# Strategy Discussion and practice standard expectations

# Practice Standards

* 1. Wherever there is reasonable cause to suspect that a child is suffering or likely to suffer, significant harm, a strategy discussion/meeting must always be held.
  2. The strategy discussion should take place as soon as possible after the information is first received. This is a professional judgement having due regard to the assessed urgency of the information presented.
  3. Unless the presenting risk is of an immediate nature, it is always preferable to conduct the strategy discussion through a meeting, rather than phone calls.
  4. In all circumstances the strategy discussion must be chaired by a Team manager or Service Manager and involve the Police and one or more relevant health professionals as a minimum. Other professionals to be invited according to the contribution that they can make to an assessment of the risks identified. Should the concern be related to Physical injury of a child then a paediatrician should be participant within the strategy meeting
  5. The Chair should be clear with those in attendance that the **only** decision that can be made at a strategy discussion is whether to undertake S47 enquiries within a Single Assessment, and if so to plan those enquiries. The plan should include the conduct and timing of any criminal investigation and the timing and process for communication with parents/carers and children/young people.
  6. When a S47 assessment is going to be carried out, the Strategy discussion must include and record the planning of the S47, identifying the areas of risk to be assessed.
  7. The record of the strategy discussion should be succinct and clearly focused on the reason for and purpose of the discussion. The risks to the child, which have informed the decision as to whether or not to conduct S47 enquiries, should be clearly identified. The plan for conducting S47 enquiries should be clearly outlined.
  8. The strategy discussion record should be distributed to all those in attendance within one working day wherever possible.
  9. As a minimum, the referrer and other relevant agencies who have not attended, should be notified of the outcome within one working day.

Additional practice guidance

* 1. Effective chairing of the strategy discussion is important for a number of reasons.
     + - * It is the only forum to which parents/carers are explicitly not invited, in order to be able to share all available information regarding the risks to the child/ren subject to the discussion.
         * It is important, therefore, that the purpose of the strategy discussion is made clear; to determine whether or not S47 enquiries within a Single Assessment should be carried out, to which parents/carers will make an important contribution.
         * Other professionals may lose sight of the purpose of the strategy discussion and regard it as simply a passport to holding an Initial Child Protection Conference.
  2. The strategy discussion should therefore have a clear structure and focus.
  3. The first stage of the discussion should be the sharing of all available information **pertinent** to determining whether S47 enquiries should be undertaken into whether a child is suffering or likely to suffer significant harm.
  4. A decision should then be reached regarding whether the threshold for undertaking S47 enquiries has been reached and the **reasons** for this decision clearly identified.
  5. Sufficient time should be allocated to planning the S47 enquiries, where these are to be undertaken, including actions, timescales and communication with parents/ carers and children/young people. This must include identifying any immediate or short term action required to support and safeguard the child, including any legal action.

Procedures

# Strategy Discussions

* 1. In deciding whether to call a strategy meeting / discussion, the Local Authority children's social care manager must consider the:
     + - * Seriousness of the concern/s
         * Repetition or duration of concern/s
         * Vulnerability of child (through age, developmental stage, disability or other pre-disposing factor e.g. 'looked after')
         * Source of concern/s
         * Accumulation of sufficient information and patterns of concerns
         * Context in which the child is living (e.g. a child in the household already subject of a current child protection plan);
         * Predisposing factors in the family that may suggest a higher level of risk of harm (e.g. mental health difficulties, parental substance misuse, and domestic violence or immigrant family issues such as social isolation).
  2. Strategy discussions should take place when:
     + - * There is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm
         * When the suspected abuser is a child
         * When there are concerns of child sexual exploitation
  3. A Strategy Meeting may also be convened in response to neglect when:
     + - * A number of Child and Family Assessments have been undertaken during a period of time, and the concerns continue to be raised or
         * There is drift or delay in improved outcomes for children subject to CIN planning where impact of harm is evident in their arrangement of care.
  4. A strategy discussion can take place following a referral or at any other time, including during the assessment process.
  5. Emergency actions may need to be taken immediately and prior to a strategy discussion to safeguard the child (e.g.: Police Protection Powers, Emergency Protective Order EPO). The strategy discussion should then take place as soon as possible within 24 hours.
  6. Responsibility for undertaking strategy discussions lies with LA children's social care in whose area the child lives or is found.
  7. 'Found' means the physical location where the child suffers the incident of harm or neglect (or is identified to be at risk of harm or neglect), e.g.
     + - * Where a privately fostered or looked after child is living with their out of area carers
         * Boarding school,
         * Hospital,
         * One-off events, such as a fairground, holiday home or outing
  8. For the purposes of these procedures the LA children's social care in which the child lives, is called the 'home authority' and the LA children's social care in which the child is found is the child's 'host authority'.
  9. Whenever a child is harmed or concerns are raised that a child may be at risk of harm or neglect, the host authority is responsible for informing the home authority immediately.
  10. The home authority should be invited to participate in the strategy meeting / discussion to plan action to protect the child. Only once agreement is reached about who will take responsibility is the host authority relieved of the responsibility to take emergency and ongoing action. Such acceptance should occur as soon as possible and should be confirmed in writing.

