|  |
| --- |
| **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 |

|  |
| --- |
| **Child and siblings within household** |
| **Name** | **Date of Birth** | **Current Address** | **Previous Address** | **Gender identity** | **Ethnicity / Religion** | **Disability y/n** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Siblings (outside of household)** |
| **Name** | **Date of Birth** | **Current Address** | **Previous Address** | **Gender identity** | **Ethnicity / Religion** | **Disability y/n** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| **Adults in the home** |
| **Name** | **Date of Birth** | **Current Address** | **Previous Address** | **Ethnicity / Religion** | **Disability y/n** | **Relationship** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **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** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **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)* |  |

|  |
| --- |
| **Reason for requesting strategy - evidence of significant harm or significant risk of harm** What is the referrer reporting? |
|  |
| **Rationale for request of immediate/24 hours/48 hours** |
|  |
| **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?**  |
|  |
| **Current Safety Plan** (in relation to this risk) |
|  |
| **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) |
|  |

|  |
| --- |
| **Required at meeting – check box and add names** |
| [ ]  **Team Manager – Chair** |  |
| [ ]  **Business Support** (Minute Taker) |  |
| [ ]  **Police – Detective Constable, Child Protection**  |  |
| **Police (if department known please tick below, if unsure then please send to:** **lsudmnorth@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** |
| [ ]  **GP**[ ]  **Health Visitor**[ ]  **Midwife**[ ]  **School Health Nurse**[ ]  **Hospital acute services** | [ ]  **CAMHS**[ ]  **Community Mental Health / Peri-natal Mental Health**[ ]  **Sirona Specialist safeguarding nurse** |  |
| [ ]  **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 (Barnardos Against Sexual Exploitation** |  |
| [ ]  **Probation** |  |
| [ ]  **Adult Social Care** |  |
| [ ]  **Any other agency/professional?** |  |