

Strategy Meetings Guidance and Template. (including guidance around children who are missing).

Working Together (2015) states:

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 involving local authority 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. This might take the form of a multi-agency meeting or phone calls and more than one discussion may be necessary. A strategy discussion can take place following a referral or at any other time, including during the assessment process.

Local authority children's social care should convene a strategy discussion 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.

Professionals participating in strategy discussions/meetings must have all their agency's information relating to the child available to be able to contribute to the discussion/meeting, and must be sufficiently senior to make decisions on behalf of their agencies.

Strategy Meeting Structure:

The chair of the meeting will advise attendees:

This is a confidential meeting the content of which must not be divulged without the permission of the chair. You will receive minutes of this meeting.

Agenda:

- 1. Introductions of all those/present (including apologies):**
[Name, designation, contact details, relationship to the child]
- 2. Reason and purpose of this strategy meeting explained:**
[Including details of the cause for concern]
- 3. Subject(s) of Meeting:**
Confirmation of all basic details including, date of birth current address.
Family Composition: to include details of those living at the family home, including names and dates of birth.
Clarification regarding who has parental responsibility - names, DOB and addresses.
Names and dates of birth (where available) and address for all significant adults involved with the child(ren), identifying nature of relationship.

4. Current referral/incident or set of concerns that have led to the strategy meeting:

What has happened since the initial referral was received/incident occurred (if appropriate).

5. Please ensure the following are covered if the strategy meeting is regarding children who are missing:

- Confirm category Missing or absent (recent procedure changed in beds police is that only the control ctr DI can agreed for an under18 to be classified as absent).
- Times and dates of missing/ absent episode.
- Previous missing/absent episodes.
- Discussion re circumstances prior to going missing (any specific incidence or risk, please include current MH, substance missing use and any risk of exploitation).

6. CSC history:

Brief summary of the chronology of involvement with the family, any previous, enquiries, contacts, referrals, assessments.

Early help involvement.

Parents previously known to CSC.

7. Information from other professionals:

- i. Police
- ii. Health (GP, Health Visitor, Midwife, School Nurse)
- iii. Education
- iv. Probation
- v. FIS/YPST
- vi. Any other relevant professionals who have attended or provided information (e.g. CAMHS, early help worker)
- vii. Any other useful information

8. Discussion:

- Risk Assessment – summary of concerns/presenting risk factors and how they impact on the child. What are we worried about and why.
- Protective factors/Strengths.
- What don't we know?

9. Discussion if missing child strategy meeting:

- Current actions taken to contact YP (*Calls and text to mobiles, attempts via social media to contact and other forums*)
- Names and address of associates.
- Affiliations to gangs.
- CSE concerns.
- Current info around involvement in crime.

- Known hotspots.
- Known routes and methods of travel for missing episodes. (*number plates , train and buss routes.*)
- Social media checks Instagram, Facebook, Snapchat (*Ensure user names are shared; agree who will undertake these checks and where to feed the information to).*
- Consider Media publication.
- Is current photograph up to date and appropriate to share publicly.
- Disruption tactics – (Are any required on perpetrators including KORNS)
- Consider other agency’s to be alerted to assist with search:
 - CCTV
 - British transport police
 - Community safety
 - Housing providers.
 - Youth ctrs etc.
- Risk Assessment – summary of concerns/presenting risk factors and how they impact on the child. What are we worried about and why.
- Protective factors/Strengths.
- What don’t we know?

10. Decision:

- Continue under Section 17;
- Initiate or continue Section 47 enquiries;
- Joint investigation with Police;
- Single Agency;
- Disciplinary Procedures;
- No further role for Children’s Services

11. Actions:

Plan and agreed actions to be carried out as a result of the decisions made.

- Agreed actions;
- Allocated responsibility for actions;
- Timescales set for actions;
- Plan for ABE interview (if applicable);
- Review strategy meeting date (if applicable)

Please see [planning the enquiry and investigation below](#) for further points to consider.

12. Safety Plan:

- Is the child/children at immediate risk of harm? If yes, what are we going to do to keep this child safe? If no, what safeguards are in place?
- What actions will we take should our concerns increase?
- What actions will everyone take to ensure the safety and wellbeing of this child/children (actions and expectations of the Social Worker, Parents/Carers, Police, School, Health, Probation etc).

In planning the enquiry and investigation the strategy meeting should consider:

- The conduct and timing of any criminal investigation;
- What further information is required, how it should be obtained and recorded;
- Plan any immediate and short term steps that may be required to protect the child;
- Is legal advice required;
- The need to protect other children in the same household or elsewhere;
- The timing and sequence of interviews of family members;
- Any cultural, linguistic or disability needs which may need to be planned for in the investigation, including whether any assistance will be required with communication (for example, an interpreter or intermediary)
- Who should conduct the enquiries, i.e. social worker only, a joint investigation by a social worker and a police officer, a social worker and a representative of another agency, such as a health visitor or probation officer;
- When, how and by whom, the child should be interviewed;
- What action is needed immediately to safeguard and promote the welfare of the child and/or provide interim services and support. If the child is in hospital a decision should be made about how to secure the safe discharge of the child;
- Whether a medical examination of the child is required and the timing of any examination. A consultant paediatrician should always be consulted where a medical examination is required;
- How the child's wishes and feelings will be ascertained so that they can be taken into account when making decisions;
- What information, how and when this should be shared with the parents (normally any interview of a child should be undertaken with the knowledge and agreement of those with parental responsibility unless such information sharing would itself place the child at increased risk of harm).
- The needs of other children who may be affected, for example siblings and other children in contact with alleged abusers.
- Agree a contingency plan for if a parent refuses consent for an interview or medical assessment of a child.
- Further strategy meeting to be arranged?

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