



## Child Protection Concern Form

**Complete this form if the child you are concerned about may be AT RISK OF SIGNIFICANT HARM (as per Outer Hebrides Inter Agency Child Protection Guidelines).**

**Name & office of Social Worker or Police Officer spoken to:**

**Email:**

**Tel:**

**Date:**

**Time:**

**A copy of this form must be sent to Social Work and Named Person**

**SW - Name:**

**Email:**

**Tel:**

**NP - Name:**

**Agency:**

**Email:**

**Tel:**

### **NOTIFIED BY:**

**Name and job title:**

**Agency/Dept:**

**Contact Details:**

Address

Tel. No.

E-mail address

**Contact person for feedback or further enquiry (if different from above):**

Address

Tel. No.

E-mail address

**Line Manager / CP Lead (if appropriate)**

Tel. No.:

**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  
CHI  
(EDD if  
unborn)**

**Address & telephone number**



School / Nursery / Day Centre attended	
Class	
1 <sup>st</sup> Language	
GP Practice (Gp name, practice address and phone 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 1.6	Name	Contact details
<b>Named Person</b>	Designation:	
<b>Lead Professional</b> (multi-agency plan is in place)	Designation:	
<b>Midwife</b>		
<b>Health Visitor</b>		
<b>Nursery/Childcare</b>		
<b>School</b>		
<b>School Nurse</b>		
<b>SALT</b>		
<b>CAMHS</b>		
<b>GP</b>		
<b>Other Professionals</b>		

## (2) Issue of Concern

Section 2.1 - Which wellbeing indicator/s are you concerned about? Describe the issues which give you cause for concern, and why. If known, include how many occasions or how long this has been happening, and the possible impact on the child.

<b>Safe</b>	<input type="checkbox"/>	
<b>Healthy</b>	<input type="checkbox"/>	
<b>Achieving</b>	<input type="checkbox"/>	
<b>Nurtured</b>	<input type="checkbox"/>	
<b>Active</b>	<input type="checkbox"/>	
<b>Respected &amp; Responsible</b>	<input type="checkbox"/>	
<b>Included</b>	<input type="checkbox"/>	



<b>Beyond Parental Control</b>	
Bullying	
Child Alcohol / Substance Misuse	
Children Placing Themselves At Risk	
Child Sexual Exploitation	
Child with Additional Support Needs	
Child with Mental Health Difficulties	
Child Trafficking	
Development Issues	
Domestic Abuse	
Emotional Harm / Abuse	

Neglect	
Non-engaging Family	
Parental Alcohol Misuse	
Parental Drug Misuse	
Parental Mental Health Problems	
Physical Abuse	
Sexual Abuse	
Young Carers	
Youth Offending	
Other Concerns – Details below	

**Section 2.2 - Comment if you know the views of the child and/or parents about this.**

**Section 2.3 - Describe any discussions and/or actions that have taken place regarding this concern.**

**Section 2.4 – 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.)**

<b>Section 2.5 - Information Sharing</b>	
Is consent to share this information required Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES who has given consent and how has it been obtained?	
If NO what is the reason for not requiring consent?	
Who has this information been shared with?	
Who has this information been shared with?	

<b>Signature</b>		<b>Date:</b>	
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