



Multi-Agency Strategy Meetings Protocol

April 2025



Avon and Somerset Police
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Multi-Agency Strategy Meetings

North Somerset Safeguarding Children Partnership Protocol

Introduction

This protocol provides guidance on multi-agency strategy meetings for agencies working with children and families across the North Somerset Safeguarding Children's Partnership. The guidance has been drawn up and agreed by a multi-agency working group comprised of key statutory agencies and sets clear expectations across the Partnership to ensure that strategy meetings convened in response to concerns about significant harm to a child/ren are timely and effective.

The protocol includes:

- The governing statutory framework for strategy meetings
- Quoracy
- Timescales
- Agency information required for strategy meetings
- Allegations against professionals
- A draft agenda for strategy meetings
- Planning s47 investigations
- Escalation process

Statutory Framework

Section 47 of the Children Act 1989 sets out Local Authorities' duty to make enquiries if a concern arises that a child may be suffering, or is likely to suffer, significant harm; a decision to initiate safeguarding enquiries under Section 47 is made at a strategy meeting.

The Children Act 2004 provides a statutory framework for inter-agency co-operation to safeguard children, and Working Together to Safeguard Children 2023 sets out the purpose of strategy meetings, and agencies' responsibilities in relation to attendance, information-sharing, and actions.

Local procedures setting out thresholds in relation to significant harm can be accessed below:

<https://northsomersetcs.trixonline.co.uk/>

This protocol is aligned with governing legislation and relevant guidance.

Purpose & Parameters of Strategy Meeting

The purpose of a strategy meeting is:

- To share relevant information within the context of the concern/s shared at the strategy meeting.
- To decide, based on information shared in relation to the presenting concern/s and any relevant historical information, whether the child/ren has suffered, or is likely to suffer, significant harm.
- To decide and agree whether investigation under s47 is warranted in response to likely or actual significant harm.
- To agree, if an investigation is warranted, on the actions and timescales for the investigation.
- To decide whether the investigation will be led by a single agency, or jointly by Police and Children's Social Care.
- To agree the conduct and timings of any criminal investigation in line with the s47 investigation, if required.
- To consider and agree any emergency protection if required
- To agree an appropriate safety plan to ensure the children's immediate safety whilst enquiries are undertaken.

It is **not** within the remit of the strategy meeting to decide whether an Initial Child Protection Conference (ICPC) is warranted; this is informed by the s47 investigation findings.

A strategy meeting may be required in response to a single incident of concern, or in response to the cumulative impact of harm by omission; in these circumstances, a single incident may not have occurred, but significant harm may be indicated due to a chronicity of neglect and its impact over time. As such, a strategy meeting may be convened in response to a new referral raising concerns, or during assessment, when concerns about significant harm may emerge, or when a child/ren is supported by a child in need or child protection plan, public law outline, or is in the care of the Local Authority.

Significant Harm

Significant harm is defined in the Children Act 1989 as the ill treatment or impairment of health or development; this definition was further clarified in the Adoption and Children Act 2002 to include "...impairment suffered from seeing or hearing the ill treatment of another".

Significant harm may be attributable to emotional, physical, or sexual abuse, or neglect; the following definitions are set out in Working Together to Safeguard Children 2023:

Emotional abuse - The persistent emotional maltreatment of a child so as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar

as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them, or making fun of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Neglect - The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing, and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate caregivers)
- ensure access to appropriate medical care or treatment
- provide suitable education It may also include neglect of, or unresponsiveness to, a child's basic emotional need

Physical abuse - A form of abuse which may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Sexual abuse - Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts, such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Strategy meetings may also need to consider risk outside the home, or extra-familial harm:

Extra-familial harm - Children may be at risk of or experiencing physical, sexual, or emotional abuse and exploitation in contexts outside their families (see glossary definition)

of extra-familial contexts). While there is no legal definition for the term extra-familial harm, it is widely used to describe different forms of harm that occur outside the home. Children can be vulnerable to multiple forms of extra-familial harm from both adults and/or other children. Examples of extra-familial harm may include (but are not limited to): criminal exploitation (such as county lines and financial exploitation), serious violence, modern slavery and trafficking, online harm, sexual exploitation, child-on-child (non-familial) sexual abuse and other forms of harmful sexual behaviour displayed by children towards their peers, abuse, and/or coercive control, children may experience in their own intimate relationships (sometimes called teenage relationship abuse), and the influences of extremism which could lead to radicalisation.

