A screenshot of a cell phone

Description automatically generated­­

**LAC Notification Form (Regulation 41)**

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| Full Name: | Sample Page | Insert recent photograph: |  |
| Other Name(s): | Preferred name: Joe |
| Date of Birth: | 18/05/2022 |
| Gender: | Male  **If other, please state:**  N/A |
| Current placement address and telephone number: | Full Name of Organisation:  Sample Home  Address & Postcode:  Sample Lane, Leicestershire  LE1 XXX  Telephone Number(s):  0116 000 0000 | | |
| Placement start date: | 31/05/2022 | | |
| Legal status S20 / S21 / S31 etc: | S20 | Young person’s mobile no: | 07XXX XXXXXX |
| Staff ratio: | 2:1 | Handset IMEI: | 12345 |
| **DESCRIPTION:** | | | |
| Ethnicity: | Asian | Sub-Ethnicity | Pakistani |
| First Language | Urdu | Fluency in English | No **If No:** **Interpreter required?** |
| Nationality: | Other  **If other, please state:**  Pakistani | Country of Birth: | Pakistan |
| Is the young person an Unaccompanied Asylum Seeker? | Yes  No | | |
| Warning signs/Risks: | Absconding, Drug & Gang involvement, County Lines, CSE/ CCE RISKS.  Joe self-harms with sharp objects and he is currently being monitored for this. Joe has historically attempted suicide and he would create ligatures by tying old socks together. This risk has minimised, and Joe is receiving support from CAMHS for his Mental Health. Joe explained he self-harms and attempted suicide due to the trauma he faced when he resided with his mum. Despite the difficulties, Joe shared he loves his mum unconditionally. | | |
| Religion: | Islam Practising Religion? Tick box if yes:  **If other, please state:** | | |
| Smokes:  Cigarettes/ Cannabis/ E-Cigarette etc..? | Yes  **If yes, provide details:**  Cigarettes, occasionally Cannabis | Drinks Alcohol: | Yes  **If yes, provide details:**  Occasionally |
| Uses drugs?  Which drugs? | Yes **If yes, provide details:**  Occasionally Cannabis, Heroin | | |
| Height: | 6’2 | Unique jewellery / possessions: | Joe wears a silver necklace with a love heart pendant which contains his mother’s photo. |
| Build: | Medium | Hair colour: | Light Brown |
| Eye colour: | Dark Brown | Accent: | Pakistani |
| Wears glasses: | No | Marks / scars / tattoos: | Joe has a burn mark on the side of his neck, he explained he had an accident as a child in Pakistan |
| **HEALTH:** | | | |
| ­­­­­Physical conditions: | Joe limps when walking and has scarring on his left arm due to self-harming with sharp objects. | Mental health conditions: | Joe has CAMHS Involvement due to his Mental Health. He has made many suicide attempts and suffered trauma when he resided with his mum |
| Communication difficulties: | Joe understands keywords in English, and he will attempt to respond slowly. | Other conditions: | Joe is Diabetic and requires he insulin twice a day before eating. |
| Habits: | Joe bites his nails when he is nervous or anxious. | Learning needs: | ADHD/ Autism |
| Essential medication: | Diabetes: Novolin U-100 Insulin twice a day, before eating.  ADHD: 2MG Melotin, Elvanse XL 30mh & Medikinet 10mg, once a day | NHS Number: | 12345678 |

