Operational Guidance for strategy discussions in Northamptonshire.

September 2016

Operational arrangements between Northamptonshire Police and Northamptonshire Safeguarding, Care Planning and Looked after Children Services

Revised version September 2016

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**Introduction:**

This document will guide you through the process of arranging, chairing and recording a strategy discussion. Each section will clarify the process and expectations and assist you in ensuring timely and robust strategy discussions take place. Within the guidance the arrangements made by Northamptonshire County Council and Northamptonshire Police to ensure; full compliance with the national and local guidelines practice standards; timely and effective interventions with children, young people and families in order to safeguard those who are at risk of or who have suffered significant harm and action against those who have or intent on abusing children and young people.

For a better understanding and to enable an appropriate response from the both agencies the following terminology will be used:

1. URGENT Strategy Discussions**.** The following have been agreed as circumstances meeting the threshold for URGENT Strategy discussions:
* A clear allegation of sexual abuse;
* Any injury to a non-mobile baby or child;
* Alleged or suspected serious physical injury to a child;
* Injury/treatment is sadistic/brutal (i.e. pain/distress caused deliberately and giving the adult satisfaction);
* Domestic violence where the child has been injured, even if inadvertently;
* Children home alone
* Domestic violence during pregnancy - physical assault to mother
* Children who have been missing for over 24 hours or more than three times in 90 days. Social Workers should use their professional judgement in relation to the timing for children missing for more than three occasion.
* Children who have been sexually exploited.
1. Strategy Discussions apply to cases that do not require immediate protection of the children, i.e. cases that need escalation to ICPC; a culmination of concerns meaning the allocated worker wants to progress to S47 and likely to be single agency S47 enquiry.

**Legislation and NSCB procedures:**

Working Together to Safeguard Children (March 2015) outlines the Local authority’s duty to organise a strategy meeting/discussion involving key partners: children’s social care (including the fostering service, if the child is looked after), the police, health and other bodies such as the referring agency to decide ‘whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm’. This discussion/meeting may be following a Referral and [Single Assessment](http://www.proceduresonline.com/resources/keywords_online/nat_key/keywords/initial_assessment.html) or at any time during an assessment/ intervention if concerns about Significant Harm to a child emerge.

Where there is more than one Strategy Discussion/Meeting, care must be taken to monitor the time frames involved 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. Working Together 2015 states that the ‘strategy discussion’ may be a series of discussions involving various agencies.

 Where an [Initial Child Protection Conference](http://www.proceduresonline.com/resources/keywords_online/nat_key/keywords/init_chi_prot_conf.html) is to be convened this must take place within 15 working days of the Strategy Discussion that agreed the need for a child protection investigation (Section 47 of the Children Act 1989) to begin.

Northamptonshire Safeguarding Children Board outlines in its procedures the expectation for the strategy discussions/ meetings to be quorate and they should, as a minimum, include representatives from Children Social Care (the social worker and their manager), Health and Police. 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 (depending on age of the child/ren).
* Other relevant professionals.

All attendees should be sufficiently senior to make decisions on behalf of their agencies. Where required, a legal adviser should be invited or legal advice sought to inform the Strategy Discussion. The names, roles and agencies of all professionals in attendance and/or consulted need to be clearly recorded within the Strategy Discussion record.

1) Live Section 47 Enquiries (Flowchart A)

**Children’s Services Responsibilities**

Request for Strategy Meeting using the agreed template (please see appendix A) send to PVPReferralunit@northants.pnn.police.uk

* In the Subject Line please title “ **URGENT S47 ENQUIRY**”

(Please note it can take between 5 to 20 minutes for the email to reach the PVP referral unit.)

* The police should then contact you within the first hour.
* If you do not hear from police within the hour ring DS Sue Robb on 345458 or

DS Vashti Berry on 343260

* If you have not heard from the police within the hour or cannot contact them on the telephone please contact Admin Support on: 101 Extn 347355 advising of the referral.

