

Child Concern Form

(1) Core Details

Ref No / /

Section 1.1				
Name(s) of CHILDREN that you are CONCERNED about	Gender	Ethnicity	D.O.B.	Address & CONTACT TELEPHONE NO.

Section 1.2				
Name(s) of any ADDITIONAL CHILDREN in the family	Gender	Ethnicity	D.O.B.	Address & CONTACT TELEPHONE NO. if different from above

Section 1.3				
Names of ALL ADULTS in household	Gender	Ethnicity	D.O.B.	Relationship to Children

Section 1.4				
Name of any PARENT who does not reside with the child	Gender	Date of Birth	Address & CONTACT TELEPHONE NO.	Parental Responsibility Y/N

Section 1.4				
Names of any SIBLINGS who do not reside with the family	Gender	Ethnicity	D.O.B.	Address

Section 1.5	
GP	
Midwife/Health Visitor	
Nursery/Child Care	
School	
Other Agency	

(2) Description of Concern

Section 2.1

Name/s of any person causing concern	Gender	Ethnicity	D.O.B.	Address

Section 2.2 Nature of concerns

Well-being Indicators for a child are that they are:

Safe; Healthy; Achieving; Nurtured; Active; Respected & Responsible; Included

(Refer to aid memoir for full definitions)

1	<input type="checkbox"/>	Child is involved in anti-social and / or offending behaviour. Indicate type of contact with child : Informal Contact <input type="checkbox"/> Warning Letter <input type="checkbox"/> Option 1 Warning <input type="checkbox"/> Referral to Reporter <input type="checkbox"/> Restorative Justice Data Base updated - YES <input type="checkbox"/>
2	<input type="checkbox"/>	Child is not attending school and without explanation
3	<input type="checkbox"/>	Child's behaviour is having or may have an impact on the their well-being <i>(self harm, alcohol or drug misuse, risk taking behaviour, associating with persons who place them at risk, frequently reported as a missing person etc.)</i>
4	<input type="checkbox"/>	Child's behaviour is having or may have an impact on the well-being of another child <i>(cyber bullying, bullying in school or the community, assaulting other children etc.)</i>
5	<input type="checkbox"/>	The way in which a child is cared for is having or may have an impact on their well-being, including unborn children <i>(parents/carers substance misusing, lack of parental care, child left unattended etc.)</i>
6	<input type="checkbox"/>	Child has been abused, ill-treated or neglected <i>(physical, sexual, emotional, wilful ill-treatment, failure to thrive)</i>
7	<input type="checkbox"/>	Child is or is likely to become a member of the same household as a child who has been abused, ill treated or neglected <i>(physical, sexual, emotional, wilful ill-treatment, failure to thrive)</i>
8	<input type="checkbox"/>	Child is, or is likely to become a member of the same household, or has significant contact with a person who has abused, ill-treated or neglected a child <i>(physical, sexual, emotional, wilful ill-treatment, failure to thrive)</i>
9	<input type="checkbox"/>	Child is a member of the same household where incidents of domestic abuse occur <u><i>(will also be submitted for victims who are pregnant)</i></u>

Based on the above summarise the concern.

Please record the demeanour of the child/ren, opinion about the impact on the child and the child's views

Time & Date became aware of concern :

Section 2.3	
Detail any previous or future concerns or any other information that will assist with the planning for the child.	
Detail if any family member or any other person is taking steps to address this concern.	

Section 2.4	
Does the child or any family member require additional help e.g. English not first language, interpreter required, mobility issues, deaf, visually impaired etc.	

Section 2.5 If the child / children have been accommodated away from home detail below	

Section 2.6 Name all children present in the house and were seen to be safe & well. Detail reason why any children were NOT seen.	

Section 2.7 Confirm child and family are aware that information regarding this concern will be shared and document any issues regarding this	
Aware :	
Issues :	

Section 2.8	
Person Raising Concern:	
Social Worker Involved:	
Person Submitting Form:	
Supervisors Name:	
Agency:	
Date:	
Medical Examination:	Y/N

Child Concern Form

(3) Police Checks	Ref No
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IMPACT / Command & Control	
HOLMES II Database	
SCRO / PNC	
Criminal Intelligence (SID, IMPACT & IMPACT Nominal)	
VISOR	

Child Concern Form

(3) Police Checks	Ref No
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IMPACT / Command & Control	
HOLMES II Database	
SCRO / PNC	
Criminal Intelligence (SID, IMPACT & IMPACT Nominal)	
VISOR	

Child Concern Form

(3) Police Checks	Ref No
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IMPACT / Command & Control	
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Criminal Intelligence (SID, IMPACT & IMPACT Nominal)	
VISOR	

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(4) Information Gathering & Sharing	Ref No NN / /
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Section 4.1 Contact with Additional Agencies

Name	
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Agency	
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Time & Date	
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Discussion	
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Decision	<input type="checkbox"/> To Named Person - Health <input type="checkbox"/> To Named Person - Education <input type="checkbox"/> To Health to consider consultation with ISO <input type="checkbox"/> To Education to consider consultation with ISO <input type="checkbox"/> To allocated worker in Youth Action Team (YAT) <input type="checkbox"/> To Youth Action Team for allocation <input type="checkbox"/> To Social Work services for follow up action <input type="checkbox"/> To the Children's Reporter
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Section 4.2	Date
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Person Completing Form	
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Child Concern Form

(5) Referral to the Children's Reporter Ref No / /07

Section 5.1 Detail below that the following criteria has been satisfied -

- The Child has an unmet need with respect to their well-being
- There is a relevant reason for Referral
- Compulsory Measures of Supervision may be necessary to meet unmet needs

Is the child...	Yes	No	Don't Know	
Safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Protection from abuse, neglect or harm
Healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attaining the highest possible physical & mental health, suitable healthcare & support to make healthy choices
Achieving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Support for learning & for development of their skills, confidence & self esteem
Nurtured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nurturing place to live, in a family setting or, where this is not possible, in a suitable care setting
Active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Opportunities to take part in play, recreation & sport
Respected & Responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Involved in decisions that affect them, voices are heard, play active & responsible roles & have appropriate guidance & supervision
Included	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accepted as part of the community & are helped to overcome inequalities

Summary of Evidence

Section 5.2

Date

Person Completing Form