Timescales for Strategy Meeting

Working Together to Safeguard Children 2023 does not give a timescale within which strategy meetings must take place following the decision for a strategy meeting.

The local timescale for strategy meeting to take place is within **24 hours** of the decision that a strategy meeting is warranted.

The multi-agency working group has agreed that the following timescales be applied:

- **Critical incidents indicating a need for emergency protection;** within 4 hours
- **Referrals indicating recent incidents of alleged abuse;** within 1 working day
- **Referrals/concerns indicating chronic neglect and/or historical abuse;** within 3 working days

For children experiencing chronic neglect, agencies working with the family may hold considerable relevant historical information including previous harm, interventions offered, and their impact. It is likely that information-sharing will be most effective if agencies have had sufficient time to collate all available information in advance of the strategy meeting. Subsequently, historical and current information from all agencies can be analysed holistically at the strategy meeting to provide a chronological perspective of the cumulative impact of harm on the child's lived experience to date, and an understanding of any familial patterns to inform the investigation. It is the view of the working group that convening a strategy meeting within 72 hours of the decision for a meeting, for a child who has been neglected over time, will have little impact on their lived experience, and is likely to support high-quality information-sharing, decision-making, and planning by maximising agency attendance and preparation for the meeting.

Quoracy

Working Together to Safeguard Children 2023 sets out the minimum requirements for a strategy meeting to take place; a Local Authority social worker, health practitioner, and Police representative should all be in attendance to ensure compliance with governing legislation.

Other agencies working with the child/ren and their family should be invited to attend:

- Referring agency
- School or Nursery
- Any health service child/ren are receiving including mental health
- Any health service parents/carers/adults in household are receiving, including mental health, and/or alcohol/substance misuse services
- Sexual Assault Referral Centre (SARC) where concerns regarding possible sexual abuse have been raised.
- Any domestic abuse services parents/carers/adults in household are receiving
- Any domestic abuse services received by young people over the age of 16
- Housing association services and housing providers

Requests for health attendance at strategy meetings are made via Sirona's **Single Point of Access**, from which health practitioners review referral information to ascertain which health professionals are best placed to attend the strategy meeting, based on the child/ren and family's individual circumstances and receipt of services.

When Police have executed protective powers to ensure the immediate safety of a child/ren, they will request a strategy meeting; this will be via the Children's Social Care Emergency Duty Team if powers are executed outside office hours.

All strategy meetings convened out of hours by the Emergency Duty Team will be followed up with a review strategy meeting if investigation is agreed; the timing of the review strategy meeting will be decided by the responsible social care team.

Allegations About People in Positions of Trust

There is a clear distinction between a concern about the quality of care provided to a child/ren, professional practice, and an allegation of harm made about a professional who works with children. Allegations may include:

- behaviour/actions that have harmed a child, or may have harmed a child
- a possible criminal offence against or related to a child
- behaviour towards a child/ren in a way that indicates that the professional may pose a risk of harm to children
- behaviour/conduct that indicates that the professional may not be suitable to work with children.

If an allegation about a professional working with children indicates actual or likely significant harm to a child or children, a strategy meeting must be convened, and the Local Authority Designated Officer (LADO) must be invited to the meeting; the LADO manages allegations against professionals and volunteers who work with children and as such must be included in safeguarding planning and decision-making in response to allegations, to inform their own actions and any enquiries.

Details of the LADO role and contact details can be viewed [here](#):

<https://nsscp.co.uk/professionals-practitioners/reporting-concerns-about-adult>

Agency Information

Effective strategy meetings, which are characterised by proportionate decision-making and high-quality planning, are contingent on the relevance, accuracy, and quality of information shared.

All attendees should be sufficiently senior to make decisions on behalf of their agencies, and sufficiently skilled and experienced to prepare for the strategy meeting, meaningfully engage with the meeting discussion, and critically assess information shared.

Agency information required for strategy meetings is set out below:

Police

- Relevant information on all previous convictions of all adults resident in the household
- Relevant information on police intelligence on all adults resident in the household
- Relevant information on all previous convictions and/or police intelligence in relation to adults not resident in the household and known to have significant contact with the child/ren, including adults in relationships with parents/carers, and extended family members.
- Previous incidents at the child/ren's home address that have come to the attention of the Police via attendances or calls to Police/emergency services.
- Police representative to review the current allegation/concerns resulting in strategy meeting prior to the strategy meeting to provide a view on whether any criminal investigation is indicated, and whether single or joint investigation may be warranted.

