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Stoke-on-Trent Safeguarding Children Board

MANAGING INDIVIDUAL CASES STRATEGY DISCUSSION

Section C 03

Version 7
Date: OCT 2018
Review: OCT 2021

C 03 Strategy Discussion



Strategy Discussions

The relevant Local Authority Children's Social Care will convene a **strategy discussion** on open cases in order to clarify the information or circumstances of the referral and to:

- Share available information
- Agree the nature, scope and timing of any criminal investigation; and
- Decide whether enquiries under s47 of the Children Act 1989 should be undertaken / continued

As a minimum, the social worker and their manager, a health professional e.g. paediatrician on duty (acute services), named nurse (community services), midwife, health visitor and/or school nurse) and a police representative **should** be involved in the strategy discussion where they are available.

In all cases where a child protection medical examination may be required, the paediatrician on the child protection rota should be included in the strategy discussion.

There may well be a need for a wider strategy discussion or subsequent strategy discussion to incorporate other partner agencies including education and voluntary/commissioned services such as domestic abuse services.

The purpose of the strategy discussion will be to reach decisions in respect of subsequent activity:

- What further information is needed from which other professional agencies or carers, 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
- What action may be required to protect or support any other children.
- Whether legal action is required; in which case legal advice should be sought; and
- Whether a medical examination is needed and the arrangements for this (this will require discussion with the paediatrician and is equally pertinent for cases of child neglect as it is for cases of physical or sexual abuse).
- Determine what information about the strategy discussion will be shared with the family.

In undertaking the necessary assessment of risk and need the agencies involved in the strategy discussion will also need to consider the following variables to help with their decision making:

- The information received at the point of referral
- The seriousness of the concern(s)
- The combinations of concerns
- The repetition or duration of concern(s)
- The vulnerability of the child as a result of their age (this includes any bruising or injury on non-mobile children or babies under the age of 6 months old (please refer to the following **Joint LSCB policy and procedure when dealing with non-mobile babies: Staffordshire Section 3 D and 3Di Bruising in non-mobile babies / Stoke C10 Bruising in non-mobile babies and flow chart**)
- Their developmental stage, disability or other pre-disposing factor e.g. whether they are or have previously been a child in need / subject of a child protection plan / looked after by a Local Authority)
- The source of the concern(s)
- The accumulation of sufficient information (including historical)
- Whether another child in the parent / carer's current or previous household (including the parent themselves) is /or has been known to CSC services; has been the subject of a child protection plan / looked after/ or the subject of care proceedings
- Other children linked to the family but who reside elsewhere
- Check CSC records in relation to all linked adults/ children e.g. there may be more than one father/ mother linked to a sibling group
- The emotional environment of the child (especially in respect of high criticism / low warmth)
- Any predisposing risk indicators or risk factors in the family that may suggest an increased level of risk to the child e.g. domestic violence, substance misuse (alcohol and drugs); and/or mental health issues
- The impact on risk and need on the child's health and development
- Whether the child is estranged from, or cared away from their primary care givers;
- Consideration to the home, community and work circumstances of those suspected of having abused or neglected a child.
- Consideration as to whether any other agency or specialists need to be included within the strategy discussion (for example Ofsted regional inspectors should be included in the event of an alleged incident arising in an early years setting, or the hospital consultant if the child is or has recently been an in-patient or been assessed by them)
- There has been a previous unexpected death of a child whilst in the care of either parent where abuse /neglect is or was suspected; and
- Whether any further strategy discussions / meetings are required and the timescales for this.

All decisions reached and the rationale for those decisions, agreed actions with clear thresholds and updated outcomes will be clearly recorded and confidentially circulated by CSC within one working day to all parties involved in the discussion.

