

|  |  |
| --- | --- |
| Name of Duty and Advice Worker you have spoken to: |  |

|  |  |  |
| --- | --- | --- |
| 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: |  |
| Are there any additional communication needs within the family? If so what support is needed | | |
| Present School: | Preschool: | Children’s Centre: |
| Unique Pupil Number (UPN): | NHS Number: |  |

|  |  |
| --- | --- |
| Present Address: | Previous address (if from outside Kirklees 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. consent or Informing the parent and others**  **Please refer to the consent guidance on Page 1. Kirklees Duty and Advice Team are unable to progress any referral without consent, unless this would place a child at risk of significant harm.** |
| Have you informed the parent or carer and child or young person that you are making this contact?Parent or Carer - Yes       NoChild 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. |
| Who gave consent? |

|  |
| --- |
| 3. What is the reason you have contacted Duty and Advice today? |
| 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) |

|  |  |  |
| --- | --- | --- |
| 4. 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 | |

|  |  |  |
| --- | --- | --- |
| 5. 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 | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 Kirklees? 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 Heath 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: |

|  |
| --- |
| **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: DutyandAdvice@kirklees.gov.uk

Anyone contacting Duty and Advice who has a kirklees.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:**  **01484 414960 between 8.45am to 5.15pm.   If you feel that a child is immediately at risk please contact the Police on 999.** |