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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?  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Audit date:** | | **Audited completed by:** | | | | **Overall RAG rating (see key below)** | | | | | | **Action needed** | **Timescale** | | **Name and position of person responsible** | **Date action completed** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  |  |  |  | | --- | --- | | **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:   No   1. 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 |  | | |