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| **Strategy Discussion** | |
|  | Immediate Strategy Meeting |
|  | Strategy Meeting to be held on **same working day** as this request relates to concerns or allegations indicating serious risk of harm to a child (**serious** physical injury or **serious** neglect) |
|  | Strategy Meeting to be held on the **same working day** as this request relates to an allegation of penetrative sexual abuse and there may be a forensic opportunity available |
|  | Strategy Meeting to be held **within 24 hours** of this request – provide your rationale below |
|  | Strategy Meeting to be held **within 48 hours** of this request – provide your rationale below / allegations relate to organised abused, allegations against staff or volunteers in position of trust |

*A red circle with a white ship and a castle on it

Description automatically generated*

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| **Child and siblings within household** | | | | | | |
| **Name** | **Date of Birth** | **Current Address** | **Previous Address** | **Gender identity** | **Ethnicity / Religion** | **Disability y/n** |
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| **Siblings (outside of household)** | | | | | | |
| **Name** | **Date of Birth** | **Current Address** | **Previous Address** | **Gender identity** | **Ethnicity / Religion** | **Disability y/n** |
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| **Adults in the home** | | | | | | | | | | |
| **Name** | **Date of Birth** | **Current Address** | | **Previous Address** | | **Ethnicity / Religion** | | **Disability y/n** | | **Relationship** |
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| **Other relevant adults (to be included for consideration in the checks)** | | | | | | | | | | |
| **Name** | **Date of Birth** | **Current Address** | **Previous Address** | | **Ethnicity / Religion** | | **Disability y/n** | | **Relationship** | |
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| **Name of Team Manager Requesting / Authorising** |  |
| **Date of this Strategy Request** |  |
| **Name of allocated Social Worker** |  |
| **Team currently assigned to case** |  |
| **Names of any allocated teams already involved with family**  *(e.g., Ruby, Investigations, IRIS/Managed offender teams or the VRU or Topaz)* |  |
| **Date of Incident** |  |
| **Date referral received by Children’s Services** |  |
| **Police Niche Number** *(if referral from Police)* |  |

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| **Reason for requesting strategy - evidence of significant harm or significant risk of harm**  What is the referrer reporting? |
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| **Rationale for request of immediate/24 hours/48 hours** |
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| **Voice of the Child**  What is the child saying? What would they like to do regarding next steps? *i.e., speak to the police, etc.* |
|  |
| **Views of parents**  What would they like to do regarding next steps? |
|  |
| **What is the child’s/ren’s lived experience?**  e.g., evidence from files (Brief Chronology of Social Care History – dates of involvement and closure reasons if applicable) |
|  |
| **What action has already been taken by Social Care to Safeguard and/or validate the concern raised?** |
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| **Current Safety Plan** (in relation to this risk) |
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| **If partner agencies have been asked to provide information in the past, please reference the date received and request update from that date** (last strategy) |
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| **Required at meeting – check box and add names** | | |
| **Social Care Team Manager – Chair** | |  |
| **Business Support** (Minute Taker) | |  |
| **Police – Detective Constable, Child Protection** | |  |
| **Police (if department you know should be involved please tick below please send to: LSUDMBristol@avonandsomerset.police.uk)** | | |
| **Decision Maker Lighthouse Safeguarding Unit**  **Operation Ruby**  **Investigations**  **Operation Bluestone** | **IRIS / Managed Offender Team**  **Violence Reduction Unit (VRU)**  **Operation Topaz**  **Other** | **If pre discussions have occurred, please detail name / department, if known…** |
| **Health**  **See TOR. Community Paediatricians and Sirona Specialist Nurses can share all relevant Sirona information including HV/SHN/ Sirona services if attending - please do not invite HV/SHN as well unless they are the referrer.** | | |
| **Community Paediatrician** (NAI, CSA, Neglect, FII, likely medical required)  **Sirona Specialist safeguarding nurse** (to represent GP / HV / SHN / Sirona Health services)  **Midwife**  **CAMHS** | **Community Mental Health / Peri-natal Mental Health**  **GP** (if referrer)  **Health Visitor** (if referrer)  **School Health Nurse** (if referrer)  **Hospital acute services** |  |
| **Council VRU** | |  |
| **Education Lead** (Designated Safeguarding Lead) | |  |
| **School** | |  |
| **Early Years’ setting** | |  |
| **Preventative Services** | |  |
| **DHI** (Drug and Alcohol Service) | |  |
| **IDVA / Domestic Abuse Lead / Next Link** | |  |
| **Housing / HomeChoice** | |  |
| **Youth Offending Team (YOT)** | |  |
| **BASE/ROUTES (CSE/CCE)** | |  |
| **Probation** | |  |
| **Adult Social Care** | |  |
| **Any other agency/professional?** | |  |