

Lead Practitioner Starter Pack

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**Early Help Co-ordinators DUTY LINE telephone number is 01302 736250**

**A member of the Early Help Co-ordinator Team will be available to support you daily from 8:30 till 4:30 (Mon – Fri)**

CON2\_FORM

**Consent Statement**

The Early Help Assessment and TAC/F is a voluntary process and consent from the Child, Young Person and Family is required before the information in this assessment is shared outside of your agency.

|  |  |  |
| --- | --- | --- |
| **Doncaster Safeguarding Children Partnership**  **Children and Young People’s Services**  C:\Users\NatashaWat\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\HDU0GZM4\DSCP_Logo.jpg  **Family Consent Record** | | |
| Child / Young Person’s Name & DOB: |  | |
| Consent Dates |  | |
| Privacy Notice Issued? *(If no, please action this as soon as possible)* | ☐ Yes ☐ No | |
| Consent Decision | ☐ Child / Young Person can make his/her own decisions  and has  agreed to the Early Help Assessment  ☐ One Parent has Agreed to the Early Help  Assessment  ☐ Both parents have agreed to the Early Help  Assessment  ☐ Child / Young Person’s & Parents have agreed to the  Early Help  Assessment  ☐ Parent (s) have NOT agreed to the Early Help  Assessment  ☐ Neither child / young person nor parents have agreed  to the Early  Help Assessment  ☐ No consent sought or answered in time (open  case without consent as an emergency)  ☐ Informed consent | |
| *If proceeding with enquiry without consent please specify the reason for this* | This is mandatory to be completed if consent not sought | |
| Related Person(s) deciding on the consent | | |
|  | | |
| Other Person(s) Deciding on Consent | | |
|  | | |
| Further Details |  | |
| **Consent Restrictions** | | |
| Consent given for ALL departments and user | ☐ Yes ☐ No | |
| **Comments** |  | |
| **Signatures of Consent**  **I agree to the Early Help Assessment taking place.**  **I understand that the information that is relevant for my child’s / my needs will be recorded and securely stored as a paper or electronic file.**  **I agree that this assessment can be shared with other professionals in order to help provide and co-ordinate support to my family.** | | |
| **Name:**  Parent / Carer / Child / YP | |  |
| **Signed:**  Parent / Carer / Child / YP | |  |
| **Name:**  Practitioner | |  |
| **Signed:**  Practitioner | |  |
| **Date:** | |  |

**Note: If you are completing this as a paper version and not electronic you should send a copy to Early Help Hub along with the enquiry form.**

**Parents – best questions to complete the EHA**

* **Health**

Are you registered with a doctor? Are appointments attended when made? When did your child last see a doctor?

Are your child’s immunisations up to date?

Do you have any concerns regarding your child’s health?

When was the last time you saw any other Health staff? i.e. Health , Optician?

Is there anyone you would like to see who could help your child?

Has your child had any recent hospital visits? i.e. A & E

What activities does your child do to keep them healthy

* **Mental Health**

Risk of self-harm?

Anxiety or depression?

Eating disorders

* **Physical Development**

Does your child eat regularly?

Do they eat a variety of foods?

Does your child have any allergies?

What is the routine for eating in your home?

Where do you/ your child sit when it is time to eat?

Does your child need any equipment for life i.e. Hearing aids, glasses?What is your child’s speech and language like?

Do you think you have effective communication with your child?

* **Emotional and Social Development**

Do you know what makes your child happy or sad and how do you know if they are?

Do you feel your child has bonded with you?

Can/does your child express their feelings?

Do you think your child give appropriate responses in their feelings and actions?

Can your child show empathy and an understanding for others?

What is your child’s relationship like with others i.e. relatives and friends?

Do you think your child has an understanding of their own actions on others?

* **Behavioural Development**

How would you describe your child’s behaviour?

Do you know what your child’s likes and dislikes are?

What are your worries regarding your child’s behaviour?

Is your child’s behaviour contained to just home or other environments i.e. School, community?

Does your child put anyone at risk from their behaviour?

Do you think your child has an understanding of their actions on others?

* **Identity**

Does your child demonstrate when they like/don’t like a person?

Does your child recognise their own abilities?

Any issues with bully or discrimination?

Is your child overfriendly or withdrawn?

Any issues with poor personal hygiene?

Does your child show willingness to engage?

Does your child know their place in your family?

* **Family and social relationships**

Does your child enjoy the company of other children or do they prefer the company of adults?

