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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** |  | | | |
| **Address** |  | | | |
| **Tel/Mobile** |  | | | |
| **2** | **Details of Referrer** | | | | |
| **Name** |  | | | |
| **Position** |  | | | |
| **E-mail** |  | | | |
|  | | | | | |
| **3** | **Details of child suspected or reported to be harmed/at risk of** **harm** | | | | |
| **Name** |  | | | |
| **DoB/Age** |  | | | |
| **Address** |  | | | |
| **Parent/Guardian** |  | | | |
| **Contact Details of Parent or Guardian** |  | | | |
| **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.* | | | | |
|  |  | | | | |
| **5** | **Person causing the suspected or reported harm/at risk of harm if applicable.** | | | | |
| **Name** |  | | | |
| **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?** | | | | |
|  |  | | | | |
| **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)** | |  | | |
| **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** | |
|  | |
| 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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