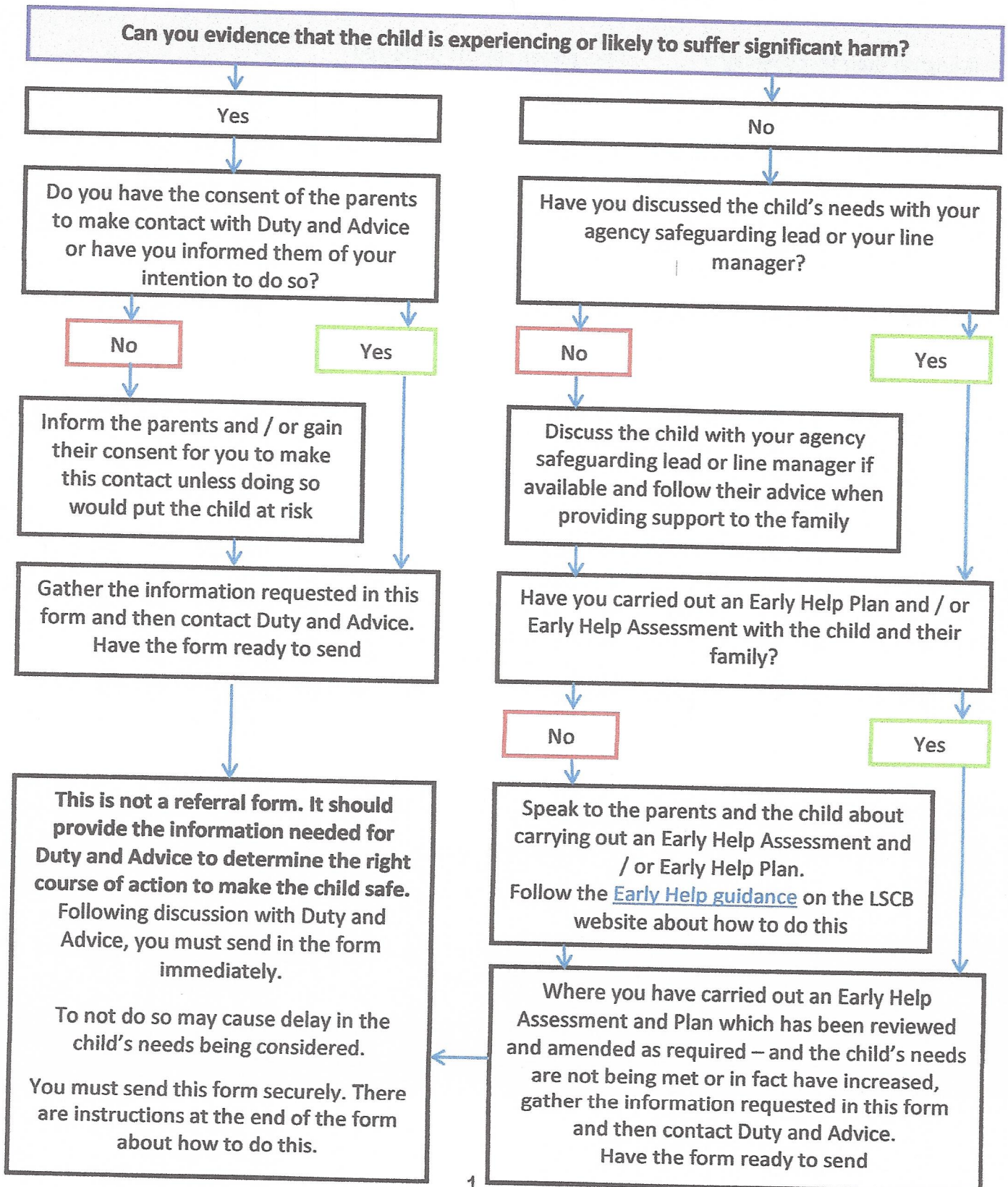


# Front Door Safeguarding Hub Contact Form – 2017

## Duty and Advice Team

(This form replaces the previous Record of Contact Form)

Before contacting Duty and Advice Team and completing this form, please answer the following questions and follow the advice provided:



## 1. Child information

Last name:

First name:

Any other names used:

DOB or EDD (DD/MM/YY):

Gender:

Ethnicity:

Does the child have a disability?

