

Gloucestershire Safeguarding Children Partnership Strategy Discussion Guidance

2023

Gloucestershire's Strategy Discussion guidance has been written to provide clarity for professionals across the Partnership to ensure safeguarding practice is responsive, timely and of good quality, to ensure professionals from different disciplines know what is expected of them and others and contribute to the planning for children to ensure children are safeguarded.

Gloucestershire Safeguarding Children Partnership



Strategy Discussion Guidance

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Document Revision Table

Revision	Date	Comment
1.0	11 th May 2023	Guidance reviewed by the GSCP Management Group for approval for sign off by the GSCP Executive, committing all agencies to this guidance. Executive Sign Off 2 nd June 2023
1.1	29 th June 2023	Edited to reflect proposed CP Medical Guidance document and Complex Abuse Guidance Document. Approved by the GSCP Management Group

Introduction

The learning from Gloucestershire's rapid reviews¹, local safeguarding children practice reviews² and National reviews³ is very clear that strategy discussions provide a key decision and information sharing forum that is central to a successful and robust safeguarding system for children.

Gloucestershire's Strategy Discussion guidance has been written to provide clarity for professionals across the Partnership to ensure safeguarding practice is responsive, timely and of good quality, to ensure professionals from different disciplines know what is expected of them and others and contribute to the planning for children to ensure children are safeguarded.

This guidance will refer to Strategy Discussions which can be a telephone discussion, a series of telephone discussions, a virtual meeting or a face-to-face meeting. The individual circumstances for each child will determine the most appropriate method of holding a Strategy Discussion.

What is a Strategy Discussion⁴?

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, for any child living or found in Gloucestershire, in order to determine the child's welfare and plan rapid future action.

A Strategy Discussion should be used to:

- Share available relevant information.
- Agree the conduct and details of any criminal investigation (including timescales).
- Decide whether an assessment under [s47 of the Children Act 1989](#) (s47 enquiry) should be initiated. If a s47 enquiry is already in place then the assessment and the action points, previously identified need to be considered.
- Plan how the s47 enquiry should be undertaken (if one is to be initiated), including the need for medical assessment and treatment, identify who will carry out what actions, by when and for what purpose and whether a social media search should be conducted.
- Agree what action is required immediately to safeguard and promote the welfare of 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 what information from the Strategy Discussion will be shared with the family, unless such information sharing may place a child at increased risk of significant harm or jeopardise Police investigations into any alleged offence/s.
- Determine if legal action is required.

¹ GSCP Rapid Reviews

² LSCPR

³ Star and Arthur Report

⁴ Working Together to Safeguard Children

Additional points include:

- Agreeing, or reviewing how the assessment under [s47 of the Children Act 1989](#) will be carried out, what further information is required about the child/ren and family and how it should be obtained and recorded.
- Agreeing who should be interviewed, by whom, for what purpose and when. The way in which interviews are conducted can play a significant part in minimising any distress caused to children, and in increasing the likelihood of maintaining constructive working relationships with families when a criminal offence may have been committed against a child, the timing and handling of interviews with victims, their families and witnesses can have important implications for the collection and preservation of evidence.
- Agreeing, in particular, when the child will be seen alone (unless to do so would be inappropriate for the child) by the social worker during the course of these enquiries and the methods by which the child's wishes and feelings will be ascertained and recorded that they can be taken into account when making decisions under section 47 of the Children Act 1989.
- The race, ethnicity, culture and religion of the child and family, considering how these should be taken into account and establishing whether an interpreter will be required; and
- Considering the needs of other children who may be affected (e.g. siblings and other children, such as those living in the same establishment, in contact with alleged abusers, subject to the same extra familial risk).

