

## Child Welfare and Child Protection Concern Record

For completion where child welfare or child protection concerns are identified in accordance with the agency child protection policy. This record should be completed by the adult who first observed the concern and reported to the agency safeguarding lead without delay. The agency Safeguarding lead will review and report concerns where appropriate to Children's Social Care if a child is deemed to be in need or at risk of significant harm or in need. **This information will be disclosed only to those staff who need to know for the purposes of child protection.** Where there is no agency safeguarding lead available or in place consult with /refer to MASH where there are concerns about a child being at risk of harm.

**Please note that a new form is required for each new concern**

<b>Date of alleged incident/disclosure/concern</b>		<b>Date/time of report</b>								
<b>Name of child/ren</b>		<b>DOB</b>								
<b>Child's address</b>										
<b>Name of person making this record (PLEASE PRINT)</b>		<b>Role in Agency</b>								
<b>Signed as a true record</b>		<b>Date DD/MM/YY</b>								
<b>Nature of concern</b>  <b>Attach additional sheet(s) if necessary</b>  <i>(include observations, child's own words where possible; exact words must be used even if they offend)</i>  <b>Please write legibly</b> and do not use acronyms.										
<b>Body map used:</b> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;">Y</td> </tr> <tr> <td style="text-align: center;">N</td> </tr> </table>				Y	N					
Y										
N										
<b>Any other relevant information (previous concern, other professionals involved/SEN details etc.)</b>										
<b>Current status with Early Help or Children's Social Care (please tick &amp; add name where known)</b>	None	CAF	Y N	Known to Social Care	Y N	Allocated social worker	Y N	Child Protection Plan	Y N	
<b>This section is to be completed by the agency Safeguarding Lead</b>										
<b>Name of Safeguarding Lead reviewing the concern</b>								<b>Date:</b>		
<b>Concerns should be shared with parent/child, unless to do so may place a child/ren at increased risk of harm (if in doubt consult with children's social care).</b>										
<b>Further action taken</b> <b>Please also record whether concerns were shared with:</b> <ul style="list-style-type: none"> <li>• parents/carers</li> <li>• MASH</li> </ul> <b>and if not outline reason(s)</b>								<b>Date:</b>		
<b>Final outcome</b>								<b>Date:</b>		

**Body Map to be completed by the person raising the concern or observing injuries**

**PLEASE NOTE: CHILDREN ARE NOT TO BE UNDRESSED OR PHOTOGRAPHS TAKEN OF ANY MARKS OR INJURIES**

Date concern noted		Date/time of report	
Name of child		DOB	
Name of person making this record (PLEASE PRINT)		Role in agency	
Signed as a true record		Date DD/MM/YY	