**Police’s responsibilities:**

* Referral Unit Screener forwards the case to the Duty/available Detective Sergeant.
* DS contacts the relevant TM/PM within an hour from the request for the initial discussion.
* Undertake the relevant research.

**NOTE:** Please give a contact number you are available on to take the call from police within the hour.

**Flowchart A**

**Live Section 47 Enquiries**

Request for Strategy meeting via E-mail made to:

PVPReferralunit@northamptonshire.pnn.police.uk

Using the title: **Urgent S47 Enquiry**

If you don’t hear from police within the hour

Contact: DS Sue Robb on 101 Extn 345458 or

DS Vashti Berry on 101 Extn 343260

Contact Admin Support on 101 Extn 347355 if the police are not contactable who will escalate to the Service Manager in MASH.

Strategy meeting held (to include Health representative and other relevant professionals. Initial actions agreed

Minutes of Strategy meeting to be shared by the Police/Team manager with all relevant professionals in attendance within 24 hours.

1. **Strategy discussion (Flowchart B)**

Children’s Services:

* Request for strategy discussion using the agreed template (please see appendix A) sent to PVPReferralUnit@northants.pnn.police.uk with the agreed title ‘strategy discussion’
* TM/PM to book the next slot available using the Strategy Meeting outlook calendar
* TM/PM Arrange for other relevant professionals to be available for the strategy discussion via conference call:

**Telephone Number: 0203 4639741**

**Passcode: 76 52 87 15 then #**

Police:

* Undertake the relevant research
* Be available on Mondays, Wednesdays and Fridays to attend conference calls between 10 am and 11:30 am

The following arrangements have been agreed:

* Cases referred on Mondays and Tuesdays until 4 pm will be discussed on the next Wednesday
* Cases referred on Wednesdays and Thursdays by 4 pm will be discussed on the following Friday
* Cases referred on Fridays will be discussed on the following Monday

|  |  |  |
| --- | --- | --- |
| Mondays | Wednesdays | Fridays  |
| Cases referred previous Friday by 4 pm  | Cases referred previous Monday and Tuesday by 4 pm  | Cases referred previous Wednesday and Thursday by 4 pm |

|  |  |
| --- | --- |
|  | Social Care |
|  | Police |

**Flowchart B**

**Strategy Discussion**

**On the scheduled time TM/SW/PM and other professionals to contact Police using conference call facilities.**

**Minutes of strategy discussion to be shared by the Practice/Team Manager with all relevant partners within 24 hours.**

**Request for strategy discussion via**

**E-mail to** **PVP.ReferralUnit@northants.pnn.police.uk** **using the title ‘Strategy discussion’**

**Police to undertake relevant research enquiries**

**TM/PM books the next available slot in Strategy Meeting calendar.**

**NB: other agencies to be invited to this** **strategy meeting.**

Booking a Conference call strategy discussion

* It has been agreed for 15 minute slots to be allocated for each Strategy meeting. If the circumstances around the children are complex, the TM/PM to highlight in their strategy requests the need for a longer slot to discuss this family.
* All outlook appointment should include: Surname of children; PM/TM contact details (i.e. 10:00- 10:15 Bond children/ Team Manager: Angelina Jolie (01604 123456)
* To ensure appropriate use of Police diary time, TM/PM need to ensure that **the next available** slots are booked in the calendar.

Conference calls

* To prevent potential data breach, each strategy discussion will be named using the N number of the children (i.e. N146782). TM/PM needs to ensure they join the appropriate meeting.
* It is acknowledged that at time meetings could run over than the agreed time. If this is the case an email will be sent to the TM/PM advising of a potential delay.