Strategy Discussions by telephone will usually be adequate to plan an enquiry, but virtual face to face meetings may be more effective where:

- There is concern that the child is suffering complex types of neglect or maltreatment (see [Fabricated or Induced Illness / Perplexing Presentations and Organised and Complex Abuse](#)).
- There is an allegation that a child has abused another child – holding separate strategy discussions for both children should be considered (see [Harmful Sexual Behaviour](#)).
- There are concerns about extra familial risk (see [Child sexual exploitation](#) and [Child Criminal Exploitation](#)).
- There are ongoing, cumulative concerns about the child's welfare and there is a need to share concerns and agree a course of action.
- There are concerns about the future risk of harm to an unborn child.

This list is not exhaustive.

More than one Strategy Discussion may be required, for example upon the receipt of new information. Reconvening a Strategy Discussion should not be a routine process and, if reconvened, there should be a clear rationale for doing so. When more than one Strategy Discussion is necessary, the reconvened discussion should take place in a timely manner. Attendance requirements are the same as for the first Strategy Discussion.

Who should attend the strategy discussion?

The Strategy Discussion should be co-ordinated and chaired by the Local Authority Children's Social Care first line manager.

The Strategy Discussion should, as a minimum, involve local authority children's social care, the police and relevant health professionals ([Working Together 2018](#)). The referring agency, together with other relevant agencies, may also be invited so long as this will not result in any undue delay. For a child in care this should include their foster carer or residential care worker. If the child is of school age then a representative from the school should be included in the strategy discussion. If the child is of pre-school/nursery or college age then an appropriate representative should be contacted (MASH Education can assist in identifying the appropriate contact if needed). Any decision to proceed without representation should be clearly recorded in the minutes of the Strategy Discussion.

If the child is not currently on a school roll (i.e. electively home educated, or in receipt of an EHCP exceptional needs package) then the relevant GCC Education Officer should be liaised with for information. In these situations, MASH Education can assist in identifying and contacting the relevant EHE officer or EHCP caseworker if not known.

The core agencies (children's social care, police, and health) must make arrangements to ensure that they will have staff available to attend strategy meetings at short notice. If one of the core agencies or another significant agency, for example the school, is unable to provide a representative to attend a strategy discussion, and the circumstances of the child are such that a delay would increase the risk of significant harm or impede the investigation of the allegations of significant harm, then the Strategy Discussion may proceed in the absence of that agency representative. However, information should be sought from that agency as soon as possible following the strategy discussion and the reason why that agency was unable to provide a representative together with the nature of the urgency recorded in the minutes of the discussion.

Where the concerns that led to the need for a Strategy Discussion have significant medical implications, a paediatric examination has taken place or a paediatric examination may be necessary, a paediatrician should always be included.

The Integrated Care Board should ensure that arrangements are coordinated across primary, secondary and tertiary health services in their area so that the most appropriate health representative can be identified and invited to attend Strategy Discussions.

In some cases, there may be a need to convene a further Strategy Discussion to consider the contribution of any agency that was unable to attend the original discussion. Alternatively, there will be some safeguarding situations where purposeful delay to the Strategy Discussion to ensure full agency attendance is required. The rationale for these decisions needs to be recorded on the child's case file.

A professional may need to be included in the Strategy Discussion who is not involved with the child, but who can contribute expertise relevant to the particular form of abuse or neglect in the case.

Professionals participating in Strategy Discussions must have all their agency's relevant information relating to the child to be able to contribute it to the discussion and must be sufficiently senior to make decisions on behalf of their agencies.

Timescales of holding a Strategy Discussion

Strategy Discussions should be convened within two working days of child protection concerns being identified, except in the following circumstances:

- For allegations/concerns indicating a serious risk of harm to the child (e.g. serious physical injury or serious neglect) the Strategy Discussion should be held on the same day as the receipt of the referral;
- For allegations of penetrative sexual abuse, the Strategy 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 Discussion must be held within one working day;
- Where the concerns are particularly complex (e.g. organised abuse/allegations against staff) the Strategy 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. (see [Organised and Complex Abuse investigations](#)).

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 Discussion).