How close is your child to other members of your family?

Are there other members of your family who behaviour impacts on your child?

Does your child engage in social activities?

Do they have friends inside and outside of school?

* **Self-care skills and independence**

Does your child have any self-care skills?

Do they have knowledge of boundaries and consequences?

Do you think your child is able to make appropriate decisions?

Do they have the ability to cook/ make drinks for themselves?

Do you think your child copes with big changes in their life?

* **Learning**

How is your child getting on at school?

Do they attend regularly?

Do you have good links with school?

Does your child have support in school?

**Understanding and reasoning**

Can your child follow simple instructions?

**Participation in learning**

Does your child have age appropriate toys and games?

Do you play with your child?

Does your child have a good range of skills and interests?

What do you think they are good at doing?

**Progress and Achievement**

What has your child achieved?

Do you know what your child’s favourite lesson is at school?

What does your child enjoy doing?

**Aspirations**

What do you want your child to achieve in life?

Do you know what your child wants from their lives?

* **Basic Care**

Do you feel you are able to keep your child safe?

Do you think your child’s needs are being met?

Do you feel your house is a safe place for your child

How do you protect your child from harm?

* **Emotional warmth**

Do you enjoy being with your child?

Do you hug your child/ share cuddles? How does your child show you affection?

Do you feel you need any help looking after them?

Do you think you have a secure and loving relationship?

Do you think your child know your love them?

* **Guidance and boundaries**

What do you and your child enjoy doing together?

How do you get your child to do what you would like them to do?

What boundaries are important to you as a parent?

Do you think your child understands boundaries?

Do you think you protect your child enough or are you to over protective?

What kind of activities does your child take part in? Do you think they are age appropriate?

Do you think your child knows you are interested in what they do?

* **Family History**

Do you feel safe in your home?

Is there someone you can turn to for help if you needed to? Friend or family

Has there or is there any domestic violence in the home environment?

Do you have routines or chaos in the home?

Is there any substance or alcohol misuse in the home?

Do you have any worries or concerns about your family that you would like to share?

* **Wider Family**

How often do you see your extended family? What is your child’s relationship with the extended family like?

Have you had any significant changes in your family recently?

Do you think anyone in the family poses a risk to your children?

Do you and your child have anyone else that is important in your lives?

* **Housing and employment**

How does your home meet your family’s needs?

Are you claiming any benefits?

Do you have any financial worries?

Does your child know what you work as? Do you think you working has an impact on your child?

How do you think you child feels about your home?

* **Social and community**

Do you have any difficulty accessing local resources?

How long have you lived in the area?

Do you feel socially accepted or isolated?

What is the crime level like in the area?

**Young children – Best Questions to complete the EHA**

**(Child’s Voice)**

**Health**

What makes you happy?

What makes you sad?

What makes you feel better when you are sad?

Do you get ill a lot?

What do you like to do?

What is your food/ drink?

What time is your bed time? Do you sleep straight away?

**Identity**

Are you more happy than sad? Or the other way round?

Do you like who you are? Do you like what you look like?

**Family and social relationships**

Who lives with you?

Tell me about your friends at school?

Tell me about your best friend?

Tell me about your family?

**Self-care and independence**

What happens when you get up in the morning (routine)?

Who helps you get ready?

Which are your favourite clothes to wear?

**Learning**

Tell me about school?

What is your favourite subject?

Which lessons do you like/dislike?

How do you learn best?

**Emotional and social development**

Who do you play with at break times?

Tell me about your family?

Who is your favourite person in the world?

**Behavioural development**

What makes you sad and angry?

What do you like and dislike?

How do you feel when you get angry?

What do you think your behaviour is like?

**Mature Children – Best Questions to complete the EHA**

**(Child’s Voice)**

**Healthy.**

Are you feeling well today? Do you always feel well?

What things do you do that keep you healthy?

Do you find reading and writing easy at school?

What food do you like to eat?

What have you eaten today?

What activities do you like doing best?

**Emotional and Social Development**

What makes you Happy? How do people know you are happy?

What makes you sad/upset/angry? How do people know you are sad/upset/angry?

What makes you worry?

Do you find it easy to talk to people about how you feel?

Do you ever do things because they are exciting without thinking about what might happen or that you might get into trouble?

Have you ever been or are you being bullied?

Who do you spend most of your time with?

How much time do you spend on your own?

Who do you feel close to?

