



Strategy Discussions Hackney Protocol

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1. Purpose of the Protocol

- 1.1 This document is published by the City & Hackney Safeguarding Partnership (CHSCP) and sets out the local protocol for strategy discussions held in the London Borough of Hackney. Its purpose is to supplement the statutory guidance set out on [page 38 of Working Together to Safeguard Children 2018](#) and that contained within the [London Child Protection Procedures \(para 3.4.1 - 3.4.19\)](#). The guidance is intended to provide a **practical guide** for professionals about when strategy discussions should be convened, who needs to be involved and what factors need to be considered.

2. What is a Strategy Discussion?

- 2.1 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. These are needed to help safeguarding professionals determine the status of a child's welfare and plan rapid future action if required.
- 2.2 A strategy discussion can take place following a referral or at any other time, including during the assessment process and when new information is received on an already open case. In exceptional circumstances, such as Fabricated and Induced Illness for example, enquiries will be more complicated and may require more than one strategy discussion. If the strategy discussion concludes that a further strategy discussion is required, then a clear timescale should be set and be subject to regular review by the social work manager bearing in mind the safety of the child at all times.
- 2.3 As set out in Working Together 2018, a strategy discussion should be used to:
- **Share available information.**
 - **Agree the conduct and timing of any criminal investigation.**
 - **Decide whether enquiries under section 47 of the Children Act 1989 must be undertaken.**

2.4 Where there are grounds are established during the strategy discussion to initiate an enquiry under section 47 of the Children Act 1989, decisions should be made as to:

- **What further information is needed 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.**
- **Whether legal action is required.**

3. Format of a Strategy Discussion

3.1 Whilst strategy discussions by telephone can be adequate to plan an enquiry, whenever possible, face to face meeting either in person or via video conference will be held. Face to Face meetings / video conferences will always be held in the following (non-exhaustive) circumstances:

- There is concern that the child is suffering complex types of neglect or maltreatment (i.e. Fabricated or Induced Illness and Organised and Complex Abuse);
- There is an allegation that a child has abused another child (separate strategy meetings should be held for both children)
- There are ongoing, cumulative concerns about the child's welfare and a need to share concerns and agree a course of action;
- There are concerns about the future risk of harm to an unborn child.

4. Timing of a Strategy Discussion / Review Strategy Discussion

4.1 The Pan-London Child Protection procedures set out that strategy discussions should be convened within three working days of child protection concerns being identified, except in those circumstances listed in 4.2 below. **Local**

practice aims to ensure strategy discussions are held on either the same day or within one working day.

4.2 The Pan-London procedures specify:

- For allegations / concerns indicating a serious risk of harm to the child (e.g. 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 protective action was undertaken (i.e. police protection), the strategy meeting / discussion must be held within **one working day**;
- Where the concerns are particularly complex (e.g. organised abuse / allegations against staff) the strategy meeting / 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.

4.3 Where enquiries made under section 47 of the Children Act 1989 are not concluded within 15 working days, a review strategy discussion should take place.

5. Who convenes the Strategy Discussion?

5.1 Hackney Children & Families Services (HCFS) are the lead agency with responsibility for deciding whether or not a strategy discussion needs to be convened. Any professional disagreement with this decision should be resolved with reference to the [CHSCP's Escalation Policy](#).

6. Who is Involved?

6.1 In accordance with local expectations and statutory guidance, strategy discussions must involve representatives from the following agencies:

- **HCFS (including the residential or fostering service, if the child is looked-after).**
 - **The Police.**
 - **Relevant health professionals (please see Appendix 1 regarding Paediatrician attendance at Strategy meetings).**
 - **Where of school age, the child's school or college.**
- 6.2 Other agencies should be included as appropriate, such as the referring agency or other agencies that hold information relevant to the concerns about the child.
- 6.3 Where issues have significant medical implications, or a paediatric examination has taken place or may be necessary, a paediatrician should always be included. If the child is receiving services from a hospital or child development team, the meeting / discussion should involve the responsible medical consultant and, in the case of in-patient treatment, a senior ward nurse.
- 6.4 For cases involving known or suspected Child Sexual Abuse, Paediatricians from the CSA Hub, The Haven and Hackney Ark/Homerton Hospital should be invited.
- 6.5 For cases where adult services are working with and supporting parents / carers, invites should be extended to those agencies too.
- 6.6 A professional may also need to be included in the strategy meeting / 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.
- 6.7 **The strategy meeting / discussion should be chaired by a manager from HCFS.** All participants of the strategy discussion must be sufficiently senior to make decisions on behalf of their agencies.

