

SOP02

The Royal Wolverhampton NHS Trust

Standard Operating Procedure - Attendance at Strategy Discussions (Children's Safeguarding)

1.0 Procedure Statement (Purpose / Objectives of the Procedure)

To provide best practice, evidence-based guidance to guide and support The Royal Wolverhampton NHS Trust staff on their roles and responsibilities in relation to attendance at strategy discussions as part of safeguarding procedures. This Standard Operating Procedure is aimed at all staff working within The Royal Wolverhampton NHS Trust that have direct responsibility for children subject to safeguarding procedures.

2.0 Accountabilities

Staff working across the Trust 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.

3.0 Procedure/Guidelines Detail / Actions

When should a strategy discussion be held?

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 residential or 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 and when new information is received on an already open case. The decision to hold a strategy discussion is usually made and a meeting convened within 4 hours or may be planned to be held at a later planned time when appropriate to do so.

What is the purpose of a strategy discussion being held?

Local Authority Children's Social Care services should convene a strategy discussion to determine the child's or unborn 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.

The purpose of the discussion is 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.

Where there are grounds to initiate an enquiry under Section 47 of the Children Act 1989, decisions must 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.

The timescale for the assessment to reach a decision on next steps must be based upon the needs of the individual child, consistent with the local protocol and no longer than **45 working days** from the point of referral into local authority children's social care.

Who attends the strategy discussion?

A local authority social worker, health practitioners and a police representative should, as a minimum, be involved in the strategy discussion. Involvement from other relevant practitioners will depend on the nature of the individual case but may include:

- The practitioner or agency which made the referral
- The child's school or nursery
- Any health or care services the child or family members are receiving.
- A Community Paediatrician on call for Child Protection has to be present at a strategy meeting where a child protection medical is considered. Please refer to [Standard Operating Procedure for management of children referred to Child Protection medical examination.](#)

All attendees must be sufficiently senior to make decisions on behalf of their organisation and agencies.

Department for Education (2026) 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 in order 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.

Department for Education (2026) stipulates during and following the Strategy Meeting the Health Professional is required to:

- 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.

Information to be provided by the Health Professional

When a request has been received to provide information or attend a strategy meeting, the child's health record will need to be reviewed. The following information needs to be considered:

- Did the child receive all mandated assessments?
- Were the appointments (this may be antenatal in the case of the unborn child), screening and assessments attended at the scheduled time?
- Has the child seen the General Practitioner and what were the reasons for this?
- Has the child attended the Accident and Emergency Department? Are there any red flag presentations?
- Has the child had any serious illnesses, conditions or operations?
- Have any current health issues been identified?
- Is the service currently involved in the child's care?
- Are there any significant events in the child's record such as domestic abuse?
- Have any vulnerability factors been identified?
- Any concerns noted such as interactions, relationships, home conditions?
- What threshold has this family met for 0-19 service?
- Clarify current address and contact details and identify previous address/ demographic detail if new to area.
- Are the child's immunisations up to date?

Information shared must be clearly recorded in the child's health record with any actions identified.

How will the Health Professional participate in the strategy discussion?

The Health Professional must attend the strategy discussion where requested or share relevant information by a conference call, virtual meeting or attend in person where appropriate to the circumstances.

The Health Professional will present their information. Following all information being presented and discussions held, each professional will make a decision in regards to

which threshold has been met. The decision could be; no further local authority social care involvement at this stage but may require other services (Early Support, Family Help Targeted), complete an assessment under Section 17 (Family Help) or initiate a Section 47 enquiry and/or police to investigate a possible crime. The Health Professional will then contribute to the plan.

When are strategy discussions held?

The Regional Child Protection Procedures for West Midlands stipulate strategy meetings/discussions should be convened as soon as practicable 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.

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 from the Local Authority to ensure that the decisions and agreed actions are fully recorded (Department of Education, 2026). 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

