

Local Practice Guidance – Strategy Meetings

Introduction

It is important that we are efficient in our approach to managing and recording strategy discussions and meetings. This template provides a basic structure that will ensure all key requirements of a strategy meeting/discussion are completed and our decisions are informed by legal framework, policy, and application of threshold.

Definition

Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, a strategy meeting/discussion should be held. Strategy discussions should ideally be face-to-face but telephone discussions (for example, by a conference call or virtual meeting) may be adequate in some circumstances.

Legal Threshold of Significant Harm

The Children Act 1989, Working Together to Safeguard Children 2023 and The Adoption and Children Act 2002 all provide definitions of 'significant harm'.

The Children Act 1989 encourages practitioners to consider the severity of ill-treatment which may include:

- The degree and extent of physical harm
- The duration and frequency of abuse/neglect
- The extent of premeditation
- The degree of threat and coercion
- The presence of any sexual motivation
- Any indication of sadistic, bizarre, or unusual element

Working Together to Safeguard Children 2023 refers to 'Children who need protecting may include those who experience harm in their own family and those who are harmed or exploited by others, including their peers, in their community and/or online. Suffering or being likely to suffer significant harm is the threshold for child protection enquiries and can take different forms, including sexual, physical, or emotional abuse, neglect, or domestic abuse (including controlling or coercive behaviour), exploitation by criminal gangs or organised crime groups, trafficking, online abuse, sexual exploitation, and the influences of extremism which could lead to radicalisation'.

Accountabilities

Professionals working across Walsall have a direct responsibility for children subject to safeguarding procedures and should therefore actively participate upon request to strategy discussions when it is deemed, they are best placed to provide clear, accurate and most current information.

Who attends a Strategy Meeting?

Strategy Meetings should be multi-agency as far as possible and should involve all key professionals known to, or involved with, the child and family. Local authority Children's Social Care, Health and the Police should always attend. If any of these professionals are not in attendance, then it cannot be recorded as a Strategy Meeting. Where the child is in hospital, the appropriate clinician should also be included. If there has been involvement from another authority, or healthcare trust please notify them and send invitations accordingly.

Education providers, including Early Years, must also be invited to attend where there are children that are in nursery or school. If there is a concern about Child Sexual Abuse, contact must be made with the Sexual Assault Referral Centre (SARC).

All attendees must be sufficiently senior to make decisions on behalf of their organisation and agencies. All members that are invited to a Strategy Meeting must attend prepared and are expected to contribute to decision making. Professionals working across Walsall have a direct responsibility for children subject to safeguarding procedures and should therefore actively participate upon request to strategy discussions when it is deemed that they are best placed to provide clear, accurate and most current information.

Department for Education (2023) requires that all professionals share appropriate information in a timely way and discuss any concerns about an individual child with colleagues and local authority Children's Social Care. Every professional, as well as their organisation, is required to fully participate for services to be effective. No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action. Furthermore, it is not safe for any professional to assume that another agency will pass on information that is significant to the safeguarding of a child.

Health Practitioners should:

- advise about the appropriateness or otherwise of medical assessments, and explain the benefits that arise from assessing previously unmanaged health matters that may be further evidence of neglect or maltreatment
- provide and co-ordinate any specific information from relevant practitioners regarding family health, maternity health, school health mental health, domestic abuse and violence, and substance misuse to assist strategy and decision making
- secure additional expert advice and support from named and/or designated professionals for more complex cases following preliminary strategy discussions
- undertake appropriate examinations or observations, and further investigations or tests, to determine how the child's health or development may be impaired

Health Attendance at Strategy Meetings

Best practice is for the most relevant health practitioner to attend a strategy meeting/discussion. This is usually a practitioner working with, or from a service working with, a child/family to share concerns and contribute to risk assessment and decision making.