7. Information Sharing

- 7.1 Professionals participating in strategy discussions must share all available information about the child, parent and significant others. Whilst recognising the constraints on collating information within limited time, all agencies must proactively research records to their fullest.
- 7.2 At the point that the strategy discussion is held, any agency that has not managed to fully access and research their records must continue to do so and share any updates with the chair of the strategy discussion within one working day.**

8. Administration & Recording

- 8.1 Whatever the format of the strategy discussion, it is the responsibility of the chair 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 meeting/discussion.
- 8.2 A copy of the record should be made available for all those, who had been invited, as soon as practicable by HCFS. Agencies should ensure a copy of this record is included in their respective files.**

9. Strategy Discussion Agenda

- 9.1 The CHSCP has developed an [agenda template for strategy discussions](#). Plans 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.
- 9.2 In exceptional circumstances, enquiries will be more complicated and may require more than one strategy discussion. If the strategy discussion

concludes that a further strategy discussion is required, then a clear timescale should be set and be subject to regular review by the social work manager (bearing in mind the safety of the child at all times).

- 9.3 Likewise, if enquiries made under section 47 of the Children Act 1989 are not concluded within 15 working days, a review strategy discussion should take place.

Appendix 1: Paediatrician attendance at Strategy Meetings

This is a guideline for CSC MASH in Hackney and City of London only. It is for new cases referred into MASH that require a strategy meeting. It does not include children admitted to hospital where the usual processes apply.

For the vast majority of children the MASH health professional will be able to provide health information on the subject child/family and give advice to non-health colleagues at the multi-professional/agency strategy meetings.

There are rare occasions when a paediatrician should also be invited to attend by the Consultant Social Worker:

1. Concerns regarding child sexual assault when the MASH health professional feels paediatrician attendance would be useful
2. Children with complex disability such as nonverbal autism
3. Children with complex medical backgrounds

In these situations, the following should occur:

The Screening Manager should:

- discuss with the MASH health professional as to whether they think a paediatrician should be invited to attend the strategy meeting.
- notify the paediatrician as soon as possible as to the time of the strategy meeting. Doctors will not be able to attend at short notice due to prior commitments. Therefore, careful consideration should be given to the time of the meeting.
- Please note - this is a request to attend a strategy meeting only to discuss the child. The paediatrician will review the information provided and will either attend the meeting or depending on workload capacity give advice to the social worker or MASH health practitioner in advance of the meeting.
- It should be noted that a request for a paediatrician to attend a strategy meeting is NOT a referral for a Child Protection medical and the usual pathways will need to be followed if a child is to have a medical assessment.

The following process should be followed:

For child sexual assault

Mon-Fri 09:00-17:00 the Named Doctor (Consultant Community Paediatrician) at Hackney Ark should be invited by contacting 0207 014 7169. This number will be answered by the safeguarding admin team who will be able to notify the named doctor or to advise if they are on leave. Any information to be shared prior to the meeting should be emailed to huh-tr.CHChildProtection@nhs.net. Subject urgent strategy meeting CSA.

If the Named Doctor is unavailable the Havens should be invited to attend instead. They can be contacted on 0203 299 1599. Please refer to the CSA pathway, Subject: Urgent Strategy meeting.

If the Havens are unable to be contacted or are unable to give advice the Consultant Community Paediatrician at Hackney Ark (Mon-Fri 09:00-17:00 **0207 014 7169**) should be contacted or the on call Acute Paediatrician at Homerton Hospital (out of hours 0208 510 5555 and ask for paediatric registrar) should be contacted to give advice. They will not have the necessary sexual abuse experience but will be able to help signpost and give general advice.

For children with disability/complex medical histories

Mon-Fri 09:00-17:00 the on call Consultant Community Paediatrician at Hackney Ark should be invited by contacting **0207 014 7169**. This number will be answered by the safeguarding admin team who will be able to notify the on-call doctor. Any information to be shared prior to the strategy meeting should be emailed to huh-tr.CHChildProtection@nhs.net, Subject: Urgent Strategy meeting.