Strategy discussion / meeting principles

In all cases where there is reasonable cause to suspect that the child is suffering, or likely to suffer significant harm and there are grounds to initiate a s47 enquiry the following principles will apply:

- The child's case should be allocated on the same day as the referral.
- The assessment commences at the point that s47 enquiries are initiated. If the s47 decision follows a new referral, the assessment begins at the date the referral was received.
- Whilst this assessment is on-going there may be a requirement for protective action to be taken. This may include interventions such as a written agreement, child protection medical, an achieving best evidence interview, or the child being moved to a place of safety.
- If a strategy meeting is required it should be convened where possible the same day and within a maximum **72 working hours** at a convenient location. In many situations an immediate strategy meeting will be required to consider available information and the severity of risk and harm.

As a minimum all strategy discussions/meetings should include the social worker, team / practice manager, health and the police.

The strategy discussion will decide how soon the child will be seen. However in respect of child protection referrals the child should be seen within **24 hours** of the referral being received. Exceptions to this may be agreed via a strategy discussion where more planning may be needed, e.g. in cases of suspected fabricated illness, forced marriage, sexual exploitation, complex investigations, children living away from home; and young people in custody. Allegations of abuse made against a person who works with children, children with complex needs arising from a disability, children who display harmful sexual behaviour towards other children and any sudden or unexplained child deaths may also require more considered planning. Planning time should also be given for the consideration of particular cultural issues, including the use of interpreters and other advocates.

Information gathering should be completed in all cases. This includes open cases and cases where recent assessments have been completed. It should not be assumed that relevant information is already known. All agencies contacted should be clearly informed that their views are being sought as part of s47 enquiries.

The social worker will commence the process of information gathering (previously known as lateral checks) immediately following the referral. All information gathered will be recorded on the information gathering form.

Checks should include the following agencies:

- Local Authority (LA) Children's Social Care computer information systems (and any historical paper records)
- Police computer database information
- Primary healthcare staff including GPs, health visitors and school nurses as appropriate
- Other health care providers who may be involved as identified by primary healthcare staff.
- School, Local Authority Education services and early years providers as appropriate
- Probation service, including the Public Protection Unit where necessary
- CAFCASS (Child and Family Court Advisory and Support Service)
- Youth Offending Service
- Other service providers that are immediately apparent (such as housing providers and voluntary groups)
- Local Authority adult services if appropriate
- Other Local Authorities where appropriate e.g. parents who have previously lived in another Local Authority, and/or who have been the subject of a Child Protection in another authority
- Ministry of Defence (MOD) contacts if appropriate.

Once completed a record of the strategy discussion should then be shared by the social worker with all those involved (except parents/ carers)

An initial visit will be undertaken to see the child following the strategy discussion/meeting within the 24 hours at the strategy discussion/meeting.

The team/ practice manager will, in consultation with the social worker, set a target date for the completion of the assessment which will be determined by the strategy discussion/meeting, initial contact visit, severity of risk, the child's needs, child's views, presenting situation, background history and information provided by partner agencies. This target date for completion must clearly be recorded on an assessment key decision record.

Principles of Single/Joint Investigations

When considering a single or joint investigation the following factors should be considered:

- The child's views and wishes (if age appropriate) in respect of police involvement and issues of consent
- The age, needs and vulnerability of the child
- Is the child subject of, or previously been subject of, a child protection plan (this check to the database should be formally recorded)
- Whether the child is, or has been, looked after by the Local Authority
- Any previous history of injuries to the child or others in the household
- Any aggravating factors that demonstrate intent (e.g. strangulation)
- Whether a weapon was used

- Raised concerns from any agency
- Any predisposing factors about the alleged perpetrator, e.g. conviction history, alcohol/substance misuse and/or mental health issues
- Any history of domestic abuse and/or conflict around child contact arrangements
- The presence of any unusual circumstance, e.g. suspected complex abuse
- Information to indicate that any person in a household is a risk to children

There will be times after information sharing and discussion of the level of risk and need that the best interests of the child are served by a CSC led intervention rather than a joint investigation. This decision must always be clearly recorded.

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