In new contacts/referrals to Walsall Multi-Agency Safeguarding Hub, the MASH Health Practitioner will attend the initial strategy meeting and complete checks to inform decisions made within the meeting. This is routine and the MASH Health Practitioner may not have any prior knowledge of the family. The MASH Health Practitioner does not undertake checks or routinely attend strategy discussions for families that have an assigned Social Worker. In these cases, the Social Worker must request the information directly from health practitioners involved using their usual processes. However, if there are difficulties, MASH health practitioners can offer help to identify the appropriate health professional.

Where possible practitioners from Black Country Healthcare Foundation Trust (BCHFT) working with children and their families should be invited to attend. Remember to 'think family': adult parent/carers may be known to BCHFT, and their vulnerabilities may impact on safety, welfare or wellbeing of a child(ren) and must be considered.

Child Protection Paediatricians

Any unexplained injury to a child which may need medical assessment should be referred urgently by Children's Social Care to the on-call Child Protection (CP) Paediatrician or Community Paediatrician. It is not appropriate for suspected physical abuse injuries to be directed to the General Practitioner. Social Workers must contact the Manor Hospital via telephone call (01922656659) and discuss concerns/make a referral. All medical examinations are done after a strategy meeting has taken place. Currently, Community Paediatricians provide service for child protection medicals Mon-Fri pm. Given that Community Paediatricians have

clinical duties in the mornings it may not be possible for them to attend the Strategy Meeting, however, ask whether a senior nurse and any other relevant speciality such as orthopaedics to be present.

Child Sexual Assault Referral Centre (SARC)

Strategy Meetings are strongly recommended for all referrals that are made to SARC, and must take place for all children under the age of 13 years old. SARC staff should be involved in all Strategy Meetings where there are concerns about Sexual Abuse or Sexual Exploitation. There is a Safeguarding Strategy Manager within the organisation that can be contacted. If you need any further information or advice, you can contact SARC on 0808 196 2340 (24/7) to make a referral and/or receive advice from a clinician. [Pathway into SARC.pdf](#)

General Practitioners (GP)

GP's do not attend an Initial Strategy Meeting across the Black Country. However, if the GP is the referrer they should be invited to contribute.

Inpatients in Hospital

Where a child has presented to a health professional in an inpatient setting which has then led to a referral to Children's Services, the Consultant Paediatrician who has seen the child (or who is responsible for the care of the child) should be part of the Strategy Meeting so that the medical findings can be correctly reported and interpreted. It is important to note that the medical findings may not be known in the first strategy meeting and a second opinion or further medical investigation may be required. The Strategy Meeting should be held at a time and place to ensure the Consultant Paediatrician can attend so all relevant health information is available. It should be remembered that it is not always the acute paediatrician who is responsible for undertaking child protection

medicals, and the CP paediatrician may also need to be involved in the strategy meeting if it is thought a medical may be required. Where there is a need for further professional or strategy meetings, it is essential that the most appropriate paediatric consultant contributes to these.

If a strategy meeting is required for a young person who is an inpatient in a Tier 4 mental health setting, the appropriate senior clinician should join the meeting following invitation by the MASH Health Practitioner for BCHFT. If it's a new matter, then the MASH Health Practitioner should attend as well. When children are admitted to the paediatric ward (inpatient) the medical examination is done by the hospital team so the community paediatrician on call for CP may not need to be involved.

Out of Area/Borough Children

If a child has presented in Walsall, but resides in another area, and is suffering, or likely to suffer significant harm, a Strategy Meeting will need to be held. It is the Local Authority where the child is located who is responsible for arranging and holding the initial strategy meeting and this will include screening as part of the MASH process. This includes Children in Care. If a Strategy Meeting is due to take place where the child lives out of area and is not linked with local health services, but the incident occurred in the local area (Black Country), MASH Health Practitioner may attend to ensure the meeting is quorate but will advise the relevant area so that they can provide information and representation as the Black Country MASH HP will not hold any information regarding the child. If the child is a child in care, it would be the health professional working with the child that would attend. If the child is placed outside of the Black Country, the health professional in attendance would liaise with the Named Nurse for the Black Country, and again if there is no health professional involved there would be representation from the placing health trust.