Education (including pre-school settings).

- Child/ren's education status – whether on roll at school, Electively Home Educated (EHE), or Child Missing Education (CME), and details of any gaps in education provision
- School attendance over the last year by percentage.
- Details of any authorised and unauthorised absences, and reasons given for absence.
- Does the child/ren's have any Special Educational Needs?
- Child/ren's physical and emotional presentation at school/nursery.
- Child/ren's behaviour at school/nursery, and engagement in their lessons/play including details of exclusions where relevant; number of exclusions, days excluded and reasons for exclusion.
- Child/ren's social presentation – do they have friends, and how they get on with peers?

- Parents/carers' engagement with school/nursery – can parents/carers be reached when needed, and are they engaged with their children's learning?
- Child/ren's account of home life – their family relationships, family life, and any worries shared.
- Assessment/attainment data- is the child at age related, SATs, phonics, or other metric.

Health

- Account of child/ren's known overall health and development, including growth (height/weight), milestones, mental health & dental health
- Information on engagement with immunisations and developmental checks
- Ante-natal care – attendance, engagement, and any ante-natal health concerns
- Any developmental concerns or delays
- Relevant information on parents/carers physical and mental health including diagnoses, medications, engagement with treatment; any learning needs, disabilities, alcohol/drug misuse
- Review of children and relevant adults' GP records
- Any ongoing specialist treatment for physical and/or mental health needs for child/ren and/or parents/carers or significant adults
- All relevant hospital admissions for child/ren, parents/carers and significant adults, with an evidenced professional view/analysis on the frequency of admissions/health service usage, to be shared at meeting.
- Parents/carers' engagement with children's health needs and appointments including missed appointments and impact on child
- Health Visitor's access to the family home and view on home conditions, within the context of the health visiting remit (health visitor may not see the family home in its entirety).
- Observation of child/child parent/carer interaction if recorded
- Advise on 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
- 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

Strategy Meeting: Factors for Consideration

All children ordinarily resident in a household must be considered within a strategy meeting; this is a requirement irrespective of whether presenting concerns relate to one or more of the children in the household.

The meeting must consider whether there are grounds to make enquiries under s47 in line with actual or likelihood of significant harm as defined above. It is the Local Authority's responsibility to decide this.

If investigation is warranted, actions to inform the investigation must be agreed at the strategy meeting – the action to be undertaken, by whom, and by when.

The timings of when child/ren, parents/carers, and significant adults are spoken to requires careful consideration; under s47, parental consent is not required to speak with the child/ren. It is, in most circumstances, expected that parents/carers are informed of the purpose of the enquiries and that the child/ren will be spoken to, **unless doing so is likely to affect the safety and welfare of the child/ren.**

Careful consideration must be given to how to speak to the child/ren to understand their lived experience, their wishes and feelings, their understanding of the situation and what has happened, their relationships, and their broader circumstances.

The investigation must be planned to minimise distress to the child/ren and their family.

If a criminal investigation is being undertaken or is planned in respect of the concerns shared at the strategy meeting, consideration of joint interview arrangements will be required within the investigation plan, in line with Achieving Best Evidence guidance:

<https://www.gov.uk/government/publications/achieving-best-evidence-in-criminal-proceedings>

If a child/ren has unexplained injuries and/or may have experienced sexual abuse, consideration of medical assessment and/or examination will be warranted; this must include a careful balancing of the likely evidential value of this against the likely impact of examination on the child.

In addition to the agency information set out above, consideration of relevant historical information about the child/ren and their family is crucial to proportionate decision-making; this would include previous incidents of harm, including harm by omission, and previous interventions offered and their impact

A timescale for the enquiries, which would enable an initial child protection conference to be convened within 15 working days of the strategy meeting at which the need for Conference was agreed, must be set at the meeting, with a date for a review of the investigation at its mid-way point.

Strategy Meeting Agenda

The following agenda provides a framework for effective strategy meetings which are compliant with governing legislation.

