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| **Record of Concern** |
| **Information Required** | **Enter Information Here** |
| Time & date of incident |  |
| Child’s full name |  |
| Child’s date of birth |  |
| Child’s gender |  |
| Child’s class/tutor group/form group |  |
| Reporter’s name and position in the school(*if visitor also add contact details*) |  |
| Nature of concern/disclosure*In factual terms include:** *Location when child disclosed*
* *Who else was present*
* *What you saw*
* *The child’s words /actions*
* *Your response/actions (inc. any open-ended questions to clarify)*
* *Observations of child’s behaviour*
* *Signs of injury or pain (if so, illustrate on body map)*
* *Other children or adults involved?*
* *Have there been previous similar concerns?*
* *Any professional views to add*
 |  |
| Name and position of the person you are passing this information to |  |
| Time and date form completed |  |
| Reporter’s (your) Signature |  |
| **Checklist for DSL (to be printed on back of record of concern form)** |
| * Child clearly identified?
* Name, designation and signature of the person completing the record populated?
* Date, day and time of any incidents or when a concern was observed?
* Date, day and time of written record?
* If a third party has raised concerns, are details of this person included (name, relationship to the child and their contact details if relevant)?
* Distinguish between fact, opinion and hearsay
* Concern described in sufficient detail, i.e. no further clarification necessary?
* Child’s own words used? (Swear words, insults, or intimate vocabulary should be written down verbatim)
* Are the names of all parties who were involved in the incident, including any witnesses to an event included? Is it clear what their relationship is to the child?
* Record free of jargon?
* Written in a professional manner without stereotyping or discrimination?
* What did the member of staff say or do in response to the concern?
* Record of concern completed in a timely manner?
* Record of concern passed to DSL in a timely manner?
* The record includes an attached completed body map (if relevant) to show any visible injuries (body map available at [www.thegrid.org.uk/info/welfare/child\_protection/proformas/index.shtml](http://www.thegrid.org.uk/info/welfare/child_protection/proformas/index.shtml) )
* Is any additional paperwork, e.g. handwritten notes of conversation with parents attached securely to this record?
* Has DSL completed their sections in full- including action taken and outcome, feedback to staff and information sharing?
* If the concerns have not been referred to Children’s Services/Police, are the reasons clearly recorded by the DSL?

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| --- | --- |
| **Audit date:** | **Audited completed by:** |
| **Overall RAG rating (see key below)** |
| **Action needed** | **Timescale** | **Name and position of person responsible** | **Date action completed** |
|  |  |  |  |
|  |  |  |  |
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| **RED** | **Indicates that information from the checklist is lacking and deficiencies need to be addressed as a matter of urgency**  |
| **AMBER** | **Indicates that key information is included but recording could be further improved** |
| **GREEN** | **Indicates that the recording meets the above required standards** |

*If you intend to give a copy of the above action plan to the member of staff, please ensure they are not given page 1, i.e. the actual record of concern form which contains confidential details.* |
| **Body map**page 1 of 2 |
| Description/notes:**Front****Back****Right****Left****Front****Back** |
| **Body map**page 2 of 2 |
| **Right OUTER Left****Right INNER Left****Right TOP Left**Description/notes:**Right BOTTOM Left** |

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| **Record of Concern Action form****Actions / Request for Support and rationale** |
| For completion by DSL / DDSL | Page 1 of 2 |
| (D)DSL’s immediate response and actions taken*Include:** *Any further information gathering*
* *Speaking to the named CYP or others*
* *Has any immediate risk assessment been carried out, and if so, what?*
 |  |
| Information shared with Parents / carers?* *Date/time*
* *Are they aware of school’s concerns / actions carried out to support / safeguard CYP?*
* ***Parent/carer’s response***
* *Do you have consent for this? If not, rationale for not sharing information?*
 | *The only reasons not to share information with parents are:** *Doing so would place the child at increased risk of significant harm through this action*
* *There would be an impact on a criminal investigation*
* *The delay in being able to get in touch with parents before making the Request for Support would impact on the immediate safety of the child*
 |
| Feedback given to child*[yes/no (why), date and time]* |  |
| **Record of Concern Action form****Actions / Request for Support and rationale** |
| For completion by DSL / DDSL | Page 2 of 2 |
| **Request for Support made to Children’s Services?**1. [ ]  Yes, Which agency/service:

[ ]  No1. Rationale for actions and above decision:

**If referring:**1. Parental consent gained?

[ ]  Yes[ ]  No (*pick one from below and attach supporting evidence*)The only reasons not to gain parental consent are when:[ ]  The child would be placed at increased risk of significant harm through the action of gaining this consent[ ]  There would be an impact on a criminal investigation[ ]  A delay in making the Request for Support would impact on the immediate safety of the child |
| Feedback given to reporting staff member*[yes/no and date and time]* |  |
| Feedback given to other staff members?*[who, rationale for doing so, date and time]* |  |
| Further Action Agreed |  |
| Full Name of DSL |  |
| Time and date form completed |  |
| Signature of DSL |  |