**CHILD CONCERN FORM** 

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| **Is this a child you are concerned may be AT RISK OF SIGNIFICANT HARM. Please tick.** | No  |
| Yes |
| If yes, confirm below, Name & office of Social Worker or Police Officer spoken to: Date: Time: |

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| **FORM SENT TO:** |
| **Name:** |  |
| **Agency** |  |

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| **FORM COMPLETED BY:** |
| Name (print): |  |
| Agency: |  |
| Contact Details: |  |

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| **Note:** **Only complete information that is known and is relevant to the concern.** |

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| **(1) Core Details** |

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| **Section 1.1** |
| **Full name of the CHILD you are concerned about** **(use Mother’s surname if unborn)** | **Gender** | **Ethnicity** | **DOB** **(EDD if unborn)** | **Address & telephone number** |
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| **Section 1.2** |
| **Full name/s of OTHER CHILDREN in the household** | **Gender** | **Ethnicity** | **DOB**  | **Relationship to the child** |
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| **Section 1.3** |
| **Full name/s of ALL ADULTS in the household** | **Gender** | **DOB**  | **Relationship to the child** |
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| **Section 1.4** |
| **Name of any PARENT who does not reside with the child** | **Gender** | **DOB** | **Address & telephone number**  | **Has Parental Rights & Resps.** **Y/N/not known** |
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| **Section 1.5** |
| **Names of any SIBLINGS outwith the household** | **Gender** | **DOB**  | **Address & telephone number** |
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| **Section 1.6** | **Name** | **Contact details** |
| **Named Person** | Designation: |  |
| **Lead Professional** **(multi-agency plan is in place)** | Designation: |  |
| **Midwife** |  |  |
| **Health Visitor** |  |  |
| **Nursery/Childcare** |  |  |
| **School** |  |  |
| **School Nurse** |  |  |
| **GP** |  |  |
| **Other Professionals** |  |  |
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| **(2) Description of Concern** |

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| **Section 2.1 - Which wellbeing indicator/s are you concerned about?** |
| Safe |  | Protected from abuse, neglect or harm at home, at school and in the community |
| Healthy |  | Having the highest attainable standards of physical & mental health, access to suitable health care & support to make healthy & safe choices. |
| Achieving |  | Being supported & guided in their learning & in the development of their skills: confidence & self esteem at home, at school & in the community. |
| Nurtured |  | Having a nurturing place to live, in a family setting with additional help if needed or, where this is not possible, in suitable care setting |
| Active |  | Having opportunities to take part in activities such as play, recreation & sport, which contribute to healthy growth & development at home & in the community |
| Respected & Responsible |  | Should be involved in decisions that affect them, should have their voices heard & should be encouraged to play an active and responsible role in their schools & communities |
| Included |  | Having help to overcome social, educational, physical & economic inequalities & being accepted as part of the community in which they live & learn |

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| **Section 2.2 - Outline the risks that give you cause for concern.****Include how many occasions or how long this has been happening, and the possible impact on the child.** |
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| **Section 2.3 - Comment if you know the views of the child and/or parents about this.** |
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| **Section 2.4 - Describe any discussions and/or actions that have taken place regarding this concern.** |
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| **Section 2.5 – Describe any assistance that the child or any family member might require** **(e.g. English not first language, interpreter required, mobility issues, deaf, visually impaired etc.)** |
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| **Section 2.6 - Information Sharing.** |
| Is consent to share this information required Yes No If YES who has given consent and how has it been obtained? If NO what is the reason for not requiring consent?N.B. Where you believe a child is at risk of significant harm consent is not required to share your concerns.Please email this form to the relevant area email duty inbox OBAN - cfadmin@argyll-bute.gov.uk HELENSBURGH - cfadminhelensburgh@argyll-bute.gov.uk DUNOON & BUTE - cfbutecowal@argyll-bute.gov.uk MAKI - cfmaki@argyll-bute.gov.uk  |

**Signature: Date:**