If the conclusion of the Strategy Discussion is that there is no cause to pursue the s47 enquiry, then consideration should be given to continuing the multi-agency assessment to establish the needs of the child for any early help or family support services as a child in need.

Communication between agencies, for example the Police and Children’s Social Care, should continue throughout the Section 47 investigation and throughout any subsequent Police investigation. This is essential to ensure all agencies are informed as necessary regarding risks and timescales etc.

Recording of Strategy Discussions

It is the responsibility of the Chair of the Strategy Discussion to ensure that the decisions and agreed actions are fully recorded. All agencies attending should take notes of the actions agreed at the time of the discussion and record relevant information on their own agencies information system.

A copy of the record should be shared with all of the invited attendees, including those who could not attend, as soon as practicable by Local Authority Children's Social Care (within 48 hrs).

Initiating a s47 Enquiry

Local Authority Children's Social Care is the lead agency for child protection enquiries and the Local Authority Children's Social Care manager has responsibility for authorising a s47 enquiry following a Strategy Discussion.

A s47 enquiry may run concurrently with Police investigations. When a joint enquiry takes place, the Police have the lead for the criminal investigation (see section below on Single/Joint investigation) and Local Authority Children's Social Care have the lead for the s47 enquiries and the child's welfare. Both agencies are responsible for sharing on going updated information which is likely to impact on sole agency investigations. This should include changes in points of contact and nominated workers etc.

Single Agency or Joint Agency Enquiry or Investigation

The Strategy Discussion will need to determine if a single or joint agency investigation is required.

Single Agency investigation – Gloucestershire Children’s Social Care

A single agency investigation is likely to be agreed in the following circumstances

- Purely *Emotional Abuse* without any apparent physical indicators
- *Physical Abuse* resulting in minimal or no injury (except pre-mobile babies)
- Minor or periodic *Neglect* insufficient to justify prosecution
- Indirect suspicions of *Sexual Abuse*
- Inappropriate sexualised behaviour of a child
- Where a Risk to a Child Offender moves into a household but no allegations are made

Whenever a s47 enquiry is initiated, even when there has been a recent assessment, the Local Authority children's social worker must consult with their manager about how and when to inform the family of the cause for concern unless to do so would place the child at risk of significant harm.

The social worker, together with their manager, must decide whether to seek parental permission to undertake multi-agency checks.

If the manager decides not to seek permission, they must record the rationale, e.g. it is considered prejudicial to the child's welfare or that there is serious concern about the behaviours of the adult or concern that the child would be at risk of further significant harm.

Where permission is sought from parents and carers and this is denied, the manager must determine whether to proceed, and record the rationale for the decision they make.

The social worker must contact the other agencies involved with the child to inform them that a child protection enquiry has been initiated and to seek their views. The checks should be undertaken directly with involved professionals and not through messages with intermediaries for example reception or administrative staff.

The relevant agency should be informed of the reason for the enquiry, whether or not parental consent has been obtained and ask for their assessment of the child in the light of information presented.

Agency checks should include accessing any relevant information that may be held in one or more other countries. Practice guidance is available for social workers working on child protection cases and care orders, where the child has links to a foreign country in [Cross-border Child Protection Cases: The 1996 Hague Convention \(PDF\)](#).

Single Agency Investigation – Gloucestershire Police

Police single agency investigations are usually appropriate when

- they relate to the historical allegation of an adult who experienced abuse as a child or
- the alleged offender is not known to the child or the child's family and does not have access to any other child. In these situations Gloucestershire Police should consider informing Gloucestershire Social Care and serious consideration must be given to assessing the child victims needs and well-being.

The primary responsibility of police officers is to undertake criminal investigations of suspected or actual crime and to inform Local Authority Children's Social Care when they are undertaking such investigations, and keep them updated throughout, and where appropriate to notify the Designated Officer (formerly known as LADO).