AGENDA ITEM NUMBER	ITEM	CONTEXT

1.	<ul style="list-style-type: none"> • Introductions • Roles & responsibilities • Reason for attendance 	All attendees give their name, their professional role, summary of responsibilities, and nature of involvement, to ensure they have a clear reason for attendance
2.	<ul style="list-style-type: none"> • Apologies/no shows • Check information provided 	Clarify those invited who are not in attendance. Clarify whether apologies given. Check that those not in attendance have provided information required for the meeting
3.	<ul style="list-style-type: none"> • Purpose of meeting 	Chair to set out purpose of meeting – to consider the presenting concerns about the child/ren & to decide, on the basis of information shared in relation to the concerns & any relevant historical information, whether investigation under s47 is warranted, and if it is, the actions to be undertaken within the investigation, by whom, and by when; also to consider whether criminal investigation required, and the timings of this.
4.	<ul style="list-style-type: none"> • Confidentiality 	Advise that information shared at the meeting is confidential and not to be shared beyond its participants without prior agreement of the Chair.
5.	<ul style="list-style-type: none"> • Children & family's details 	Basic details of all children & adults being considered at the meeting to be cross referenced across agencies to ensure accuracy – names, DOBs, ethnicity, and address. Parent's and children's NHS numbers where available, and for all mothers of unborn babies to be considered at strategy meeting Children's current Plan and/or legal status if applicable.
6.	<ul style="list-style-type: none"> • Summary of presenting concerns/reason for meeting 	Summary to be provided by Social Worker/Team Manager who has requested/agreed the strategy meeting; where partner agency has raised the presenting concern, agency representative to also summarise their concerns if required. Attendees to be invited to ask clarifying questions.
7.	<ul style="list-style-type: none"> • Information -sharing in respect of each child and their parents/carers 	Social Worker to share any relevant historical and contextual information in respect of each child considered at the meeting. Social Worker to share any relevant historical and contextual information in relation to parents/cares, including any previous concerns, interventions offered, and their impact. Attendees to be invited to ask clarifying questions.

8.	<ul style="list-style-type: none"> Agencies information – sharing in respect of child/ren, parents/carers & significant adults 	<p>Attending agencies to provide relevant information about the child/ren, parents/carers & significant adults as set out on p5-6.</p> <p>Chair to share agencies information provided in writing for agencies who are not present at the meeting.</p> <p>Attendees to be invited to ask clarifying questions.</p>
10.	<ul style="list-style-type: none"> Discussion to analyse information shared in the context of reason for the strategy meeting. 	<p>Analysis of current & relevant historical information led by Chair, to determine whether child/ren are experiencing or are likely to experience significant harm.</p>
11.	<ul style="list-style-type: none"> Chair's Summary & decision-making to include view on whether s47 investigation warranted 	<p>Chair to provide summary of concerns, analysis of risk, and a decision on whether s47 investigation is required.</p>
12.	<ul style="list-style-type: none"> Immediate safety planning 	<p>Safety planning, including emergency protection measures if required, to be agreed, to ensure child/ren's immediate safety whilst investigation is undertaken.</p>
13.	<ul style="list-style-type: none"> Investigation actions 	<p>All actions within investigation to be undertaken to be agreed, setting out who will undertake each action, and by when</p>
14.	<ul style="list-style-type: none"> Review 	<p>Date of review of investigation at mid-point to be agreed.</p>

Recording

Strategy meetings are recorded using the Children Social Care LCS database, on which children's records are stored; the record of the strategy meeting must be shared with meeting participants within 3 working days of the meeting.

Escalation

- Strategy decision-making; dissenting views**

Working Together to Safeguard Children 2023 stipulates that the Local Authority holds responsibility for the decision on whether s47 enquires are warranted; as such, the Local Authority strategy meeting chair is the overall decision maker for whether an investigation will be undertaken in response to the concerns presented at the meeting.

Any dissenting views will be recorded in the strategy meeting record.

If a professional attending a strategy meeting is concerned that the meeting decision is not proportionate to the information shared/risks to the child/ren and wishes to challenge this, the professional must contact the responsible Head of Service for the child/ren considered

at the meeting. Contact must be made within 24 hours of the meeting to ensure that agreed next steps are taken without delay.

If an agency does not attend or does not provide the information required for a strategy meeting to make a timely decision to safeguard a child, and/or the meeting is not quorate due to non-attendance, the chair must speak directly with the relevant agency's representative, their manager, or safeguarding lead, to seek to resolve this informally and without delay. If the matter cannot be resolved informally, and/or if the information/attendance gap may impact decision-making to safeguard a child, the North Somerset Safeguarding Children's Partnership Issue Resolution Policy provides a formal escalation route:

[NSSCP Issue Resolution Policy March 2025](#)