Yes                      No

If yes, please provide details

Is English their first language?

Child    Yes              No

Parent   Yes             No

If no, please specify preferred language:

Refer to equality monitoring guidance available [here](#)

Present School:

Preschool:

Children's Centre:

Unique Pupil Number (UPN):

NHS Number:

Present Address:

Previous address (if from outside Leeds or at present address less than one year):

Home telephone:

Mobile telephone:

Is the child being looked after by someone other than their birth parents?

Yes                      No

If yes, give details of who they are being looked after by, the relationship to the child, when this arrangement commenced and how long it is intended to go on for

## 2. What are you worried about?

What are the key risks and concerns – be specific about these – what, when, how, to what extent etc.

What evidence do you have to support this? Being specific about your concerns will save time later.

Include information about:

- The child's developmental needs
- The capacity of their parents to meet these needs
- Details of the child's environment relevant to this contact
- Details of any injury or disclosure that you have become aware of or details of chronically neglectful circumstances and what actions if any have already been taken

Do you suspect that the child may be in need of support?

Yes                      No

Give details:

What is going well despite these risks and concerns?

What are the strengths or the protective factors in the family

What needs to change for the child so that the risk to them is reduced?

What have you or someone else done already to reduce the risks?  
(Give details of Early Help Assessments and Plans in Section 3 below)

**3. Have you sought advice from your agency safeguarding lead or line manager?**

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what advice did they give you?

Give details of the name, role and contact details of who gave this advice (safeguarding lead or line manager)

Give details of what happened when you followed this advice

**4. Have you initiated or completed an Early Help Assessment and / or Plan**

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, attach the relevant documents with this form

Ref. number: \_\_\_\_\_ If no, state reasons why not undertaken: \_\_\_\_\_

Name of Lead Practitioner: \_\_\_\_\_

Contact details: \_\_\_\_\_

Have you discussed this contact with the Lead Practitioner?

Yes          No          Details

**5. Consent or Informing the parent and others**

Have you informed the parent or carer and child or young person that you are making this contact?

Parent or Carer - Yes          No

Child or young person - Yes          No

Has consent been given for this contact?

Yes          No

Verbal consent?          Yes          No

Written consent?          Yes          No

If no, please tell us why not.

Information on this can be found in the [Children's Online Procedures](#)

Who gave consent?

### 6. Additional information about the child or young person

Household members	Relationship to child	DOB DD/MM/ YY	School/ preschool	Does this person hold parental responsibility?
Other significant adults	Relationship to child	DOB DD/MM/ YY	Address	Does this person hold parental responsibility?

Are you aware of any previous social work involvement?    Yes                  No  
 If yes, provide details:  
 Was this in Leeds?                  Yes                  No                  If no, where was it?

### 7. Details of person making the contact – This section must be completed in full

Name: \_\_\_\_\_ Agency / Name of Organisation: \_\_\_\_\_

Role / position in agency / job title: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Contact no: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of contact made: \_\_\_\_\_

### 8. Other practitioners involved with the family

Please note details of any workers currently involved with the family:

Practitioner name	Job Title / Role	Agency	Phone no/ contact details
	GP		
	Health visitor if child under 5		

For example: school or early years setting, Police, particular Health agency, third sector organisation, probation service, or youth service.

**9. Are you concerned that the child/young person is at risk of Child Sexual Exploitation?**

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you completed the [Child Sexual Exploitation Checklist Tool for Partner Agencies?](#)

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach the completed tool with this form

If no, state reason why this has not been undertaken:

**10. Additional information**

If you have additional information to further support the contact, please provide this below or on an additional sheet.

**11. What to do next**

Following your verbal contact with Duty and Advice you need to send this completed form to them immediately and securely.

To do this you should email it to: [ChildScreening@leeds.gcsx.gov.uk](mailto:ChildScreening@leeds.gcsx.gov.uk)

Anyone contacting Duty and Advice who has a leeds.gov.uk email account does not need a secure email account to do so. Other agencies have secure email accounts and should use these when sending the form in. These include: health (nhs.net); Police (.pnn); and Probation (.gsi).

