concerns indicating an immediate risk to the child (e.g. physical injury or neglect), the Strategy Discussion/Meeting should be held on the same day as the receipt of the referral.
* For allegations of sexual abuse, the Strategy Discussion/Meeting should be held on the same day as the receipt of the referral if this is required to ensure forensic evidence.
* Where prior emergency action has been taken, a Strategy Discussion/Meeting should be held within one working day i.e. prior emergency action may have no relevance to current level of concern.
* Where the concerns are particularly complex e.g. allegations of organised abuse against staff or volunteers, the Strategy Meeting should be held within one working day but sooner if there is a need to provide immediate protection to a child.

The timescales set out in Sandwell Safeguarding Children’s Board (SSCB) Policies and Procedures, [Sandwell Children’s Trust Procedures Manual](http://www.proceduresonline.com/sandwell/cs/index.html) and Working Together 2015 are the minimum standards and should be based upon the needs of the child.

**10.0 AGENDA FOR STRATEGY DISCUSSION/MEETING**

The Strategy Discussion/Meeting should specifically consider the following:

* Share all available information (including information available from the Police)
* Agree how the child’s wishes and feelings should be ascertained, 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
* Consider the assessment and the action points, if already in place
* Decide whether a Section 47 Enquiry and assessment should be initiated or continued and if so, which children should be included
* Coordinate and 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
* 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 contact and how to secure the safe discharge of the child
* 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 court’s prior consent must also be obtained)
* Agree how the child and family will be supported during the process
* Determine what information from the Strategy Discussion/Meeting will be shared with the family, unless such information sharing may place a child at increased risk of harm or place any person at risk of injury or obstruct 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 whether to disclose to third parties’ sensitive information about a person who poses a risk to children and agree a process for this.  Any arrangements must be approved by the Police and consideration should be given to a referral into the MAPPA process.
* Where it has been determined that a parent/carer should be informed of the potential risk posed by a third party, the Police and the SCT must agree the disclosure process.
* 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 advice 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/Meetings with clear timescales where it is not possible to reach a decision to precede with a section 47 enquiry on the available information.

Before a decision is made to apply for an Emergency Protection Order, legal advice must be obtained and the approval of the relevant Designated Manager must also be obtained.

Any decision made after a Strategy Discussion/Meeting following enquiries that child protection action by SCT and/or the Police is not necessary, must be confirmed by a Team Manager and the reasons recorded.

Where there are grounds to initiate an enquiry under Section 47 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; and
* whether legal action is required.

This decision to initiate Section 47 should also reflect the requirement, where the concerns are substantiated, to convene an Initial Child Protection Conference within 15 working days of the last Strategy Discussion/Meeting and the Social Work Unit Manager is responsible for ensuring that an immediate request is made for the Conference to be convened within this timescale.

**11.0 RECORDING OF A STRATEGY DISCUSSION/MEETING**

It is the responsibility of the Chair of the meeting usually the Social Worker Unit Manager to ensure discussions of the Strategy Discussion/Meeting are recorded using the Record of Strategy Discussion Form available on Care First. This applies to both telephone and face to face Strategy Discussions/Meetings. This must then be authorised by the Social Work Unit Manager.

Agreed action points, timescales, roles and responsibilities and a mechanism for reviewing completion of the action points must be recorded and circulated to all parties within one working day.

Records of Strategy Discussions/Strategy Meetings will be held in the child’s file on LCS.

1. **OUTCOMES**

The plan made at the Strategy Meeting/Discussion should reflect the requirement to convene an initial [child protection conference](http://westmidlands.procedures.org.uk/page/glossary?term=Child+Protection+Conference&g=zkjN#gl27) within 15 working days of the Strategy Discussion at which it was decided to initiate the [Section 47](http://westmidlands.procedures.org.uk/page/glossary?term=Section+47&g=xgjN#gl15) Enquiry (if there was more than one Strategy Discussion/Meeting). Flow Chart 1 below sets out the action following a Strategy Discussion.

