**Child Welfare and Child Protection Concern Record.**

For completion where child welfare or child protection concerns have been identified in accordance with the agencies child protection policy. This record should be completed by the adult who has first observed the concern and reported to the Designated Safeguarding Lead {DSL} without delay. The DSL will review and report concerns where appropriate to MASH if deemed to be in need or at risk of significant harm or in need. This information will be disclosed on a need-to-know basis for the purposes of child protection.

**Please note a NEW FORM FOR EVERY NEW CONCERN.**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of alleged incident/disclosure/concern |  | Date and Time of report |  |
| Name of Child |  | Date of Birth |  |
| Child’s address |  | | |
| Name of Person making this record  {Please Print} |  | Role in Agency |  |
| Signed as a true record |  | Date |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nature of Concern**  **Attach additional sheet{s} if necessary**  **{Include observations, child’s OWN words where possible, EXACT words must be used even if they offend}**  **Please write LEGIBLY and do not use acronyms.** | | |  | | | | | | | | |
| **Body Map used?** | **Yes** | **No** |
| **Any other relevant information**  **{previous concerns, other professionals involved, SEN details etc}** | | |  | | | | | | | | |
| **Current status with Early Help or Children’s Social Care**  **{Please tick and add name AND contact details where known}** | | | **None** | **TAF** | **YES**  **NO** | **Known to social care** | **YES**  **NO** | **Allocated Social Worker** | **YES** | **Child Protection Plan** | **YES**  **NO** |
| **Details:-** | **NO** |

**PAGE 1**

|  |  |  |
| --- | --- | --- |
| **This section is to be completed by the agencies Designated Lead {DSL}** | | |
| **Name of DSL reviewing the concern:-** |  | **DATE:-** |
| **Concerns should be shared with parent / carer, unless this may place a child / ren at an increased risk of harm {If in doubt consult the MASH and complete a no names assessment.** | | |
| **Further action taken.**  **Please record whether concerns were shared with :-**  **Parents / Carers**  **MASH**  **And if not outline the reason{s}** |  | **DATE:-** |
| **Final Outcome** |  | **DATE:-** |

**Signed……………………………………………………………………………………………………….Date………………………………………………………**

**PAGE 2**