The Police should:

- discuss the basis for any criminal investigation, including both reactive (where there is evidence to suggest a crime has been committed) and proactive (where further activity is required to establish if a crime has occurred), and any relevant processes that other organisations and agencies might need to know about, including the timing and methods of evidence-gathering
- lead the criminal investigation where joint enquiries take place with the local authority children's social care leading for the section 47 enquiries and assessment of the child's welfare

Working Together to Safeguard Children 2023

There has been a consultation period during 2023 related to the new draft guidance and proposals that Education are made a fourth statutory partner in multi-agency safeguarding arrangements. Schools, colleges, early years and childcare settings, and other educational providers (including alternative provision) all have a pivotal role to play in safeguarding children and promoting their welfare. Staff working in education settings play an important role in building relationships, identifying concerns, and providing direct support to children. They may be the first trusted adult to whom children report safeguarding concerns. The WTSC guidance 2023 highlights the vital role education play in making safeguarding decisions. When you are considering a strategy meeting for a child, please ensure that you invite the Designated Safeguarding Lead at the setting.

Forms and Single Point of Contact

Referrals are sent to key agencies but also consider who else is relevant that are supporting the children and young people – quoracy element is important but also consider the wider network around the family.

Police - ppu_referrals_unit@west-midlands.pnn.police.uk

HCP 0-19 Health Visiting and School Nursing Strengthening Families team - wht.walsallstrengtheningfamilies@nhs.net

Sexual Assault Referral Centre (SARC) – 0808 196 2340 [Pathway into SARC.pdf](#)

Black Country Women’s Aid - info@blackcountrywomensaid.co.uk

Walsall Manor Hospital – Community Paediatricians 01922656659

Timeframe

Strategy meetings/discussions should be convened as soon as possible bearing in mind the needs of the child and must take place within three 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 (for example, 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 is required by either agency, the strategy meeting/discussion must be held within one working day.
- In cases of organised abuse or allegations against staff or volunteers the strategy meeting/discussion should be held within one working day.

When a Strategy Meeting has been initiated within the MASH please view the Operating Principles found here https://walsallchildcare.proceduresonline.com/files/mash_operating.pdf

Agenda

Local Authority Social Care should chair a Strategy Meeting, and this will usually be a Team Manager. If a Strategy Meeting/Discussion takes place during out of hours this will be the Emergency Duty Team lead Social Worker or Team Manager.

- Information sharing from all agencies in respect of the children and the adults
- Risk analysis; protective factors; any complicating factors
- Where is the child/children now and what immediate steps, if any, are needed to protect the child/children
- Consideration of need for Child Protection Medical and Achieving Best Evidence (ABE) Interview for child **and** siblings
- Analysis, to include rationale from all agencies
- Agreed next steps by whom and in what timescale including frequency of reports and visits by each agency

Application of Threshold

When a Strategy Meeting is held it is important to consider key elements of the child's lived experience as this will guide you in your decision making about whether the legal threshold for significant harm has been reached.

- Duration – how long has the child/ren been suffering harm?
- Frequency – how often has the harm occurred/is occurring?
- Severity – the degree and extent of the harm.

- Intent to Harm – what was the motive of the person that caused the harm – did they intend to cause harm?
- Impact – what is the impact of the harm and how do we know this?

Purpose

A strategy meeting/discussion is an opportunity to share as much of the available information as possible between participants to inform the next steps. In addition to sharing information, the meeting/discussion should be used to:

- agree the conduct and timing of any criminal investigation
- decide whether an assessment under section 47 of the Children Act 1989 (section 47 enquiry) should be initiated, or continued if it has already begun
- consider the assessment and the action points, if already in place
- plan how the section 47 enquiry should be undertaken (if one is to be initiated), including the need for medical treatment, and who will carry out what actions, by when and for what purpose
- 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
- agree whether and when the social worker will see the child alone and the methods by which the child's wishes and feelings will be ascertained so that they can be taken into account when making decisions
- consider how the race and ethnicity of the child and family should be taken into account and establish whether an interpreter will be required
- consider the needs of other children who may be affected (for example, siblings and other children living in the same household, and/or in contact with alleged abusers)

- determine what information from the strategy meeting/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.