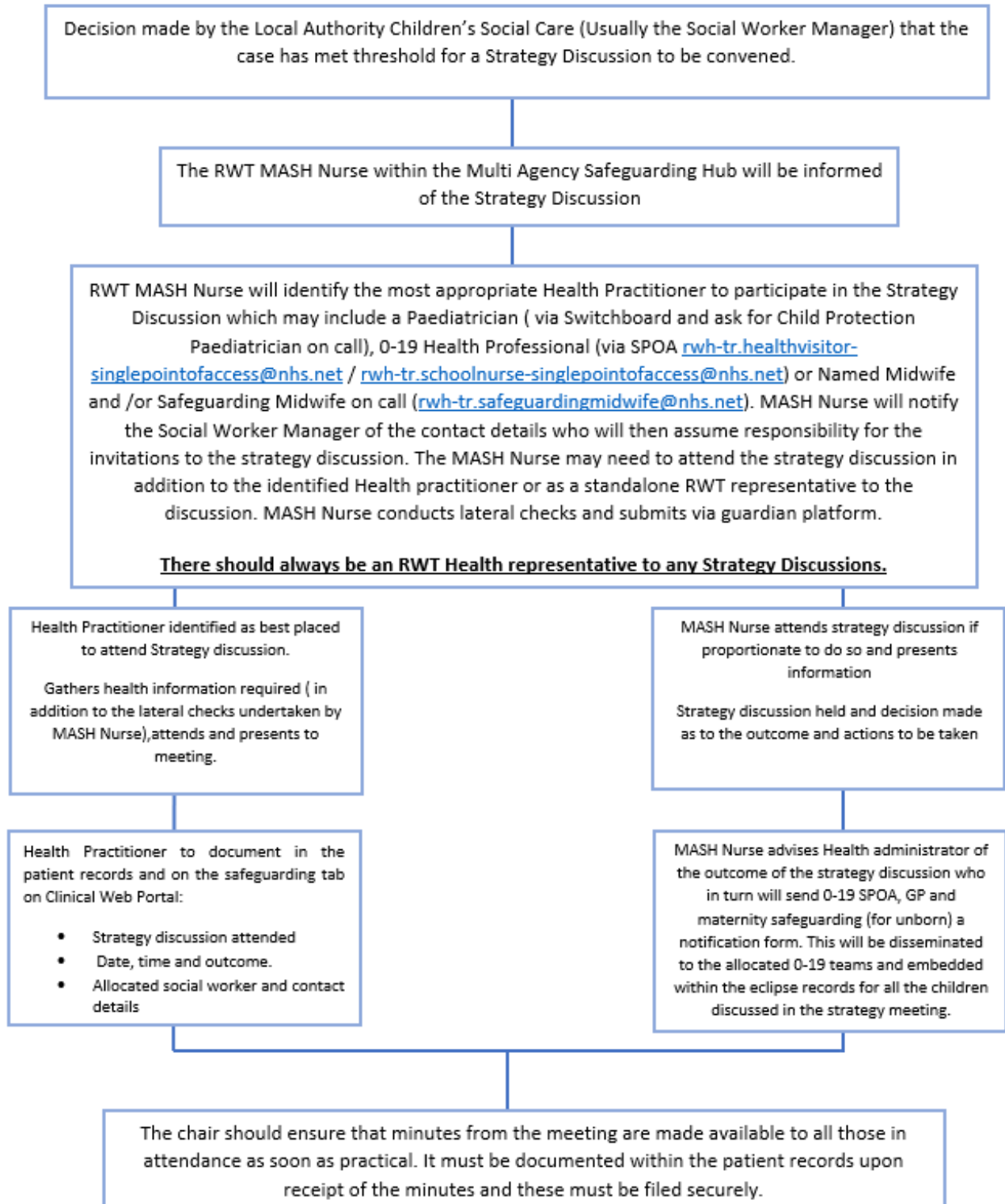
Effective sharing of information between practitioners and local organisations and agencies is essential for early identification of need, assessment and service provision to keep children safe. Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect (HM Government, 2024).

Practitioners must have due regard to the relevant data protection principles which allow them to share personal information, as provided for in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). To share information effectively:

- All practitioners must be confident of the processing conditions under the Data Protection Act 2018 and the GDPR which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as 'special category personal data'.
- Where practitioners need to share special category personal data, they must be aware that the Data Protection Act 2018 contains 'safeguarding of children

and individuals at risk' as a processing condition that allows practitioners to share information. This includes allowing practitioners to share information without consent if it is not possible to gain. It cannot be reasonably expected that a practitioner gains consent, or if to gain consent it would place a child at risk.

Flow Chart of the process within Multi Agency Safeguarding Hub (MASH)



4.0 Equipment Required

The practitioner will require a telephone, access to patient records and a quiet and private room to confidentially contribute to the discussion. In the case the discussion is being held using Microsoft Teams, the practitioner will require a laptop or iPad with access to Microsoft Teams.

5.0 Training

There is no specific training for attendance at strategy discussions however if support is required, this can be accessed on an individual basis from the Safeguarding Children Team by contacting 01902 695163.

6.0 Financial Risk Assessment

1	Does the implementation of this document require any additional Capital resources	No
2	Does the implementation of this document require additional revenue resources	No
3	Does the implementation of this document require additional manpower	No
4	Does the implementation of this document release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programs or allocated training times for staff.	No
	Other comments	

7.0 Equality Impact Assessment

An initial equality analysis has been carried out and it indicates that there is no likely adverse impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

8.0 Maintenance

It is the responsibility of the Safeguarding Children Team to ensure this Standard Operating Procedure is kept up to date with current evidence-based practice, guidance and local policy and procedure.