**Behavioural Development**

How was your behaviour today?

Have you been told off by anyone at home or at school today? Tell me why?

Can you tell me about a time you helped someone?

**Identity**

Who is the most important person/people in your life?

What is the most special thing about you?

Is there anything about yourself you don’t like?

What do you think other people like about you?

Do you feel you are different from other people?

**Family and Social Relationships**

Who do you call family? How often do you see them?

What do you enjoy doing with your family?

How important are your friends to you?

Do you have a best friend?

**Self-Care and independence**

What can you do for yourself?

Do you need any help with day to day things?

Do you get to do what you like?

How do you cope with big changes in your life?

**Learning**

**Understanding, reasoning and problem solving**

Tell me what you did yesterday

If someone treated you unfairly what would you do?

Do you like reading? What is your favourite type of book to read?

**Participation in learning**

How regularly do you attend school?

Do you enjoy school?

What do you think you are good at doing?

Who can you ask for help about learning?

**Progress and achievement**

What is your favourite subject at school?

Do you think you need any additional help at school?

**Aspirations**

Do you give up easily if you find something hard?

What do you want to do when you leave school?

**Basic Care**

Is your home warm?

Do you have breakfast, dinner and tea? What sort of thing do you have?

Can you keep yourself clean at home? Do you bath/shower/ wash?

Is there anything in your home that makes you feel unsafe?

**Emotional warmth and Stability**

Who lives with you at home?

Who cares for you?

If you were upset or frightened who would look after you?

If you are doing something well who would be proud of you and tell you well done?

**Guidance and boundaries**

Are your parents interested in what you do?

Do your parents encourage you with your learning?

Do you think your parents over protect you? Or do you think they don’t protect you enough?

If you did something wrong what would happen and who would be the person to talk to you about it?

How do you react when someone asks you to do things that you don’t want to do.

Do you have house rules in your home?

**Family and Environment**

**Family History and Functioning**

When you want to know something about your family who do you ask?

Do you have routines at home like at bed time/ getting ready for school?

When was the last time you had a really good time with your family? What did you do? What made it good?

Is there someone in your family that you know and trust that you can go to for help if you need to?

**Wider Family**

Apart from your family here at home who else is important to you?

Do you think someone that is not really a member of your family can feel like family as you have known them for that long? Do you know anyone like that?

**Housing and employment**

Do you like the area you live in?

Do your parents work? Do you know what they do?

**Social and community**

What local facilities do you use?

When you are out with family/friends what sort of thing do you do?

What’s the worst /best thing about living where you do?

Is there anything in the local community that you would like to do but don’t?

**Support**

What support would you like in order to improve your life?



**EARLY HELP ASSESSMENT**

**FOR CHILDREN ANDYOUNG PEOPLE**

Details of infant, child or young person being assessed (if unborn state name as 'unborn baby' and mother's name, eg unborn baby Jane Doe)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of assessment** | | | | | Child's reference number: | | | | | | | |
| Family / Surname | | | | | | | First Name(s): | | | | | |
| Also Known as / previously known as: | | | | | | | | | | | | |
| Male: | Female: | | | | | | | | | | | Unknown: |
| Date of birth/expected date of delivery: | |  |  |  | |  | |  |  |  |  | Age: |
| Address: | | | | | | | | | | | | |
| Contact telephone number: | | | | | | | | | | | | |
| Previous address (use separate sheet for more addresses if needed): | | | | | | | | | | | | |
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| **People present or involved in the assessment** |
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**EARLY HELP ASSESSMENT**

Consider each of the elements, the extent they are appropriate in the circumstances. You do not need to provide extensive detail on every element, but must show you've considered all elements. Please do not leave any section blank, enter 'information not available'. Wherever possible base comments on evidence not just opinion and indicate what your evidence is. Any differences of view should be recorded. Ensure you detail strengths as well as areas of need or concern.