## Timing of strategy discussions

* 1. Strategy discussions should be convened no later than three working days of child protection concerns being identified.
  2. Strategy discussions should be held on the same day the referral is received in the following circumstances:
     + - Allegations / concerns indicating a serious risk of harm to the child (e.g. serious physical injury or serious neglect) the strategy meeting / discussion should be held on the same day as the receipt of the referral;
       - For allegations of penetrative sexual abuse, the strategy meeting / discussion should be held on the same day as the receipt of the referral if this is required to ensure forensic evidence;
       - Where immediate action was required by either agency, the strategy meeting / discussion must be held within one working day;
       - Where the concerns are particularly complex (e.g. organised abuse / allegations against staff) the strategy meeting / discussion must be held within a maximum of five working days, but sooner if there is a need to provide immediate protection to a child.
  3. Strategy discussions on open cases will be chaired by the team manager of the team the child is currently allocated to.

## Strategy Discussion Attendees

* 1. Strategy discussions should include as a minimum: Children’s social care Team Manager (Chair) , Dedicated Decision Maker for the Police, Social Worker, and a health representative.
  2. The strategy discussion is led by the timeframes and presenting risks of the child. A strategy discussion should not be delayed or postponed due to the non-availability of professional’s.
  3. Other relevant professionals will depend on the nature of the individual case but may include:
     + - * The professional or agency which made the referral
         * The child’s school or nursery if applicable
         * Any health services the child or family members are receiving
         * Youth services involved with the child
  4. All attendees at strategy discussions should be sufficiently senior to make decisions on behalf of their agencies.
  5. The outcome of the strategy discussion will be shared with the family following the meeting unless it was unsafe for child to do so.

## The purpose of the Strategy Discussion

* 1. Strategy discussion is both a planning and a decision making meeting. The purpose of the strategy discussion/meeting is to:
     + - * Share available information about the child and family and causes for concern
         * Agree what action is required immediately to safeguard the child, and/or provide interim services and support and formulate a safety plan.
         * Consider the need to protect other children in the same household or elsewhere.
         * Consider any cultural, linguistic or disability needs which may need to be planned for in the investigation;
         * Decide whether a Section 47 enquiry should be initiated and if yes who will conduct the enquiries, i.e. social worker, a social worker and representative of another agency, such as a health visitor, or a joint investigative team of social worker and police officer.
         * Decide how, and by whom, the child should be interviewed.
         * Consider whether a medical examination of the child is required and who is responsible for consulting with the duty consultant paediatrician
         * Determine if legal action is required.
  2. 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)
  3. Determine the need for, and timing of, any further strategy meeting

## Outcomes of strategy discussions (*currently looking to replace with local JI protocol when found*)

* 1. Start S47 enquiries as part of a Child and Family Assessment jointly with the police child protection team or by Children Social Care:
     1. A joint investigation must always be initiated whenever there is an allegation or reasonable suspicion that one of the circumstances described below has been committed against a child, regardless of the likelihood of a prosecution:

Any intra familial sexual offence committed against a child of either gender under 18 years of age;

Sexual offences committed by young people

Sudden unexpected death of a child

Fabricated or induced illness (see Fabricated or Induced Illness Procedure);

Serious neglect or ill-treatment constituting an offence under Section1 of the Children and Young Persons Act 1933

Physical injury against a child under 18 constituting a criminal offence (includes murder, manslaughter, and any assault involving actual or grievous bodily harm and repeated assaults involving minor injury).

