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| **Pro-forma for referring incidents of concern****Including Child Protection Concerns** |
| **Please complete this online form, encrypt with password and send to Church of Scotland Safeguarding Service. Do not send as a PDF.****Section A: To be completed by the service identifying a concern** **Section B: To be completed by the Church of Scotland Safeguarding Service****Section C: To be completed by the service.** |
| **Section A** |
| **1** | **Details of CrossReach Service** **making referral**  |
| **Name of Service** | Anywhere Counselling Service |
| **Address** | Anywhere Street, Nowhere Land, KY4 5NU |
| **Tel/Mobile** | 013456789 |
| **2** | **Details of Referrer** |
| **Name**  | **Sabrina Bloggs** |
| **Position** | **Manager** |
| **E-mail** | **Sabrina.bloggs@crossreach.org.uk** |
|  |
| **3** | **Details of child suspected or reported to be harmed/at risk of** **harm** |
| **Name** | **Unborn baby** |
| **DoB/Age** |  |
| **Address** |  |
| **Parent/Guardian** | **Jenny Noname** |
| **Contact Details of Parent or Guardian** | **07856747879** |
| **4** | **Details of suspected, witnessed or reported concern.**1. *Who witnessed or reported what, where and when?*
2. *What type of harm is suspected or reported e.g. physical, financial, sexual, emotional, neglect etc.?*
3. *Include location, times and dates.*
4. *Names of witnesses or others affected by the event.*
 |
|  | Client is pregnant with first child and due on 1st May 2025.During clinical assessment with service, client disclosed general thoughts of taking her own life. No active plan.  She reported occasionally thinking about hurting herself and cut herself earlier in the year. She hasn’t done it in the last few months. Her pregnancy is a protective factor. She has been experiencing intrusive thoughts of child sexual abuse she experienced from her family members who she still sees but only sporadically.Client disclosed history of problematic substance use since age 13, including cocaine and alcohol. Issues being monitored but client currently not using alcohol or drugs so no further action needed.  |
| **5** | **Person causing the suspected or reported harm/at risk of harm if applicable.** |
| **Name** | N/A |
| **Relationship to child being referred** |  |
| **Tel/Mob** |  |
| **Address** |  |
| **E-mail** |  |
| **Professionals/****Agencies Involved** | **Name** | **Contact details** | **Have they been notified?** |
| **Social Work** |  |  |  |
| **GP** |  |  |  |
| **Psychiatrist/CPN etc** |  |  |  |
| **Education** |  |  |  |
| **Care Inspectorate**  |  |  |  |
| **Other (e.g., family)** |  |  |  |
| **6** | **Is the child on the Child Protection Register?** |  |
| **7** | **Is the child subject to statutory measures?** |  |
|  | **Please specify. E.g., LAC** |  |
| **8** | **Has a Wellbeing concern form submitted?** |  |
| **Please specify to whom?** |  |
| **9** | **Wellbeing areas impacted?** |
| **SAFE** |  |
| **HEALTHY** |  |
| **ACTIVE** |  |
| **NURTURED** |  |
| **ACHIEVING** |  |
| **RESPECTED** |  |
| **RESPONSIBLE** |  |
| **INCLUDED** |  |
| **10** | **Has the child been informed that information will be shared?** |  |
| **11** | **What are their views and wishes?** |
|  |  |
| **12** | **What has been put in place to minimise and/or prevent harm or risk of harm?**  |
|  | Will keep monitoring situation |
| **13** | **Details of any previous concerns about wellbeing; child protection concern; and the outcomes? [If there is a chronology – please attach.]** |
|  |  |
| **14** | **Has your Head of Service been notified?**  |  |
| **If not, why?** |  |
| **15** | **Signed (Worker)** | Sabrina Bloggs |
| **Position** |  |
| **Signed (Manager)** |  |
| **Date** |  |

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| **Section B** |
| **Confirmation of Safeguarding Advice** |
| **Date** |  |
| **From** |  |
| **Tel/Mob** |  |
| **E-mail** |  |
|  |
| **Name of subject:** |  |
| **CrossReach Service**: |  |
| **Safeguarding advice/actions** |
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| This advice is based on the information available on the date of discussion. Please advise about inaccuracies so that this record can be amended. |

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| **Section C** |
| **ACTION PLAN** |
| **Action**  | **By Whom** | **Date** | **Outcome** |
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