**STANDARD CHILD CONCERN FORM v3**

**(all agencies except Police Scotland)**

|  |  |
| --- | --- |
| **Is this a child you are concerned may be AT RISK OF SIGNIFICANT HARM**  **(as per Highland Child Protection Guidance). Please tick.** | **No** |
| **Yes** |
| **If yes, confirm below name & office of Social Worker or Police Officer spoken to:**  **Date: Time:** | |

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

|  |  |
| --- | --- |
| **FORM COMPLETED BY:** | |
| **Name:** |  |
| **Agency:** |  |
| **Contact Details** |  |
| **Note: Only complete information that is known and is relevant to the concern.** | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Core Details** | | | | | | | | |
| **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** | |
|  |  | |  | |  | |  | |
| **Section 1.2** | | | | | | | | |
| **Full name/s of OTHER CHILDREN** **in the household** | | **Gender** | | **Ethnicity** | | **DOB** (EDD if  unborn) | | **Relationship to the child** |
|  | |  | |  | |  | |  |
|  | |  | |  | |  | |  |
|  | |  | |  | |  | |  |
|  | |  | |  | |  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 1.3** | | | |
| **Full name/s of ALL ADULTS**  **in the household** | **Gender** | **DOB** | **Relationship to the child** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 1.5** | | | |
| **Names of any SIBLINGS**  **outwith the household** | **Gender** | **DOB** | **Address & telephone number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Section 1.6i Name Contact details** | | |
| **Named Person:** |  |  |
| **Designation:** |  |  |
| **Lead Professional** (multi-agency plan is in place) |  |  |
| **Midwife:** |  |  |
| **Health Visitor:** |  |  |
| **ELC/Childcare:** |  |  |
| **School:** |  |  |
| **School Nurse:** |  |  |
| **GP:** |  |  |

|  |  |  |
| --- | --- | --- |
| **Section 1.6ii Name Contact details** | | |
| **Other**  **Professionals:** |  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **(2) Description of Concern** | | |
| **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 |

|  |
| --- |
| **Section 2.2 - Describe the issues which give you cause for concern, and why.**  **Include how many occasions or how long this has been happening, and the possible impact on the child.** |
|  |

|  |
| --- |
| **Section 2.3** - **Comment if you know the views of the child and/or parents about this.** |
|  |

|  |
| --- |
| **Section 2.4 - Describe any discussions and/or actions that have taken place regarding this concern.** |
|  |

|  |
| --- |
| **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.)** |
|  |

|  |
| --- |
| **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?** |

**Signature: Date:**