Joint Agency Investigations – Gloucestershire Police and Children’s Social Care

The Police and Local Authority Children's Social Care must co-ordinate their activities to ensure the parallel process of a s47 enquiry and a criminal investigation is undertaken in the best interests of the child. This should primarily be achieved through joint activity and planning at Strategy Discussions.

At the Strategy Discussion, the Police should share current and historical information with other services where it is necessary to do so to ensure the protection of a child.

The Police decision maker will make a decision, based on Police threshold policy and following checks and information sharing, on whether to initiate a criminal investigation.

The following matters will normally be investigated by the Police:

- All alleged sexual offences against children per Sexual Offences Act 2003 – unless the perpetrator is below the age of criminal responsibility
- Allegations of physical abuse amounting to offences of actual bodily harm (*s47 Offences Against the Person Act 1861*) and more serious assaults
- Allegations of serious neglect/cruelty
- Allegations and concerns involving minor offences where there are aggravating features
- Allegations or reasonable suspicions which involve unusual or specific circumstances e.g. organised or institutional abuse

Medical Assessments

When a Strategy Discussion has identified a potential need for a child protection medical assessment, the Child Protection Medical Process will be followed to book the appointment. .

In the context of a child protection investigation, the purpose of a medical assessment is to:

- Record any injuries, signs of neglect, or abuse for evidential purposes. This may include written accounts, body maps, clinical photographs and colposcopic images.
- Secure forensic evidence (the need for this may affect the timing of the medical and requires joint agreement between health professional and investigating police officer).
- Reassure the child about their physical well-being.
- Obtain an assessment about possible indication of abuse and neglect and views of history to mechanism of injury.
- Decide what, if any, clinical investigations need to be undertaken on the child/sibling to ascertain the cause of any findings.

Any outcome of a paediatric review or examination of the child or siblings, whether index case or sibling, must be shared with Police and Children’s Social Care as part of the s47 enquiry. A written report should be provided within 10 days or sooner if necessary.

In case of an acute sexual abuse disclosure/offence it is good practice to arrange an Achieving Best Interests (ABE) interview although at times this may not be practical prior to a forensic medical examination. The timing of the forensic medical examination, undertaken by Bridge (for child under 18yrs), should be agreed between the Police Senior Investigating Officer and the forensic medical

examiner, and when needed the consultant paediatrician. This should be agreed at the Strategy Discussion.

Any medical examination of a child under 16yrs, for the purposes of a child protection examination, requires the consent of an adult with parental responsibility. In the event that consent is withheld, Children's Social Care should seek legal advice.

Where injury or bruising has occurred on a non-mobile child, a multi-agency Strategy Discussion must be held in all situations ([GSCP injuries in non mobile infant protocol](#) and national panel guidance)

Involving Parents, Family Members and Children

Section 47 enquiries should always be carried out in such a way as to minimise distress to the child, and to ensure that families are treated sensitively and with respect. Local Authority 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.

The social worker has the prime responsibility to engage with family members. Parents and those with parental responsibility should be informed at the earliest opportunity of concerns, unless to do so would place the child at risk of significant harm, or undermine a criminal investigation.

The children, who are the focus of concern, must be seen alone, subject to their age and willingness, preferably with parental permission.

Children's Social Care and the Police should ensure that appropriate arrangements are in place to support the child through the Section 47 Enquiry. Specialist help may be needed if -

- The child's first language is not English.
- The child appears to have a degree of psychological and/or psychiatric disturbance but is deemed competent.
- The child has a physical/sensory/learning disability.
- Interviewers do not have adequate knowledge and understanding of the child's ethnic, faith or cultural background.
- Unusual abuse is suspected, including the use of photography or filming, in which case the method of interviewing the child might need to be revised.

It may be necessary to provide information to the child in stages and this must be taken into account in planning the Section 47 Enquiries.

Explanations given to the child must be brought up to date as the assessment and the enquiry progresses. In no circumstances should the child be left wondering what is happening and why.