Practitioners from the third sector and schools may not have secure email accounts. In order to ensure that the information is sent securely, Duty and Advice Team will advise on how to do this.

Practitioners should send a copy of the completed form to their own agency Safeguarding lead (as available) and / or line manager and ensure a copy is saved in the relevant adult / child records in that agency.

Where practitioners have contacted the Duty and Advice Team for advice/information they should action the advice that has been offered.

**12. What to expect next**

Following the contact and the receipt of this form by email, Duty and Advice Team will decide on a course of action.

An automatic reply email will be sent to confirm that an email has been received by Duty and Advice at the Front Door.

**Practitioners involved with a child or family can phone the Duty and Advice Team on: 0113 376 0336 between 8.00am to 6.00pm.**

**If your enquiry needs a response from Children's Social Work Service outside normal office hours, please phone the out of hours Children's Emergency Duty Team on 0113 3760469.**

**If you feel that a child is immediately at risk please contact the Police on 999.**



# Leeds Early Help Action Plan

LEHAP v4.0

<b>EARLY HELP (Person ID) No.</b>	
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Lead Professional			
Agency		Job Title	
Email Address		Contact Number	

## SUMMARY ASSESSMENT

Summarise key issues for the child/young person and/or family from the main assessment.

Strengths:

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Needs:

--

Additional Information (including details of disability):

--

## DESIRED OUTCOMES

**Long Term Goal Statement:** Provide a statement of how things will look for the child/young person and family when progress is good enough to close this Early Help Action Plan, based on the needs currently identified. If needs change, a different statement may be required.

Is a Team around the Family (TAF) meeting going to be held?

TAF Meeting Date:

Yes

No

If 'No' indicate reason:

No further action – Early help closed

Superseded by specialist assessment

Family Action

Single Agency

# Early Help – Common Internal Record



This form is intended to gather information about a child/young person's current situation. It is to be completed in partnership with the child or young person/parents or carers. This information can support the completion of an Early Help Plan on the Framework database in order to access support and coordinate services. If this information is shared, **consent** must be sought prior.

<u>Your Details</u>			
Your Name:		Your Job Title:	
Your Agency:		Contact No:	
Your Email:		Consent received from Parent/Carer?	Y / N
<u>Child's Details</u>			
Family Address:		Postcode:	
Child's Name: (Any Aliases?)			
DOB or E.D.D:		Ethnicity:	
Gender:		Does this child have a disability/SEN?	
<u>Child 2</u>			
Child's Name: (Any Aliases?)			
DOB or E.D.D:		Ethnicity:	
Gender:		Does this child have a disability/SEN?	
<u>Child 3</u>			
Child's Name: (Any Aliases?)			
DOB or E.D.D:		Ethnicity:	
Gender:		Does this child have a disability/SEN?	
<u>Parent/Guardian Details</u>			
Parent/Carers Name:		DOB:	
Address:		Relationship:	
Contact No:		Mobile No:	
Parent/Carers Name:		DOB:	
Address:		Relationship:	
<u>Other Household Members (Any other siblings)</u>			
Name:		DOB:	
Relationship to child:			
Name:		DOB:	
Relationship to child:			
Name:		DOB:	
Relationship to child:			



<p><b>General health</b></p> <p>Record information on general health/wellbeing. Consider hygiene, vision, speech, hearing, hospital visits, diet, general fitness, recent ailments, disability, drug use, sexual health, pregnancy and dental health. <u>Include any details on SEN and Disabilities</u></p>	<p><b>Strengths</b></p> <hr/> <p><b>Needs</b></p> <hr/>
<p><b>Personal development</b></p> <p>Relationships with adults and peers, general wellbeing, confidence, motivation, behaviour, positive image of own race, culture and gender, sense of belonging. Growing independence and abilities to deal with decision-making challenge, Disappointment and conflict.</p>	<p><b>Strengths</b></p> <hr/> <p><b>Needs</b></p> <hr/>
<p><b>Enjoying &amp; achieving</b></p> <p>Ability opportunity to learn new skills, make progress with basic skills, build on skills and interests, be self-confident, motivated and overcome barriers, attend school, continue to work at difficulties, problem solve, and opportunity to play/relax</p>	<p><b>Strengths</b></p> <hr/> <p><b>Needs</b></p> <hr/>
<p><b>Parenting consider...</b></p> <p>Basic care, Safety, Security, Stability, guidance, clear boundaries, encouragement and praise, role models for discipline, self-control, positive behaviour, dealing with conflict, disagreements, disappointments or challenge</p>	<p><b>Strengths</b></p> <hr/> <p><b>Needs</b></p> <hr/>
<p><b>Family &amp; Environment</b></p> <p>Family health, size, make up, bereavement, relationship breakdown, domestic or community violence, housing conditions e.g. overcrowding, employment, income. Access to facilities such as nursery.</p>	<p><b>Strengths</b></p> <hr/> <p><b>Needs</b></p> <hr/>
<p><b>Do you know of relevant needs within the wider family?</b></p> <p>Please identify clearly which family member individual needs apply to.</p>	

