|  |
| --- |
| **1. About the Child** |
| First Name |  | Last Name |  |
| Address |  | Postcode |  |
| Telephone |  | Gender |  |
| Date of Birth/ Expected Delivery Date |  | What does the child say / how does the child see themselves? |  |
| Ethnicity |  | Religion |  |
| Disability |  | National health number |  |
| Interpreter required? If yes, which language |  |

**Multi-agency Contact - MAC**

**This form should always be completed (to the best of your knowledge) when making a contact to the Warwickshire Children and Families Front Door. Please contact the Front Door first to discuss this matter.**

**If you have previously rung, please provide the reference number.**

**It is important to note that this MAC will be assessed to see if it meets the threshold for becoming a referral for further action.**

**For an immediate concern about a child in danger dial 999.**

**In Warwickshire we are working restoratively with families, so it is important to tell us what is working well in the family, the strengths and the barriers to change.**

[*In line with the Pathway to Change Model which can be accessed here.*](https://warwickshiregovuk.sharepoint.com/sites/caf/SitePages/Resto.aspx)

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| --- |
| **2. Details of parent/carer’s/key family members including siblings**  |
| **First Name** | **Last Name** | **DOB/EDD/Age** | **Ethnicity** | **Address**  | **Tel**  | **Email address**  | **Relationship to Child** |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Interpreter required? If yes, which language? |  |  |

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| **3. About You** |
| Your Name |  |  |  |
| Name of organization |  | Job Title |  |
| Email address |  | Telephone number |  |
| Relationship to child / your agency’s role or service provided |  | Contact address |  |

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| **4. Informing the parent(s) and carer(s).**  |
| As a professional working with the child or family, it is your responsibility to speak to the parents or carers about your concerns; unless by doing so will place the child at risk of significant harm or cause undue delay.  |
| Have you informed parents or carer’s about making this contact to the Front Door? |  |
| Parent/carers signature |  |
| If not informed can you say why?  |

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| **5. Reason for contact**  |
| What is happening now?  |  |
| Who is affected and how? |  |
| Do you know what has happened in the past? |  |
| What has triggered this matter now? |  |
| Are there clear child protection concerns? If so, please state what they are? Tick all which apply. Physical harm □Emotional harm □ Neglect □Sexual abuse □Exploitation □  |  |
| What keeps the issue going? |  |
| What is working well in this family? |  |
| What changes need to happen? |  |
| How will we know change has been achieved? |  |
| If nothing changes in your view how serious is this matter? | 1 2 3 4 5 6 7 8 9 10No harm High harm  |

|  |
| --- |
| **6. Details of professionals involved with child or family (GP, school, health, voluntary organisation etc.)**  |
| Name | Organisation | Relationship to Child | Email Address and telephone number |
| Insert Name | Insert Name | Insert Text | Insert Telephone Number and Email Address |
| Insert Name | Insert Name | Insert Text | Insert Telephone Number and Email Address |
| Insert Name | Insert Name | Insert Text | Insert Telephone Number and Email Address |
| Insert Name | Insert Name | Insert Text | Insert Telephone Number and Email Address |
| Has an Early Help pathway plan been considered?<https://www.warwickshire.gov.uk/children-families/early-help-warwickshire/1>  | Yes ☐ No ☐ If yes, please attach the plan to this contact.  |

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| **7. Contact has been sent to the Children and Families Front Door at** TriageHub@Warwickshire.gov.uk |
| Date of contact:  |  |
| Date Front Door responded to the person submitting the Contact: |  |