If the whereabouts of a child subject to Section 47 Enquiries are unknown and cannot be ascertained by the social worker, the following action must be taken within 24 hours:

- A Strategy Discussion with the Police
- Agreement reached with the Children's Social Care manager responsible as to what further action is required to locate and see the child and carry out the enquiry.

If access to a child is refused or obstructed, the social worker, in consultation with their manager, should co-ordinate a Strategy Discussion and include legal advice, to develop a plan to locate or access the child/ren and progress the Section 47 Enquiry.

See also [Children and Families that go Missing, Children Missing from Care, Home and Education](#)

Dispute Resolution and Escalation Procedure

Difference of professional opinion and challenge should be welcomed as this forms part of a robust multi-agency safeguarding system.

If there is a difference of professional opinion relating to either the threshold to hold a Strategy Discussion, the outcome of a Strategy Discussion or outcome of the s47 enquiry then the Escalation Procedure should be followed. This involves a professional raising their concern with the professional where the difference exists and if unresolved, the line managers should talk directly to each other to find a suitable resolution. In cases where this difference of opinion cannot be resolved, then a Strategy Discussion should be held.

If an urgent response is needed then the identified key Strategy Discussion leads for each agency should come together to agree a way forward. These are for

Social Care – Head of Service with Strategy Discussion Lead or the Head of Service for MASH

Health – Head of Safeguarding for Gloucestershire Health and Care NHS Foundation Trust

Police – Police MASH Manager.

Out of hours discussions should include the EDT worker, the on call senior manager cover for EDT, a senior health practitioner and senior Police officer.

Delays in agencies ability to hold timely Strategy Discussions should be raised with the Strategy Discussion leads. If timeliness remains unresolved then the Gloucestershire Children's Safeguarding Partnership needs to be informed.

A **Strategy Discussion** should be held 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.

Agencies involved in a Strategy Discussion

SD's as a statutory requirement should include social care, police and health. Depending on the nature of the risk the following professionals should also be invited.

- Education / Nursery / College
- Probation
- Care provider
- Specialist agency
- Other known involved professional

In considering attendees, social care should consider the type of significant harm suspected, the immediacy of risk, level of involvement of other professionals.