**Agenda for strategy discussions**

|  |  |
| --- | --- |
| 1 | Introductions and apologies (if it is not quorate please state why) |
| 2 | Reason for strategy discussion  |
| 3 | Summary of information from each agency- including history of involvement.  |
| 4 | Assessment of the information, consider risks and vulnerabilities of each child.  |
| 5 | Consider how the child’s wishes and feelings are to be ascertained. For example if they need an interpreter, or an advocate during interview and where this might take place.  |
| 6 | Consider the needs of other children in the family or other children who may be affected. For example, other children the perpetrator might come into contact with or live with.  |
| 7 | Actions to safeguard, including timescales, consider medical assessment and ABE interview if necessary. Date to be set if there needs to be a review.  |
| 8 | Rationale for the decision, including if this is joint or single s47 enquiry and detail who will undertake this.  |

**STRATEGY MEETING ACTION PLAN SUMMARY**

**AGREED ACTION PLAN IN RESPECT OF:**

**NAME CHILD ID**

**ADDRESS**

**DOB**

**MEETING DATE MEETING TIME**

**MEETING VENUE**

**IN ATTENDANCE:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Organisation** | **Signature** |
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**PRESENTING ISSUE:**

**AGREED ACTION PLAN**

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| --- | --- | --- |
| **Action (with timescale)** | **Completion by** | **Signature** |
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**Notes:**

**Following any strategy discussion or meeting, a list of action points, timescales, agreed roles and responsibilities and an agreed mechanism for reviewing completion of the action points must be recorded using the “Record of Strategy Discussion” on Care First (LSCBN procedures). This document is not a substitute for the full record of the strategy discussion or meeting, which must be circulated to all participants within one working day.**

**This document is to be used to summarise actions agreed from strategy meetings. A copy should be provided to all participating agencies at the conclusion of the meeting, and retained in agency records.**

**Recording strategy discussions:**

When recording strategy discussions on Care first the following format and wording should be used.

1. Purpose:

**The paragraph below should be copied into ‘Purpose of Assessment / Strategy / S47’ in strategy discussion document**.

Working Together to Safeguard Children (March 2015) highlights the duty of the Local authority to organise a strategy meeting involving children’s social care (including the fostering service, if the child is looked after), the police, health and other bodies such as the referring agency ‘whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm;

Local authority children’s social care has a duty to convene a strategy discussion to determine the child’s welfare and plan future intervention. The discussion should be used to:

• share available information;

• agree the conduct and timing of any criminal investigation; and

• decide whether enquiries under section 47 of the Children Act 1989 should be undertaken.

1. For consideration:
2. Medicals:

At the Strategy Discussion/Meeting, the need for a medical assessment must be considered. Where an assessment is required for any individual child, consideration should also be given to assessment of siblings. Any decisions made regarding medical assessments should be recorded.

If the strategy discussion concludes that an assessment of suspected physical abuse or neglect is required, the paediatrician on call for the child protection medical assessment service should be consulted to agree the timing and arrangements for the assessment (including arrangements for obtaining informed consent

In the case of suspected sexual abuse, the guidance in the Northamptonshire SARC (Child Sexual Abuse Care Pathway), ensuring appropriate involvement in the discussion of the Police, Children's Social Care, Forensic Physician and Paediatrician in planning the assessment, should be followed. If the paediatrician is not available at the time of the discussion, the Forensic Physician will contact the Paediatrician to share strategy discussion information and to plan the assessment;

1. Agreeing 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**](http://trixresources.proceduresonline.com/nat_key/keywords/achieving_best_evidence.html) guidance;
2. Deciding whether a single agency or a joint enquiry/investigation is required;
3. Agreeing when the child will be seen alone by the Lead social worker (unless that is inappropriate for the child);

