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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 |

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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.* |
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| **Views of parents** What would they like to do regarding next steps? |
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| **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) |
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| **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?** |  |