**1 Development of the unborn baby, infant, child or young person**

|  |
| --- |
| **Health** |
| **Parents View**  . |
| **Child/Young Person view** |
| **Emotional and social development** (include the emotional and social response the child or young person gives to parents and significant others) |
| **Parents View** |
| **Child/Young Person** |
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| **Behavioural development** (include lifestyle, self control, substance use/abuse, violent, aggressive or inappropriate behaviour) |
| **Parents View** |
| **Child/Young Person view** |
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| **Identity** (include self esteem, self image and social presentation) |
| **Parents View** |
| **Child/Young Person view** |
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| **Family and social relationships** |
| **Parents View** |
| **Child/Young Person** |
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| **Self care skills and independence** (include the development of practical, emotional and communication abilities to increase independence) |
| **Parents View** |
| **Child/Young Person view** |
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| **Learning** (include understanding and reasoning, participation in learning, progress and achievements) |
| **Parents View** |
| **Child/Young Person view** |
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**2 Parents and Carers**

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| **Basic care ensuring safety and protection** (include the extent to which the child or young person's physical needs are met and they are protected from harm or danger, including self harm) |

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| **Emotional warmth and stability** (include the stability of the family environment and consistency in relationships giving the child or young person a sense of being valued) |

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| **Guidance, boundaries and stimulation** (include enabling the child or young person to regulate their behaviour and emotions. Providing opportunities for learning and stimulation, appropriate encouragement and promoting social opportunities) |

**3 Family and Environment**

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| --- |
| **Family history, functioning and well being**  *The impact of family situations and experiences on the child or young person, routines, culture, experience of abuse, parent/carers physical/mental health, substance use/abuse, and level of interest in the child or young person.* |

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| **Wider family**  *Relationships, networks, level of support, roles and responsibilities* |

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| **Housing, employment and finance**  *Include the living arrangements and environment, access to appropriate amenities, any financial pressures* |

|  |
| --- |
| **Social and community elements and resources**  *The child or young person's school and neighbourhood and its impact on them, include details of facilities and services* |

**CONCLUSIONS, SOLUTIONS AND ACTIONS**

|  |
| --- |
| **Whats working well** |
|  |
| **What are we worried about** |
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| **What needs to change?** (detail the outcomes, solutions and goals that are to be achieved to address the needs identified, this section will help create the early help plan) |
|  |



**School address**

Date:

Dear,

I would like to inform you that *name of child* and *dob*  is now subject to an Early Help Assessment, (EHA). This assessment was completed on date and the family are now supported at Team Around the Child (TAC).

I am the lead professional for the family and would appreciate your acknowledgement of this letter by signing the declaration at the bottom and posting it back to me please at the above address. If you have any information that you feel may be relevant for me to know, please indicate below and I will make contact with you.

I have attached a copy of the signed consent for your records.

Yours sincerely

(Name)

Lead Professional

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This is a declaration of any information to be shared is to be returned to the above address.

I *Name of GP* declare that I have received this letter in acknowledgement of the above named child and have shared relevant information.

I do / do not hold relevant information in respect to this child or family at this time.

Please contact the GP for all relevant information sharing

Telephone:………………………………………………………………………………………………

Email: ……………………………………………………………………………………………………

1. Development of unborn baby, infant, child or young person

**Health**

Development checks & immunisations up to date

Adequate & nutritious diet/limited restricted diet

Regular dental & optical care

Good emotional development

Good motor skills – crawling, walking, running, climbing, games, drawing

Speech, language & communication appropriate to age

Misuse of substances

No self-harm or risk of self-harm

Access to & use of appropriate health services

Weight not increasing at expected rate

Slow in reaching development milestones, not attending appointments

Frequent accidents or A&E attendances

Poor or restricted diet

Not registered with G.P

Dental/health care not sufficient – poor attendance at appointments

Unsafe sexual activity

Difficulties in dealing with anger & frustration

Concerns about mental health – eating disorders/anxiety/depression

Limited or inappropriate interaction with peers

Early Help Assessment “Crib Sheet”

**Identity**

Child/Young person has low self-image

Values and appreciates own abilities

Displays self confidence

Child has a sense of belonging and acceptance by those around her

Some insecurities around identity

Subjected to mild discrimination e.g. racial, sexual, disability

May experience bullying around difference

Can be over-friendly or withdrawn

Can be provocative in appearance and behaviour

Isolated or willing to engage

Experiences persistent discrimination

Low self-esteem in a number of situations

May be a victim of crime

Evidence of poor standards of hygiene

**Behavioural & Social Development**

Confident in social situations with the ability to recognise ‘safe’ and ‘unsafe’ contacts

No evidence of anti-social behaviour

Positive attitude to behaviour

Some evidence of inappropriate responses and actions on a regular basis e.g. aggression, known to police