Risk Assessment Principles

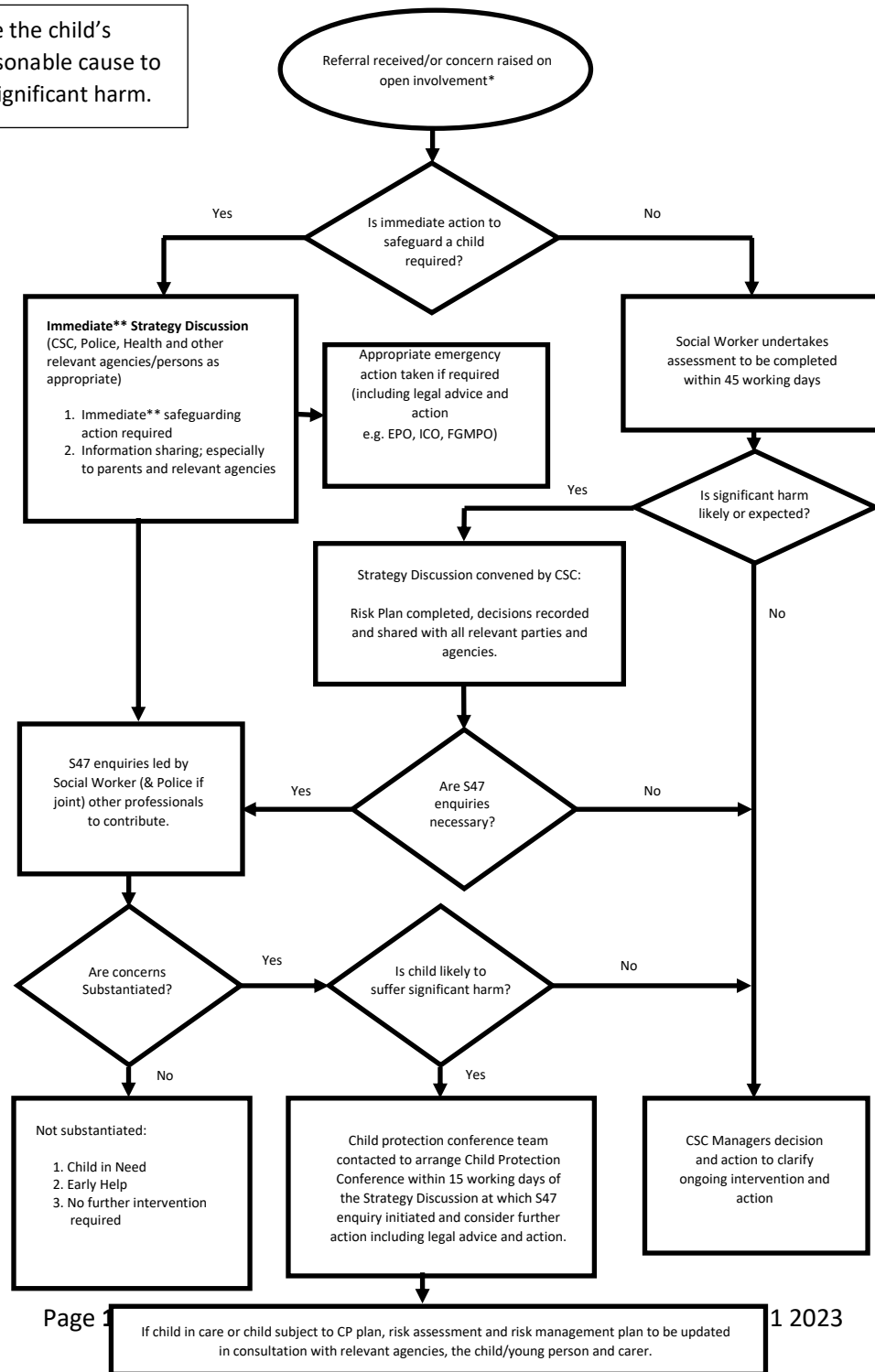
1. What harm are you most worried about?
2. If this happened what is the impact on the child?
3. What makes harm more or less likely?
4. What is needed to reduce harm?
5. When will this be reviewed?

Risk Review Principles

1. What harm were you worried about?
2. What has been done to reduce harm?
3. Has this improved life for the child?
4. What do you need to do now?
5. When will this be reviewed?

* If a child is a child in care, or is subject to a CP plan already and further concerns are identified then a new strategy discussion should be held.

** immediate action refers to same day action needed to safeguard and protect a child



Agenda

• Introduction and apologies; Clearly note if an individual has been invited and has attended, sent apologies or not responded.

Is the Strategy Discussion quorate?

- State and check details of family/household members; Names, Aliases; DoB; Addresses
 - Other children
 - Reason for and purpose of the strategy discussion;
 - Outline details of the causes of concern;
 - Relevant background information;
- Decisions (consider which of the following may be appropriate and provide analysis and reasoning behind the decision being made).
 - Take no further action; Commence s47 enquiries as part of a Single assessment;
 - Arrange for a police investigation;
 - Conduct a single assessment (s17 CA '89) for a child in need;
 - Convene a child protection conference;
 - Inform the local authority designated officer (if the alleged perpetrator is an adult in a position of trust over a child);
 - Make a referral to another agency i.e. 'early help'.
- Plan the investigation or enquiries; If a Child Protection medical assessment is not to be held clearly record the reasoning why this decision has been taken and whether medical advice was provided.
- Agree action plan (including the identity and timescale of the person responsible for each agreed action);
- Distribution of meeting notes: Invited Attendees; Child's GP (HV, Midwife, School nursing, other relevant health providers); DSL- education setting.