In exceptional circumstances, enquiries may be more complicated and may require more than one Strategy Discussion/Meeting. If the Strategy Meeting/Discussion concludes that a further Strategy Meeting/Discussion is required, then a clear timescale should be set and be subject to regular review by the social work manager bearing in mind the safety of the child at all times.

If the conclusion of the Strategy Meeting/Discussion is that there is no cause to pursue the [Section 47](http://westmidlands.procedures.org.uk/page/glossary?term=Section+47&g=xgjN#gl15) Enquiry then consideration should be given to continuing a multi- agency assessment to address the needs of the child for any [Early Help](http://westmidlands.procedures.org.uk/page/glossary?term=Early+help&g=xcjN#gl5) support services or to provide family support services to them as a ‘[child in need](http://westmidlands.procedures.org.uk/page/glossary?term=Child+in+need&g=wEzN#gl44)’.

Where there are unresolved differences of opinion about the outcomes of a Strategy Meeting/Discussion, these should be resolved by senior managers in the respective agencies in liaison with each other. This should be actioned within a timescale commensurate with the need to safeguard the child. Where this is not possible the relevant LSCB escalation policy should be used.

**Flow Chart 1: Action following a Strategy Discussion /Meeting**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | | Strategy Discussion/Meeting | | | | |  | | | |  | | | | |
|  | | | |  | |  | | | | Police investigate possible crime | | | | |
| No further LA Children’s Social Care involvement at this stage, but other services may be required. Feedback to referrer. | | | |
|  | | | | |
| Section 47 enquiries and assessment continuing | | | | |
|  | |  | | | |  | | | |  |
|  | |  | |  | |  | | | | |  | | | |  | | | |  |
| Decision to complete assessment under Section 17 of the Children Act 1989. Feedback to referrer. | | | |  | | Social Worker leads assessment under Section 47 of the Children Act 1989 and other professionals contribute. Assessments follow local protocol based on the needs of the child within 45 working days of the point of referral | | | | | | | | | | | | |  |
|  | | | |  | |  |  | |  |  | | | | | | | | |  |
| Concerns about child not substantiated but child is a Child in Need | | | | | | |  | |  | Concerns substantiated but child not likely to suffer significant harm | | | | | | | | | |
|  | | | | | |  |  | |  |  | | | | | | | | | |
| **With family and other professionals, agree plan for ensuring child’s future safety and welfare and record and act on decisions** | | | | | | |  | |  | Agree whether Child Protection Conference is necessary and record decisions | | | | | | | | | |
|  | | |  | | | |  | |  |  | | | |  | | | |  | |
|  | | |  | | | |  | |  | Yes | | | |  | | | | No | |
|  | | | Concerns substantiated, child likely to suffer significant harm | | | | | |  |  | | | |  | | | |  | |
|  | | |  | | | | | |  |  | | |  | | | | | | |
|  | | | Child Protection Conference convened within **15 working days** of the last Strategy Discussion | | | | | |  |  | | | Social Worker leads completion of assessment | | | | | | |
|  | | |  | | | | | |  |  | | |  | | | | | | |
|  | | | Decisions made and recorded at Child Protection Conference | | | | | |  |  | | | **With family and other professionals, agree plan for ensuring child’s future safety and welfare and record and act on decisions** | | | | | | |
|  |  | |  | |  | | |  |  |  | | |  | | |  | | | |
|  | Child likely to suffer significant harm | | | |  | | |  |  | Child not likely to suffer significant harm | | | | | | |  | | |
|  |  | | | |  |  | |  |  |  | |  | | | |  |  | | |
| **Child is subject of Child Protection Plan; outline Child Protection Plan prepared; Core Group established** | | | | | |  | |  |  | **Further decisions made about ongoing assessment and service provision according to agreed plan** | | | | | | | | | |

1. <https://www.gov.uk/government/publications/recognised-valued-and-supported-next-steps-for-the-carers-strategy> [↑](#footnote-ref-1)