Disruptive/challenging behaviour at school, home or in community

Difficulty in coping with anger and frustration

Puts peers at risk through behaviour

Lack of understanding or concern regarding the impact of own actions upon others

Cruelty to pets/animals

**Learning**

Access to books, toys as appropriate

Enjoys & participates in learning activities

Has a range of skills/interests

Experiences of success/achievement

Good home/school link

Cognitive & language development are normal

Planned progression and aspirations beyond statutory education 11-18

Does not/no opportunity to engage in exploration, making sense of the world and play

Not always engaged in learning, poor concentration, low motivation & interest

No support in place for children who do not show engagement in play or learning

No interest/skills displayed

Intervention measures not making any difference and no progress or changes

Education is provided in a specialist setting

Reluctance of parents and carers to address non-attendance at school/nursery

Ongoing interventions are required to maintain independence

**Self-Care Skills & Independence**

Able to cope with age-appropriate self-care skills e.g. washing, dressing, feeding

Evidence of discovering boundaries and limits, learning about rules, knowing when to ask for help

Demonstrating individual preference, making decisions, aware of others and own needs

Personal hygiene starting to become a problem

Slow to develop age-appropriate self-care skills

Poor self-care for age, including hygiene

Precociously able to care for self

**Emotional & Social Development**

Demonstrates appropriate responses in feelings and actions

Able to adapt to change, ability to show empathy

Demonstrates sense of belonging and acceptance of others

Demonstrates ability to express feelings

Difficulties in managing change

Not always able to understand impact the of own actions upon others

Some difficulties in coping & adjusting following emotional upheaval

Poor peer relationships

Some difficulties in family relationships

Inability/unwillingness to express feelings appropriately

Lack of understanding of concern regarding the impact of own actions upon others

**Family and Social Relationships**

Stable and affectionate relationship with parents or carers

Positive sibling relationships

Has age appropriate peer friendships

Difficulties with family relationships

Poor peer relationships

Excluded from social activities

Lack of consistency in routine

Limited family support from family & friends

Has some difficulty in sustaining relationships

Conflicts in relationships

3. Family and Environment

**Family history, functioning & well-being**

Family routines – is there one/chaotic lifestyles

Failure to show care of interest in the baby, child or young person

Impact of problems experienced by other family members such as physical illness, mental health problems, bereavement or loss, disability

Allowing a baby, child or young person to witness violent behaviour both physical/mental

Involvement of substance misuse

Whether anyone in the family presents a risk to the child

Inadequate/overcrowded house

Lack of support networks

Lack of appropriate stimulation/home not conductive to play

Family experiencing harassment or discrimination or are victims of crime

Family/guardian of the child/young person under notice to quit their tenancy

Domestic violence suspected or apparent within the household

Overcrowded or inadequate housing is likely to significantly impair health/development

Homeless family in temporary housing

Family under stress without extended network of support

Incidents of domestic violence between parents

Family have serious physical/mental health difficulties

**Housing, employment & finance**

What are the living arrangements? Does the accommodation have appropriate amenities & facilities? Who is working in the household, the pattern of their work and any changes, the income available over a sustained period of time?

***Housing -*** who has the baby, child, young person been living with?

The interior of the accommodation, individual living conditions of the child/young person?

Water, heating, sanitation, cooking facilities, sleeping arrangements, cleanliness, safety, hygiene

Reasons for homelessness

16/17 years olds in independent living without support

***Employment –*** the impact of the work upon the baby, child, young person

How work or absence of work is viewed by family members

How does work affect the family’s relationships with the baby, child, young person?

***Financial Considerations –*** the family’s entitlement to and receipt of benefits

Sufficiency of income to meet family’s needs

The ways in which the family’s income is used

How the family’s financial circumstances affect the child, e.g. inadequate legitimate personal income

Whether the family is suffering financial hardship due to an emergency e.g. loss of possessions/homelessness

**Social & Community elements and resources**

Family may be new to the area

Family have experiences of social exclusion

Family unable to access local resources

Parents socially excluded

Lack of support network

Family subjected to racial harassment or abuse

**Wider family**

Appropriate level of support from family members

Formal and informal support networks for child/young person/parent/carer

Family has poor relationship with extended family or little communication

Family is socially excluded

A-Z of Helplines/Support

*If you or anyone you know is experiencing distress or difficulty, the people at the other end of these phone lines will be more than happy to talk to you. All calls are strictly confidential.*