## COMMENTS

Please use the boxes below to record any comments or differences of opinion.

Child/Young Person's Comments:

Parent/Carer's Comments:

Practitioner's Comments:

Any Other Comments:

## CONSENT AND AGREEMENT

Following this meeting, does this information need to be shared with any additional professionals who the family have not already given consent to share with. Please list below:

Consent to share information with (list agencies):

Consent given by:

<u>Print Name (BLOCK CAPITALS)</u>	<u>Signature (or where held)</u>	<u>Date</u>	<u>Relation to child/young person</u>

**The following Data Protection statement is the most current and needs to be replicated in the forms you use:**

In accordance with the Data Protection Act 1998 we must inform you that by signing this form you are giving your consent to process the information we collect from you whilst we have involvement with you and your family, for the purposes of providing support. This information may be shared, but only where appropriate, with other relevant professionals and organisations, such as the NHS, Leeds City Council, and Families First programme. Sharing with the Families First programme may allow us to access additional family support and/or funding for you

Each agency is duty bound to follow data protection and child protection policies and guidelines and will ensure the safe transfer and storage of any information they record. I agree that information about my family may be shared, and sought from other relevant agencies to help ensure that my child/ren and family receives the support we need.

If there are changes in family circumstances or our family no longer want support from any of the services involved or offered it is understood by everyone that it is the responsibility of the parent/carer to inform the requesting agency or worker.

The Council may have to give some of the information we collect from you to relevant government departments, such as the DfE or the DCLG, for research purposes and with the aim of making the services of Leeds City Council better. Any sharing will be done only where it is necessary or where we are legally obliged to do so and is strictly in accordance with the Data Protection Act. Your information may be collated or monitored, where possible in an anonymized format, to ensure you receive the correct support and services. Should you choose not to consent to sign this form then please note we may still be required under law to process and share the information in this form without your agreement, for example when we believe a child is at significant risk of harm.

**Identified Needs from Early Help Assessment (Cont'd..)**

**Parent/Carer**

Alcohol Misuse	<input type="checkbox"/>	Benefits/Financial Issues	<input type="checkbox"/>	Criminal Activity	<input type="checkbox"/>
Domestic Abuse	<input type="checkbox"/>	Drug Misuse	<input type="checkbox"/>	Housing Need	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	Emotional Wellbeing/Mental Health	<input type="checkbox"/>	Non-Engagement with Health Services	<input type="checkbox"/>
Parenting Support	<input type="checkbox"/>	Physical Disability or Health Needs	<input type="checkbox"/>	Socially Unacceptable Behaviour	<input type="checkbox"/>

**Other Family/Household Member**

Alcohol Misuse	<input type="checkbox"/>	Benefits/Financial Issues	<input type="checkbox"/>	Criminal Activity	<input type="checkbox"/>
Domestic Abuse	<input type="checkbox"/>	Drug Misuse	<input type="checkbox"/>	Housing Need	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	Emotional Wellbeing/Mental Health	<input type="checkbox"/>	Non-Engagement with Health Services	<input type="checkbox"/>
Parenting Support	<input type="checkbox"/>	Physical Disability or Health Needs	<input type="checkbox"/>	Socially Unacceptable Behaviour	<input type="checkbox"/>

**If after completing this form an Early Help Plan is required, please ensure the identified needs above have been selected and then request the appropriate family consent and contact Families First Admin on 0113 37 60336 (Option 1) to register the Early Help Plan.**

<b>Person ID/s:</b>	
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When registered, you will be given a person ID/s on the child/children involved in the EH plan.