Below, it is an example of action plans to be used

* It is agreed for a Joint/Single section 47 enquiry to be initiated to ensure that appropriate and proportionate  actions are taken by the multiagency group to safeguard and promote the welfare of the child/ren;
* Child  A to be seen alone (with consent) and spoken to by the Social Worker and Police officer today (INSERT DATE) in order for his/her views to be obtained and inform future planning; please assess the CHILD A and siblings’ understanding of their situation , relationships and circumstances more broadly. Based on child A and siblings’ age and level of understanding ‘Strengthening practice’ tools to be used (i.e. ‘three houses’) *Note:  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*. (NB if visit not to take place on today’s date, give a reason why).
* Following consultation with the On Call Community Paediatrician   (NAME) it is agreed that a Child Protection Medical assessment **is required** and has been arranged for DATE. (Consideration to be given to logistics – who will take the child for his medical?).
* Consideration to be given to achieving best Evidence Interview being completed with the Child A. If appropriate, follow the guidance set out in Achieving Best Evidence in Criminal Proceedings on interviewing victims and witnesses, and guidance on using special measures (Ministry of Justice, 2011).
* Social worker/ Police to interview parents and/or caregivers on DATE and determine the wider social and environmental factors that might have impact on them and child.
* Section 47 Record Outcome to be completed by the Social Worker by day 3
* Single assessment to be undertaken with the family as part of the current enquiry and management oversight to be completed at appropriate checkpoints. The following Strengthening practice tools to be used (EXAMPLES).
* All professionals involved with the child/family to contribute to the assessment and provide information about the child/ family.
* Genogram to be updated and uploaded in Care Store by transfer date.
* Chronology to be updated and updated in Care Store by transfer date.
* ABE interview is not required because.... Paediatric assessment is not required because.........

Additional actions to consider:

* Arrangements to be made for the child to be seen and spoken to without the knowledge of the parent (ONLY ON JOINT INVESTIGATION).
* Professionals felt that consideration should be given to initiating a Child Protection Conference and the Social Worker should complete the ‘conference convening request’ by DATE.
* Any immediate action required: i.e. Parent to move out of the family home; parent & children moving to alternative address etc. Immediate safeguards for that evening
* Legal advice to be sought DATE to ensure the Local Authority’s legal options are explored in order to safeguard the child.
* In cases where information indicates a history of violence and threatening behaviour by the parents towards professionals, considering the risks to the child/children and to staff, determining a strategy for managing the risk and agreeing joint action as appropriate.

NB: when a decision is made for a medical assessment not to be pursued – this needs to be evidenced and reflective of the medical advice given. i.e. Following consultation with the On Call Community Paediatrician   (NAME) it is agreed that a Child Protection Medical assessment is not required due to EXPLANATION (historic abuse etc.).

Unaccompanied Asylum Seeking Children

MASH will add the initial contact and referral with an outcome of single assessment assigned to the UASC team. Prompt referral must be made to the LAC- UASC service and consideration at an early stage as to whether a strategy meeting is needed if it is believed the child has suffered or is likely to suffer significant harm.

Actions to be taken in respect of UASC claiming or believed to be under 18 years. (These actions should be taken by the EDT if the young person presents out of office hours)

1. Two Social Workers to see the person in custody to assess the reliability of the person’s stated age in order to determine the next actions. This is a screening exercise and is not an age assessment as this cannot occur in a Police Building nor until at least 24 hours after they have settled in suitable accommodation.
2. If the person in custody is considered to be under the age of 18, a placement will be required and consideration to the approximate age of this person. This must be fully recorded on Care First. In order to organise a placement a discussion with the appropriate Service Manager should be undertaken and permission given by the Strategic Manager to agree to S20 accommodation and to seek authorisation for a placement.
3. Duty Social Worker to ensure that Section 20 paperwork is completed and signed by Service Manager.
4. Duty Social Worker to complete placement request form on the day and send to placements. Telephone call to placements to advise of the request.
5. Duty Social Worker to complete the Care First Placement Information Record on the day to take to placement and this can be updated at a later date when more information is known
6. UASC Practice Manager to consider whether the young person should be referred to the national transfer scheme and make referral as appropriate
7. UASC Social Worker to organise a placement planning meeting within 72 hours.
8. UASC Social Worker to complete Single Assessment if the child is remaining in the care of Northamptonshire County Council.
9. Social Worker to book an appointment for New admissions and Legal Planning Meeting if the child is remaining in the care of Northamptonshire County Council
10. In cases where the person in custody is considered to be over the age of 18 the requisite letter to the UK Visa and Immigration department should be completed and arrangements made with UKVI for them to assume responsibility for the young person. This template letter has been disseminated to all staff and this will need to be completed and emailed to Peterborough Immigration Centre.