|  |  |  |
| --- | --- | --- |
| Organisation | Tel number and service opening times | Service and referral pathway |
| Asian Advice Helpline | 01302 340063  Tuesday (10am – 12pm) Thursday (1pm – 3pm) |  |
| Brook Advisory Centres | Text 07717989023 | Advice and counselling on emotional and/or sexual problems. UK based.  Standard SMS charges apply. |
| CAMHS | Tel 01302 304070 | Duty team 9am – 5pm for advice on making a referral ( paper referral in pack ) |
| Changing Lives | Tel 01302 309800 | Specialist Women’s service centre |
| Childline | 0800 1111 | National helpline for children and young people in trouble or danger. Open 24 hours a day every day to help with any child related problem. |
| Citizen’s Advice Bureau | 01302 846145 ( Stainforth)  01405 740550 ( Thorne)  01709 572402 ( Mexborough) | The Citizen’s Advice service offers practical, up to date information and advice on a wide range of topics. Topics may include; debt, benefits, housing, legal, discrimination, employment, immigration, consumer and many others. |
| Cruse Bereavement Care | 0844 4779400 | Support and help to anyone who has suffered the loss of a friend or relative. (Young Persons counsellor Mon-Wed (9 – 7pm) |
| Cry-sis Helpline | 08451 228 669 | Support for families with excessively crying, sleepless and demanding babies and young children. 9am – 10am |
| DACS | Gemma Bourne ( ) 01302 862665  07825732369  Steve Keegan ( South/ West ) 01302 552844  Rebecca Cope ( ) 01302 735944  07771973092 |  |
| DASP | 01302 217777 | Debt/ money issues  Housing  Benefits  Employment law |
| Doncaster Drug and Alcohol Services | 01302 730956 |  |
| Doncaster Rape & Sexual Counselling Centre | 01302 328555 – Helpline 01302 360421 – Counselling | Referrals taken by phone |
| DRI | 01302 553111 | A and E services |
| Doncaster Women’s Aid | 01302 326411 | The Advice Line acts as an immediate point of contact for women who are distressed and possibly need refuge accommodation, or who are living with domestic violence and need emotional support and an opportunity to discuss what is available for them, so they can make informed decisions about their life.  Week days 9am – 5pm  Various programmes to support women and children affected by domestic abuse |
| Doncaster 8-8 Health Centre (The Flying Scotsman Centre) | 01302 645544 |  |
| Drugs National Helpline – Frank | 0300 123 6600 |  |
| Flying Scotsman | 01302 645544 |  |
| Foundation for Change | 01302 323159 | Perpetrator programme |
| Green Gables | 01709 589168 | Freedom Programme  Housing  Floating support |
| Housing | 01302 341628 (Emergency – out of hours)  01302 736000 – Doncaster Council |  |
| IDVA | 01302 737080 |  |
| Job Centre Plus | 0845 6043 719 |  |
| London Lesbian & Gay Helpline | 0300 330 0630 |  |
| Mental health crisis team | 01302 798400 |  |
| MIND | 01302 812190 |  |
| Message Home | 0500 700740 | A confidential helpline for those who have left home or have run away and want to send a message home or to just get help and advice. |
| M25 Housing and Support Group | 01302 361777 | To prevent homelessness and relieve, support and assist homeless people in the Doncaster Area. |
| National Centre for Domestic Violence | 08009702070 |  |
| National Domestic Violence Helpline | 0808 2000 247 | 24/7 Freephone |
| Respect | 02075490578 | Support for perpetrators |
| Riverside | 01302 309800 | Refuge  Floating Support  Children’s Worker |
| Roger Middleton | 01302 849088 | Children’s Counsellor |
| RSPCA | 0300 1234 999 |  |
| Samaritans | 01302 327474 | 24 hour emergency service for the suicidal and despairing  36 Thorne Road, Doncaster DN1 2EZ |
| Sexual Assault Referral Centre | 01709 427327 |  |
| Shelter Line | 0808 8004444 | Monday – Friday: 8am – 8pm  Saturday – Sunday: 8am – 5pm |
| Social Services Emergency Team | 01302 796000 |  |
| South Yorkshire Police | 01302 385666  Emergencies: 999 South Yorkshire Police: 101 Crime Stoppers: 0800 555 111 |  |
| [www.ncdv.org.uk](http://www.ncdv.org.uk) |  | Free fast injunction service  On line easy referral |