**Consent:**

Name	Signature	Date:

**The following Data Protection statement is the most current and needs to be replicated in the forms you use:**

In accordance with the Data Protection Act 1998 we must inform you that by signing this form you are giving your consent to process the information we collect from you whilst we have involvement with you and your family, for the purposes of providing support. This information may be shared, but only where appropriate, with other relevant professionals and organisations, such as the NHS, Leeds City Council, and Families First programme. Sharing with the Families First programme may allow us to access additional family support and/or funding for you

Each agency is duty bound to follow data protection and child protection policies and guidelines and will ensure the safe transfer and storage of any information they record. I agree that information about my family may be shared, and sought from other relevant agencies to help ensure that my child/ren and family receives the support we need.

If there are changes in family circumstances or our family no longer want support from any of the services involved or offered it is understood by everyone that it is the responsibility of the parent/carers to inform the requesting agency or worker.

The Council may have to give some of the information we collect from you to relevant government departments, such as the DfE or the DCLG, for research purposes and with the aim of making the services of Leeds City Council better. Any sharing will be done only where it is necessary or where we are legally obliged to do so and is strictly in accordance with the Data Protection Act. Your information may be collated or monitored, where possible in an anonymized format, to ensure you receive the correct support and services. Should you choose not to consent to sign this form then please note we may still be required under law to process and share the information in this form without your agreement, for example when we believe a child is at significant risk of harm.

Work together to name <b>WHAT</b> changes people may want to see.	
Record ideas on <b>HOW</b> to make this happen. Include major differences in opinion if there are any.	
<b>Long Term Goal</b> Provide a statement of how things will look when progress is good enough to close this case.	
<b>Immediate Actions</b> Identify if there are any actions that are needed Immediately. Who is going to do what And by when?	
<b>Next Steps</b> Identify what you intend to do next – will a Team around the Child be required?	

<b>Agencies currently working with the family</b>			
Practitioner Name	Job Title	Agency	Phone Number
		GP	
		Dentist	
		School	

**Additional Information:**

Please select all options that apply to each child/ren. If an individual sibling has a specific need please indicate as appropriate. Where needs of the adults have an impact on the child please be clear what consequent needs the child has e.g. parental alcohol misuse impacts on child school attendance. If you select the option "Abuse or Neglect", you must have considered making contact with Children's Social Work Services.

<b>Identified Needs from Early Help Assessment</b>					
<b>Child</b>					
Abuse or Neglect	<input type="checkbox"/>	Domestic Abuse	<input type="checkbox"/>	Homeless Housing Needs	<input type="checkbox"/>
Alcohol Misuse	<input type="checkbox"/>	Drug Misuse	<input type="checkbox"/>	Missing Education	<input type="checkbox"/>
Attendance and Exclusions	<input type="checkbox"/>	Gangs	<input type="checkbox"/>	Not in Education, Employment or Training	<input type="checkbox"/>
Child Sexual Exploitation	<input type="checkbox"/>	Develop Social Skills And Enjoy Recreation	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>
Emotional Wellbeing/Mental Health	<input type="checkbox"/>	Physical Health Needs	<input type="checkbox"/>	Problematic/Harmful Sexual Behaviour	<input type="checkbox"/>
Self-Harm/Risk of Suicide	<input type="checkbox"/>	Socially Unacceptable Behaviour	<input type="checkbox"/>	Teenage Pregnancy	<input type="checkbox"/>
Young Carer	<input type="checkbox"/>	Youth Offending	<input type="checkbox"/>		<input type="checkbox"/>

## MEETING DETAILS

TAF Meeting Date:

- Please list everyone who was invited to the TAF meeting including the family, regardless of whether or not they attended.
- Please use first names only for family members to ensure security of information.

<u>Professional/Family Member Name</u>	<u>Agency/Family Relationship</u>	<u>Contact Number</u>	<u>Attended?</u>		<u>Update Sent?</u>	
			<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

