# Strategy discussion record template\*

The convenor must provide the completed template to agency participants within two business days following the discussion

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| --- | --- | --- | --- |
| **Strategy discussion details** | | | |
| Date and time |  | Location of convening agency |  |
| Convenor name, position and agency |  | Name of child/ren |  |
| Participants (name, position and agency) |  | | |

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| **Critical information** *(record any critical information arising from the strategy discussion)* | | | | | |
| Does evidence need to be secured? | Yes  No  Unknown | Are there immediate safety concerns/risks? | Yes  No  Unknown | Current injuries/symptoms? | Yes  No  Unknown |
| Possibility of other victims? | Yes  No  Unknown | Interpreter required? | Yes  No  Unknown | Please describe | |
| Additional information | | | | | |

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| --- | --- | --- | --- | --- |
| **Agreed actions/decisions** *(include extra rows as required)* | | | | |
| Lead agency |  | Follow up discussion required? | | Y N Unknown |
| Initial assessment and support/services to be provided: | | | | |
| Initial actions for each agency | | | Who | When |
|  | | |  |  |
|  | | |  |  |
|  | | |  |  |
| Prescribed/forensic interview and/or assessments (including forensic medical) | | Responsible person and agency | Consent required? | From who |
|  | |  | Y  N |  |
|  | |  | Y  N |  |

\*For care concerns, use the separate planning discussion response plan template available from the DCP intranet.

Note: If a strategy discussion participant does not agree with the strategy discussion meeting record, it is their responsibility to return the record to the convenor as soon as is practicable with proposed amendments. The convenor will then update the template and circulate the updated record to all participants (see Section 3 – [Interagency Code of Practice](https://www.childprotection.sa.gov.au/child-protection-initiatives/interagency-code-of-practice)).

**Strategy discussion prompts**

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| --- | --- |
| **Lead agency** | * What agency will be responsible for leading the interagency response? |
| **Considerations relevant to the child or young person at risk** | * What immediate actions are required to ensure the child/young person’s safety? * What relevant information about the concerns/risk does each agency hold (eg risk factors, immediate and ongoing safety, current circumstances and needs, developmental status, presence of disability)? * What other relevant information does each agency hold (eg current and prior contact with child/young person or family, child/young person’s medical history)? * Is urgent information required to assess risk to the child/young person’s safety? How will it be obtained? * Is there a protective parent or person who can reliably protect the child or young person from imminent and future harm? * What services are engaged with the child, young person and their family? * What support/referrals does the child/young person/family require? * Are there any cultural considerations or is cultural consultation required? * Is an interpreter or other communication assistance/device required? |
| **Considerations relating to the alleged perpetrator** | * What information about the alleged perpetrator(s) and/or parents (including history of suspected or confirmed child harm (either as a victim or alleged perpetrator), criminal history, history of violent, unpredictable or out-of-control behaviour) does each agency hold? * Does the alleged perpetrator have ongoing/planned contact with the child or young person? * Where the child or young person will not be returning to the alleged perpetrator’s care during the investigation period, who will inform the parent/carer? |
| **Interviews and assessments – child or young person** | * What is the urgency to act? * What further information is needed to decide on assessments? * Is a prescribed interview or forensic medical assessment required? Who will conduct it, where and when? Who will attend? * If a forensic medical assessment is required, has consent been obtained/is consent required? From who? * If a prescribed interview or forensic medical assessment is not required, who will interview and/or sight the child/young person? * What other assessments are required? * For what purpose, by whom, where and in what order – focus is on coordinating agency actions to limit the number of times a child/young person is interviewed * Could the child or young person’s age or developmental capacity impact on their ability to engage in the interview? * Who needs to be advised of the interviews/assessments? Is consent required? * Who will support the child/young person? How will they be transported to the interview/assessment? |
| **Interviews and assessments – alleged perpetrator and others** | * Who else needs to be interviewed, by whom and in what order? (this may include the alleged perpetrator, parents/carers (together or separately), notifier, other children/young people) * Consider use of warrants, forensic interview of alleged perpetrators / interviews under caution, DCP Chief Executive directions (eg drug and alcohol/parenting capacity assessments) |
| **Possibility of other victims/children at risk** | * Are there concerns for the safety of other children/young people and is immediate action required? * Does the alleged perpetrator work with or have contact with other children and young people not identified in the notification? * If the allegation relates to serious sexualised behaviour by a child or young person, does the child or young person have contact with other children and young people? * Is urgent information required to assess risk to other potential victims? How will it be obtained? * Does information need to be shared with a targeted parent group/specific community members and/or is a CARL notification required? |
| **Coordination and information sharing** | * Does information need to be gathered from, or shared with, other services? * Who will keep the child/young person and protective parent/s updated? * Are there obligations to notify others (eg statutory, regulatory or employing authorities, broader community) * Are there confidentiality considerations specific to the case? |
| **Other considerations** | * Are other investigative actions required? * Are there any other known risks in the household (eg domestic violence, substance abuse)? * Are there safety issues for staff? Is SAPOL support/’standby breach of the peace’ required? * Are there potential crime scenes that require examination/preservation? * For regional and remote communities – are there additional considerations? * Are any actions required to ensure the safety of the notifier? * Is another strategy discussion required? |