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| |  | | --- | | **Links for support**  • Young minds: <http://www.youngminds.org.uk/for_children_young_people>  • Junction Project – Prevention of sexual abuse by children and young people: <http://www.barnardos.org.uk/the-junction/service-view.htm?id=174048240>  • Doncaster Rape and Sexual Abuse Advisory (& counselling) service: <http://www.drasacs.org.uk/children-young-people.html>  • Sexual health, drug, alcohol & parental substance use help - <https://www.rdash.nhs.uk/services/our-services/children-young-people-and-families-doncaster-community-integrated-services/project-3/>  • Doncaster Housing for Young People: http://www.dhyp.org.uk/ 01302 738198 • YMCA – Supported Accommodation: http://ymcahousing.org.uk/ 01253 893928  • Doncaster Kicks - Football intervention – positive activities <http://www.doncasterroversfc.co.uk/news/article/kicks-doncaster-success-continues-1571351.aspx>  • Preventing abuse: <https://www.nspcc.org.uk/preventing-abuse/> 0808 800 5000  • Bereavement: <http://www.winstonswish.org.uk/>  • Aspire (alcohol & drug problems): <http://www.aspire.community/>  • New Beginnings –Inpatient detox from substances - <http://www.nhs.uk/Services/clinics/Overview/DefaultView.aspx?id=98027>  • Short Breaks (previously known as Aiming High) – linked to direct payments & activities for disabled children: <http://www.doncaster.gov.uk/services/schools/aiming-high-for-disabled-children>  • Doncaster Saidsend: Doncaster SAIDSEND (Support, Advice, Information Doncaster, Special Educational Needs and Disability) (formerly Doncaster Parent Partnership Service) provides independent information, advice and guidance to parents and carers of children with special educational needs (SEN). <http://www.doncaster.gov.uk/saidsend>  • Together Information Exchange Together Information Exchange (TIE) is Doncaster's voluntary register of children and young people with a disability. This provides information on events and activities for your disabled child: <http://www.doncaster.gov.uk/services/schools/together-information-exchange>  • Disabled Support Services: <http://www.dialdoncaster.co.uk/>  • Advice for families with a family member with autism <http://www.autism.org.uk/services/helplines.aspx>  • Mencap – support for learning disabled adults & children: <https://www.mencap.org.uk/> 0808 808 1111  • Portage – Home visiting educational service for pre-school children with additional support needs: <https://www.portage.org.uk/about> 01302 862103  • Foundation for Change – Building health relationships – Domestic abuse perpetrator support & support for substance use (if related to domestic abuse) Doncaster Domestic Abuse Service :<http://www.doncasterdomesticabuse.co.uk/>  • Changing Lives – Doncaster Women’s Service https://doncaster.cylex-uk.co.uk/company/doncaster-womens-centre-ywca-15888063.html  • Doncaster Rape & Sexual Abuse Counselling Service (DRASAC): <http://www.drasacs.org.uk/> 01302 328555  • Doncaster IDVA Service 737080- Email: IDVAS@doncaster.gcsx.gov.uk (secure)  • Victim Support: <https://www.victimsupport.org.uk/>  • Citizens Advice Bureau: <https://www.citizensadvice.org.uk/> 0870 126 4870  • Doncaster Families Information Service: <http://www.doncasterchildrenandfamilies.info/> 0800 138 4568  • Family relationships:  <https://www.relate.org.uk/relationship-help/help-family-life-and-parenting>  • Family Matters Mediation service: <https://familymattersmediate.co.uk/> 03300 881440  • Money Matters, support with debt <https://www.dwdt.org.uk/moneymatters>  • Green Gables – Floating Support Service <https://www.ywcayorkshire.org.uk/> 01709 931260  • Mind – Mental Health Service: <https://www.mind.org.uk/> 0300 123 3393  • Open minds counselling (with volunteers): <http://www.counsellingdoncaster.com/>  • M25 Housing: http://www.m25group.org.uk/ 01302 361777  • Riverside – Support with housing, domestic abuse, finances and benefits and local Housing provider: <https://www.riverside.org.uk/care-and-support/young-people-and-families/>  • Support for families of prisoners <http://www.prisonersfamilies.org.uk/>  • Bereavement help: <http://www.suddendeath.org/guides-for-suddenly-bereaved-people/help-for-adults> & <http://www.cruse.org.uk/>  • Grants for household goods: http://www.buttleuk.org/ & <http://www.glasspool.org.uk/grants/how-we-help>  • Grants for holidays: <https://www.familyholidayassociation.org.uk/>  • Grants for disabled children <https://www.familyfund.org.uk/> | |