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| **RESPONSIBLE LOCAL AUTHORITY:** | | | |
| Responsible Local Authority Name: | Example County Council | Team responsible: | CIC Team A |
| OOH / Duty contact no: | 0116 XXX XXXX | Case reference: | 123456 |
| **SOCIAL WORKER’S DETAILS:** | | | |
| Name: | Example Worker | Address: | Example County Council  Exampleshire, EX XXX |
| Telephone number(s): | 0116 XXXXXXX/ 07XXXXXXXXX | Email: | [example.worker@example.gov.uk](mailto:example.worker@example.gov.uk) |
| **SOCIAL WORKER’S TEAM MANAGER DETAILS:** | | | |
| Name: | Sample Manager | Address: | Example County Council  Exampleshire, EX XXX |
| Telephone number(s): | 0116 XXXXXXX/ 07XXXXXXXXX | Email: | [sample.worker@example.gov.uk](mailto:sample.worker@example.gov.uk) |
| **DOCTOR’S DETAILS:** | | | |
| Name: | Dr Example | Address: | Example Medical Centre  Sample Street, Leicestershire, LEX XXX |
| Telephone number: | 0116 XXXXXXX | Email: | [examplemedicalcentre@nhs.net](mailto:examplemedicalcentre@nhs.net) |
| **CONTACTS – FAMILY:** | | | |
| Name:  Address:  Telephone: | Sample Mum  Flat 2, 123 Example street, Pakistan, LEX XXX | | |
| Name:  Address:  Telephone: | Not Known | | |

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| **ANY RELEVANT RISKS. CONSIDER USE OF THE PHILOMENA PROTOCOL**  <https://proceduresonline.com/trixcms1/media/12315/philomena-protocol-form-april-2022.docx> | | | |
| **SAFEGUARDING AND SOCIAL CARE INFORMATION:** | **Yes** | **No** | **If Selected Yes, provide details:** |
| Is the child subject to a child protection plan? |  |  | Due to neglect and Emotional abuse from Mother. |
| Does the child have a history of running away or missing from home? |  |  | When residing in his LA Joe would abscond from his care home due to dislike. Joe has made threats to return to Pakistan. |
| Are there any concerns around CSE/CCE? |  |  | County Lines, Drug & Gang concerns. |
| Is the child subject to any Court order or YOS intervention as a young offender? |  |  | **If Yes:** Specify which Youth Offending Service is supporting the Young Person:  Court Date for theft of car. Exampleshire County Council YOS Team are supporting Joe.  Worker Details: Sample Worker,  Tel: 07xxxxxxxx  Email: [sample.worker@exampleshire.gov.uk](mailto:sample.worker@exampleshire.gov.uk) |
| Has a risk assessment been completed? |  |  | ***If yes, specify what type of* risk assessment*:***  Placement Risk assessment, Safety Plan, CSE RAT & CCE GAT  ***Risk Assessments/ Trigger Plans etc… to be emailed to the relevant Local Authority (details below) alongside this Reg41 Notification form.*** |
| Should the Police be informed of any risks? |  |  | **If Yes:** Specify the risks  Joe has shared he is in debt with a Drug member who has threatened to kill him when they find him. Police are aware of the details. |

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| **Name of Staff completing form:** | Sample Person (Manager) | **Date form completed:** | 31/05/2022 |

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| **END OF PLACEMENT – This section to be completed when the Young Person leaves the placement** | | | |
| Reason the placement ended: | Moved placement to a different Local Authority | End date of placement: | 30/07/2022 |
| Forwarding address  *(if known):* | Example Home  Leeds, L00 000  (CONFIDENTIAL) | Name of Staff completing form & Date form completed: | Worker Sample (Deputy Manager)  30/07/2022 |

**Once complete, please send this form to the relevant Local Authority:**

**Please use** **<https://www.gov.uk/find-local-council> to identify which Local Authority the Young Person is placed in. Please only contact the relevant Local Authority where the Young Person is residing, via the below email address.**

**Leicestershire County: NotificationsLAC@leics.gov.uk**

**Leicester City:** **Placements.Desk@leicester.gov.uk**

**Rutland County:** **Childrensreferrals@rutland.gov.uk**

**In ALL cases, The Reg41 LAC Notification form should always be sent to the following addresses:**

**Leicestershire Police: MPRU@leics.police.uk**

**Health:** [**lep-tr.FYPClookedafterchildrennotifications@nhs.net**](mailto:lep-tr.FYPClookedafterchildrennotifications@nhs.net)