* + 1. Cases of minor injury should always be considered for a joint investigation if the:

Child is already subject to a Child Protection Plan

Child is Looked After by the Local Authority

* + 1. In other cases of minor injury, the circumstances surrounding the incident must be considered to determine the 'seriousness' of the alleged abuse. The following factors should be included in any consideration by the Police CPT and Children's Social Care:

Age, special needs and vulnerability of the child

Any previous history of minor injuries

The intent of the assault e.g. strangulation may leave no marks, but is very serious

If a weapon was used

Previous concerns from a caring agency

Consistency with and clarity / credibility of the child's account of the injuries

* + 1. There will be times when, after discussion or preliminary work, cases will be judged less serious and it will be agreed that the best interests of the child are served by a Children's Social Care-led intervention, rather than a joint investigation.
    2. Where a minor crime, initially agreed by the Police CPT as inappropriate of further police investigation, is subsequently discovered to be more serious than originally perceived, the case must be referred back to the CPT.
  1. Complete or continue a Children and Family Assessment under S17
  2. A Police investigation where the:
     + - * Allegation is by an adult of abuse which occurred in childhood and there are no current child protection issues;
         * Alleged offender is not known to the child or child's family i.e. stranger abuse - however in these circumstances, consideration will still be given to joint investigative interview(s) in accordance with Achieving Best Evidence.
  3. Referral for Early Help
  4. Arrange follow up strategy discussion:
     1. If the strategy discussion concludes that a further strategy 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.
  5. No further action:
     1. When there are no safeguarding concerns this should be recorded with the reason why, for example where a sibling lives with, and is being adequately cared for by, another family member.
  6. It is possible to choose more than one outcome of a strategy meeting.
  7. The plan made at the strategy discussion should reflect the requirement to convene an initial child protection conference within 15 working days of the strategy discussion at which it was decided to initiate the enquiry (if there were more than one strategy meetings).

## Recording Strategy Discussions

* 1. The strategy discussion record should reflect the discussions above.
  2. The Chair of the strategy meeting must ensure that:
     + - * A list of action points is drawn up each with agreed next steps (the safety plan), an agreed timescale and the identity of the person responsible for carrying it out;
         * Ensure the child’s file is updated immediately to reflect the agreed actions to be undertaken with clear timescales
         * A clear record of the meeting is made and uploaded to the child’s file within one working day of the meeting being held. and circulated to all those present and all those with responsibility for an action point(s)
  3. The LCS Strategy Discussion pathway is initiated and completed by the Chair and signed off by the Chair.

# Section 47 enquiries

## Purpose of Section 47 Enquiries

* 1. A Section 47 enquiry is a child protection enquiry combined with a child and family assessment undertaken to assess the risks to a child(ren) and to decide whether and what type of action is required to safeguard and promote the welfare of a child who is suspected of, or likely to be, suffering significant harm.
  2. It should be completed within 15 days of the strategy discussion but where concerns are high and an Initial Child Protection Conference and/or legal planning have been decided, it should be completed within **5 days within timeframes set by the strategy discussion.**
  3. All Section 47 Enquiries must be undertaken by qualified experienced social workers
  4. The allocated Social Worker should:
     + - * Obtain clear, detailed information about the concerns, suspicion or allegation;
         * Review the social care known history or has been a previous Section 47 Enquiry or Child Protection Plan;
         * Obtain history and background information including accessing relevant agency case records;
         * Undertake any necessary emergency action to protect the child and ensure agreed safety planning is endorsed by the Team manager.
         * Undertake agency checks with all agencies that are involved with the child and family
         * Involve the parents and other family members as appropriate and agree with the manager if parental agreement is to be sought prior to undertaking agency checks, recording the decision
         * Identify significant adults including frequent visitors to the household and understand their involvement with the child(ren);
         * Direct work with the child to ensure an understanding of the child’s experiences of care. (see below)
  5. Generally consent is sought from parents prior to seeking such information, but managers may authorise 'checks' to be completed without such permission if:
     + - * Seeking permission is likely to increase the risk to children concerned or other individuals;
         * A request for permission has been refused, the reason for refusal considered and sufficient professional concern remains to justify disclosure;
         * Seeking permission is likely to impede a criminal investigation.
  6. Exceptionally a joint enquiry/investigation team may need to speak to a suspected child victim without the knowledge of the parent or caregiver. Relevant circumstances would include the possibility that a child would be threatened or otherwise coerced into silence, a strong likelihood that important evidence would be destroyed or that the child in question did not wish the parent to be involved at that stage and is competent to make that decision.
  7. The child should be seen within 24 hours.
  8. The child should be seen alone with the following exceptions:
     + - * An unborn child
         * A pre-verbal or young child
         * A child who presents dangerous or challenging behaviour
         * A child whose additional needs or disabilities means it would be too distressing for them to engage with a 1:1 with the social worker.
         * A child refusing to be seen alone
         * A child in secure accommodation who cannot be seen alone
  9. If the child has not been seen alone, the reasons why not should be recorded clearly within the investigation.
  10. Section 47 enquiries should always be carried out in such a way as to minimize distress to the child, and to ensure that families are treated sensitively and with respect. Local Authority’s children's social care should explain the purpose and outcome of s47 enquiries to the parents and child/ren (having regard to age and understanding) and be prepared to answer questions openly, unless to do so would affect the safety and welfare of the child.
  11. Due consideration must be given to the capacity of the parents to understand this information in a situation of significant anxiety and stress.
  12. Consideration must be given to those for whom English is not their first language or who may have a physical / sensory / learning disability and may need the services of an appropriate interpreter/advoacte.
  13. Factors such as race, culture, religion, gender and sexuality together with issues arising from disability and health are taken into account.
  14. Parents should be provided with an early opportunity to explain their perception of the concerns, recognising that there may be alternative accounts and discrepancies.

