

Strategy Meeting Request Form

Is the meeting urgent? Y/N If no, what date is the meeting required by?

Type of meeting: S47/S37/Strat. Exploited and Missing/Fabricated Illness/Other

	NAME	PID	DOB/EDD	ADDRESS	RELATIONSHIP TO CHILD, INCLUDING LEGAL STATUS
FIRST CHILD					
SECOND CHILD					
THIRD CHILD					
FOURTH CHILD					
FIFTH CHILD					
PARENTS / CARERS					Include whether they have PR
OTHER MEMBERS OF HOUSEHOLD					
FAMILY NETWORK MEMBERS (includes family, friends and community members)					Include whether they have PR
PERPETRATOR NAME					Include whether they have PR
WORRIES/CATEGORY	PHYSICAL	EMOTIONAL	SEXUAL	NEGLECT	
PROPOSED DATE AND TIME & VENUE					
REASON/PURPOSE FOR STRATEGY MEETING					
DANGER STATEMENT(S)					
SAFETY GOAL(S)					
VOICE OF THE CHILD / WHAT LIFE IS LIKE FOR THE CHILD DAY TO DAY					

Durham Harm Matrix

Behaviour	Timespan	Severity			Impact on the child
		First	Worst	Last	

Existing Safety

Where is there evidence of existing safety that reduces the worries, e.g. actions by the parents or wider family and professional network that have helped to protect the child / young person

External Agencies – Compulsory invites are in red

NAME	POSITION	TEL NO	INVITED Y/N	CONFIRMED Y/N	EMAIL ADDRESS	COMMENTS
	TEAM MANAGER / SOCIAL WORK CONSULTANT					
	SOCIAL WORKER					
	POLICE	101			policestrategy@durham.pnn.police.uk	
	SCHOOL / COLLEGE				SW to provide practitioner details	
	NURSERY				SW to provide practitioner details	
	SCHOOL NURSE				hdftr.durhamstrategyinvites@nhs.net	
	SAFEGUARDING NURSE				cdda-tr.cpteamssouth@nhs.net	

	COMMUNITY MIDWIFE (if involved)				East peterleecommunity.midwives@nhs.net cdda-tr.durhamcommunitymidwifery@nhs.net South cddft.southdurhamcommunity@nhs.net North cdda-tr.durhamcommunitymidwifery@nhs.net Cdda-tr.derwentsidecommunitymidwifery@nhs.net	
	SENIOR MIDWIFE				cdda-tr.cpteamssouth@nhs.net	
	HEALTH VISITOR				hdftr.durhamstrategyinvites@nhs.net	
	GP (Ensure GP for each parent as well as child)				Please provide surgery details	
	Other agencies (if involved)	TC needs name for any agency below				
	FAMILY WORKER (FAMILIES FIRST)					
	ONE POINT					
	PAEDIATRICIAN / SPECIALIST					
	CAMHS				East TEAWVNT.camhs-easington@nhs.net South SW to provide practitioner details North SW to provide practitioner details	
	LA SOLICITOR					
	PROBATION / PUBLIC PROTECTION UNIT				nenps.durham.admin@justice.gov.uk Or please provide practitioner details	
	DRUG & ALCOHOL				strategy.meetings@humankindcharity.org.uk Or please provide practitioner details	
	HARBOUR				invites@myharbour.org.uk	

					Or please provide practitioner details	
	HOUSING (State strategy request in subject bar)				housingsolutions@durham.gov.uk	
	ADULT MENTAL HEALTH				Or please provide practitioner details	
					East tewv.merrickhouseadmin@nhs.net	
	YOUTH OFFENDING SERVICE					
	SPECIAL EDUCATIONAL NEEDS TEAM					
	SUPPORTING SOLUTIONS					
	ERASE					
	FULL CIRCLE					
	CHILDREN WITH DISABILITIES TEAM					
	FAMILY ACTION (YOUNG CARERS)					
	CHILDREN LOOKED AFTER TEAM					
	FOSTERING TEAM					
	OTHER					

FORM COMPLETED BY:

SOCIAL WORKER

TELEPHONE:

MANAGER

TELEPHONE: