

# LEEDS CHILDREN'S SERVICES

## Local Referral Pathways

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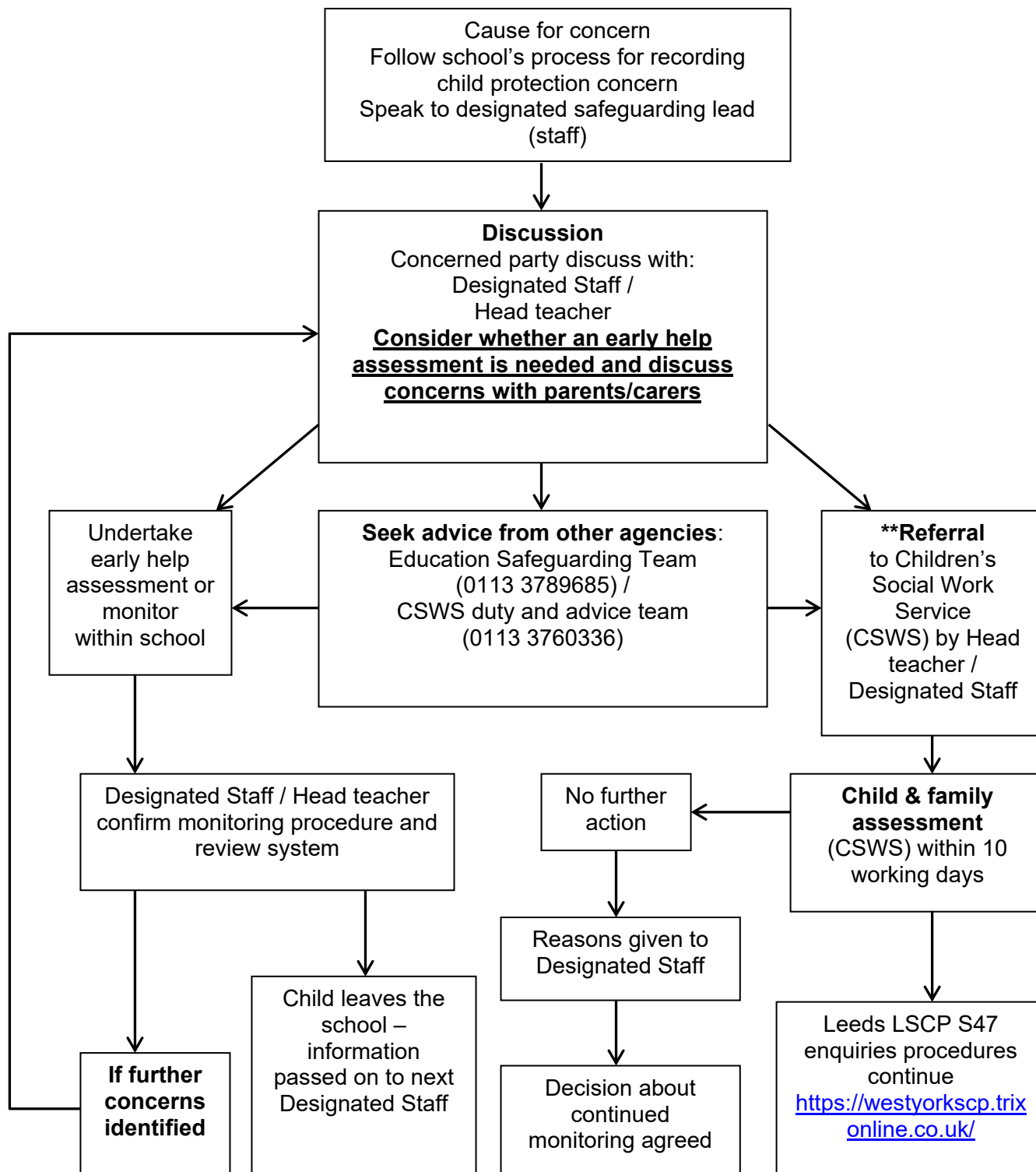
Churwell Primary Academy work with Leeds Safeguarding Team to support all children. These are pro-formas and contact details for professionals in Leeds.



## Child Protection and Safeguarding Advice Contact List – September 2025

<b>CSWS Duty and Advice</b>	Urgent Child Protection concerns / initial referral	Professionals – 0113 3760336 Members of the public – 0113 222 4403
<b>CSWS Emergency Duty Team (out of hours)</b>	Urgent Child Protection concerns	0113 535 0600 <a href="mailto:childrensEDT@leeds.gov.uk">childrensEDT@leeds.gov.uk</a>
<b>Education Safeguarding Team (Professionals only)</b>	Advice / Training / Safeguarding Audit	0113 3789685 <a href="mailto:estconsultation@leeds.gov.uk">estconsultation@leeds.gov.uk</a>
<b>Local Authority Designated Officer</b>	Allegations against adults in school	0113 3789687 <a href="mailto:lado@leeds.gov.uk">lado@leeds.gov.uk</a>
<b>NSPCC Whistleblowing Helpline</b>	Allegations against adults in school	0800 028 0285
<b>Cluster Targeted Services Lead</b>	Family Support / Attendance / Early Help / Pupil Counsellor	
<b>PREVENT Team</b>	Prevent training/advice	0113 535 0810 <a href="mailto:prevent@leeds.gov.uk">prevent@leeds.gov.uk</a>
<b>Family Hub</b>	Family hub support	0113 5350185 <a href="mailto:Family.hubs@leeds.gov.uk">Family.hubs@leeds.gov.uk</a>

**Fig 1: Summary of in-school procedures to follow where there are concerns about a child**



\*\* If unhappy about the outcome of the referral to Children's Services Social Care, please refer to: Leeds LSCP Local Protocol: [Concerns Resolution](#).



**Appendix 4: Cause for Concern Form**

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Strictly Confidential

Note: Please do not interpret what is seen or heard; simply record the facts. After completing the form, pass it immediately to the Designated Teacher.

Name of child..... Class / Tutor group.....

Name of staff member completing form.....

Day..... Date..... Time..... Place.....  
(of observed behaviour / discussion / report of abuse)

**Nature of incident / concern including relevant background** (Record child's word verbatim and any wishes and feelings expressed)

Signed: \_\_\_\_\_

Action/passed to \_\_\_\_\_

For: Designated Safeguarding Lead Officer Use

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time \_\_\_\_\_

Action Taken	By whom	Outcome
<p>Discuss with child</p> <p>Ensure the child's wishes and feelings are ascertained where appropriate and fully recorded.</p>		
Monitoring sheet		
Check behaviour database, for recent incidents, that might be significant to inform assessment		
<p>Contact parents</p> <p>Please tick</p> <p>Telephone Call: ____</p> <p>Meeting: ____</p> <p>Email : ____</p>		
Refer as appropriate (i.e., CSWS, cluster, family support etc.)		
Other (Please specify)		