Recording the strategy discussion

Irrespective of whether the strategy meeting/discussion takes the form of a telephone discussion or face-to-face meeting, it is the responsibility of the chair to ensure that the decisions and agreed actions are fully recorded. All agencies attending must take notes of the actions agreed at the time of the meeting/discussion. The chair is responsible for ensuring that a copy of the record is made available to all those invited as soon as practicable.

Information Sharing 2024

The justification for sharing information to safeguard a child

Sharing information for safeguarding purposes can be justified solely based on preventing harm to a child. The sharing of this information is not dependant on any thresholds for intervention. For example, it is not necessary for a formal process under section 17 or section 47 of the Children Act 1989 to be invoked in order for information to be shared, provided that the sharing is necessary for organisations and agencies to safeguard a child at possible risk of harm. It is only through sharing information that agencies or organisations and practitioners build a richer picture of the day-to-day life of the child and family they are working with.

Out of Hours Strategy Meetings

As good practice the Emergency Duty Team (EDT) will seek to arrange timely and planned quorate strategy meetings out of hours, the same day whenever this is possible. These arrangements are made by the EDT duty worker calling the Public Protection Unit (PPU) by calling 101 and by contacting the On Call Consultant Paediatrician, who is contactable through the Manor Hospital Telephone Operator on 01922 721172 out of hours.

The Paediatrician may also invite other relevant hospital professionals to contribute to these meetings when necessary and beneficial. The EDT worker will send Microsoft Teams invites to all key professionals, to arrange online strategy meetings. There is also a secure e mail box for the EDT Team to support multi information sharing, when necessary - emergency.duty@walsall.gov.uk

Out of Hours Strategy Meetings will follow the same principles and format as meetings within office hours, to share relevant multi agency information and to ensure that safety planning and timely decisions are made, (including action to be taken), within the context of a single agency or joint Section 47 enquiry. These meetings will always be chaired by the EDT Advanced Practitioner on duty, or the EDT Team Manager.

Professional Discussions and Safety planning

There will be occasions where it is not possible to arrange a quorate strategy meeting out of hours, (particularly when children or young people are not in hospital, or if a medical examination is not necessary). In these circumstances the EDT worker will ensure that a professional discussion takes place with the PPU, (or the on call police response sergeant if after 10pm) on the same day, to share relevant information to ensure that safety planning and decisions (and where necessary) specific action is taken to ensure that specific children and young people are protected from significant harm out of hours, when concerns for their welfare arise.

When quorate Strategy Meetings cannot take place out of hours a professional discussion (and safety planning) will always take place between the EDT Worker and the police and then arrangements will be made for a quorate multi agency strategy meeting to be arranged the next working day chaired by the MASH or relevant Locality Team Manager.

Finding a Solution Together (FAST)

<https://walsallsp.co.uk/children/professionals/professionals-working-with-children/fast-finding-a-solution-together/>

There will be times when a professional in one agency considers that the actions or decisions of a professional in another agency does not adequately safeguard a child/ren.

This could be in relation to a variety of matters, for example: information sharing; referring to another agency; an assessment; a decision; a plan of work; whether work is completed fully or properly; an intervention or services provided; whether the threshold for a particular level of intervention has been met; the timeliness of work (this list is not exhaustive).

In circumstances where there are such differences between professionals, the FAST Policy is to be used so that the disagreement is managed appropriately, effectively and in a timely way. This is essential so that children are effectively safeguarded where this is necessary; so that all agencies comply with the law, statutory guidance and Safeguarding Partnership policy/procedures and so that the Walsall multi-agency partnership works collaboratively together in the best interests of children.

Useful Links

SUDIC Process

<https://www.ecdop.co.uk/BlackCountry/Live/Public>

Cross Border Guidance

[1.18 Additional guidance | West Midlands Safeguarding Children Group \(procedures.org.uk\)](https://www.procedures.org.uk/)