9.0 Communication and Training

In order to ensure all practitioners are cited on this SOP the following actions will take place;

- To be included in the RWT all user trust bulletin
- Presented to Trust Safeguarding Group
- Delivered through mandatory safeguarding children training
- To be placed on the intranet

10.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Evaluation
Feedback to be provided by MASH Safeguarding Nurse to the MASH health meeting on activity in strategy discussions.	MASH Safeguarding Nurse	Ongoing data collection using daily activity spreadsheets	Bimonthly	MASH health meeting
Feedback to be provided by 0-19 service to TSG on activity in attendance to strategy discussions.	Senior Matron Children's Community Services	Collation of information from safeguarding spreadsheet	Annually	Trust Safeguarding Operational Group

11.0 References

Children Act 1989 and 2004

Department for Education (2026) *Working Together to Safeguard Children: A guide to interagency working to safeguard and promote the welfare of children*. London: Crown Copyright

General Data Protection Regulations (2018)

HM Government (2024) Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers. Crown Copyright

Nursing and Midwifery Council (2018) The Code Professional standards of practice and behaviour for nurses, midwives and nursing associates. London: Nursing and Midwifery Council.

Regional Child Protection Procedures for West Midlands (accessed 02.06.2026)
[Welcome | West Midlands Safeguarding Children Group \(procedures.org.uk\)](https://procedures.org.uk/)

Part A - Document Control

Procedure/ Guidelines number and version SOP02 V3.0	Title of Procedure/Guidelines The Royal Wolverhampton NHS Trust Standard Operating Procedure - Attendance at Strategy Discussions (Children's Safeguarding)	Status: Final		Author: Named Nurse Safeguarding Children For Trust-wide Procedures and Guidelines Director Sponsor: Chief Nurse
Version / Amendment History	Version	Date	Author	Reason
	New procedure – version 1	04.06.20	Safeguarding Children Team Lead	Staff participation in strategy discussions introduced.
	Version 2.0	23.3.2023	Named Nurse for Safeguarding Children	3 yearly review due
	Version 3.0	02.06.2026	Named Nurse for Safeguarding Children	3 yearly review due
Intended Recipients: Staff Trust wide who hold responsibility for a child who is being discussed at strategy discussion.				
Consultation Group / Role Titles and Date: MASH Health Meeting attendees (including Deputy Designated Safeguarding Nurse, CCG) MASH Manager Trust Safeguarding Operating Group attendees Safeguarding Team Leads and Head of Safeguarding Safeguarding Children Team 0-19 Leadership Group Designated Doctor Safeguarding Children				
Name and date of group where reviewed		19.09.2019 – Multiagency Safeguarding Hub Health Meeting 09.02.2020 – Local Governance Meeting 04.11.2020 – Shared with members of Trust Safeguarding Operating Group 22.2.2023- Scoping emails sent for		

	comments July 2023 – Trust Policy Group June 2026 – Scoping emails sent out for comments and shared with members of Trust Safeguarding Operating Group • Group Policy Meeting Membership – July 2026 • Executive Sponsor Approval – August 2026
Name and date of final approval committee(if trust-wide document)/ Directorate or other locally approved committee (if local document)	• Group Policy Meeting Membership – July 2026 • Executive Sponsor Approval – August 2026
Date of Procedure/Guidelines issue	August 2026
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated)	August 2029 – Every 3 Years

Training and Dissemination:

- To be included in the RWT all user trust bulletin
- Presented to Trust Safeguarding Operating Group
- Delivered through mandatory safeguarding children training
- To be placed on the intranet

To be read in conjunction with: CP41 Safeguarding Children Policy

Initial Equality Impact Assessment: Completed Yes

Full Equality Impact assessment (as required): NA

If you require this document in an alternative format e.g., larger print please contact Policy Administrator 8904 for Trust-wide documents or your line manager or Divisional Management office for Local documents.

Contact for Review	Safeguarding Children Team Lead 01902 695163
Monitoring arrangements	It is the responsibility of the Safeguarding Children Team to ensure this Standard Operating Procedure is kept up to date with current evidence-based practice, guidance and local policy and procedure.

Document summary/key issues covered.

This SOP provides best practice, evidence-based guidance to guide and support The Royal Wolverhampton NHS Trust staff on their roles and responsibilities in relation to attendance at strategy discussions as part of safeguarding procedures. This SOP is aimed at all staff working within The Royal Wolverhampton NHS Trust that have direct responsibility for children subject to safeguarding procedures.

Key words for intranet searching purposes	Safeguarding, strategy discussion, safeguarding children, MASH
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