## Communicating with the Child

* 1. All children within the household must be directly communicated with during a Section 47 Enquiry. Those who are the focus of concern should always be seen and communicated with alone by the Lead Social Worker.
  2. The Record of Section 47 Enquiry should include the date(s) when the child was seen alone by the Lead Social Worker and, if not seen alone, who was present and the reasons for their presence.
  3. The objectives in seeing the child are to:
     + - * Record and evaluate her/his appearance, demeanour, mood state and behaviour
         * Hear the child's account of allegations or concerns
         * Observe and record interactions of child and her/his carers
         * See and record the circumstances in which the child is currently living and sleeping and, if different, her/his ordinary residence
         * Evaluate the physical safety of the environment including the storage of hazardous substances e.g. bleach, drugs
         * Ensure that any other children who need to be seen are identified
         * Assess the degree of risk and possible need for protective action
         * Meet the child's needs for information and re-assurance.

## Missing or inaccessible children

* 1. If the whereabouts of a child subject to s47 enquiries are unknown and cannot be ascertained by the LA children's social care social worker, the following action must be taken within 24 hours:
     + - * A further strategy meeting / discussion with police
         * Agreement reached with the Head of Service responsible as to what further action is required to locate and see the child and carry out the enquiry.
  2. If access to a child is refused or obstructed, the strategy meeting should be reconvened and consideration to include legal representation, to develop a plan to locate or access the child/ren and progress the s47 enquiry.

## Recording of Section 47 Enquiries

* 1. A Section 47 enquiry is carried out by completing a single assessment. However to ensure that initial child protection conferences take place in a timely manner when required a S47 outcome form should be completed
     + - * The reason why a S47 investigation has been carried out and robust review of child’s care
         * Dates of visits to the child and their family, and if the child was seen alone.
         * A record of other professionals who have contributed to the investigation and those that have not.
         * The report should include the outcome of actions from the strategy discussion.
         * The analysis at the end of the assessment should identify current concerns, harm, danger and complicating factors along with the impact these aspects have on the child’s care; and include the views of other professionals known to the child
         * The analysis at the end of the assessment should identify, strengths and safety, and include the views of other professionals, parents and wider family members involved in the child’s life/care.
         * The conclusion should inform threshold based on the evidence obtained, impact on the child and inform next steps/actions
         * Outcomes and care planning focuses steps should be identified
         * Next steps for both professionals and the family should be identified
         * An immediate safety plan should be agreed and recorded to ensure immediate response to risk and clear expectations of acre is shared with all persons caring for the child. This should include a record of when the social worker will visit the child.

## Outcome of the S47

* 1. Prior to making their recommendations, the Team Manager should ensure that:
     + - * All actions identified at the strategy discussion have been completed
         * The child has been seen, and a narrative of the child’s care is available.
         * Police and relevant agency checks have been completed
         * The analysis is completed and reflects the current risks and needs of the child.
  2. The Head of Service decision should record whether the outcome is:
     + - * Concerns of significant harm substantiated & the child is judged to be suffering or likely to suffer enduring significant harm – progress to ICPC is agreed
         * Concerns of significant harm are not substantiated – continue with single assessment with parental consent
  3. The responsible manager should sign and date the record