

Logging a concern about a child's safety and welfare

The Designated Safeguarding Lead must be informed **immediately** about all disclosures by a child of abuse and any situation where a child may be at **immediate risk of harm**. **DO NOT DELAY**, inform DSL immediately and follow up with the green form or electronic record afterwards.

This form should then be completed and passed to the DSL as soon as possible after the DSL has been informed). Remember this form may be used as evidence/ FOI; record factually & quote where possible.

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| Pupil's Name: | Date of Birth: | Year Group: | Form: |
| Date: | Time (of writing this record): | | |
| Name of person completing this form (please print): | | | |
| Name: | Signature: | Job Title: | |
| Reason(s) for recording the incident/concern (headline): Child / young person may be at risk of harm due to: <i>Headline in a few words about nature of the concern, e.g. 'concern about child's physical presentation'; 'unpleasant smell'; 'child hungry'; 'Comment by child to member of staff'; 'Comment by child to another child'; 'concerns re: child's behaviour'; 'child's comments in a lesson/during play'; 'interactions between child and parent' 'indirect disclosure raising concern about possible physical abuse/sexual abuse/emotional abuse/neglect' 'direct disclosure of physical abuse/sexual abuse/emotional abuse/neglect'</i> | | | |
| Where? did the incident take place? (Be as precise as possible about exactly where the incident occurred on/offsite): <i>Where and when did it take place? Give specific details so that another reader could identify the place.</i> | | | |
| When? Date & time of incident and when did the concern arise? <i>Date, time and where whatever is being recorded was seen or heard</i> | | | |
| What happened? Who else was involved? Which adults or children witnessed the incident or may be involved? What (exactly) raised your concern? See/ hear/other What are the child/young person's views & feelings if known? <i>Please record any direct disclosures /statements/ comments using the child or adult's exact words in quotation marks. Facts should be recorded in this box. What exactly was seen, heard, smelt or said that has raised concern? Facts for which there is demonstrable evidence should be recorded as such, e.g. the child was crying, the child's clothes smelled of urine, the child said ".....", the child has a bruise on the left cheek of her/his face Names details of others involved or witnesses (children or staff/other adults present?) Has there been a previous incident(s)? Who was involved? Record direct disclosures/statements/comments using child's or adult's exact words within quotation marks</i> | | | |
| NB if additional pages are used, these must be attached securely to this form | | | |
| Professional opinion: Your professional opinions, impressions & worries are important. Facts should be recorded in the box above but please record your opinions, impressions and worries here and state what has led you to form them (e.g. something you have noticed, feel or suspect). <i>It is important and reasonable to record professional opinions, impressions and worries that fall short of facts but these must be recorded as such, e.g. "I formed the impression that the child was frightened because....."; "In my opinion, the child was not provided with adequate care before coming to school because"; "I was concerned that mother had been drinking alcohol and should not be driving the children home because I could smell alcohol and her speech was slurred". Add any additional information the member of staff/volunteer considers relevant and necessary for DSL to know in order to safeguard child and decide most appropriate response</i> | | | |
| Action taken, including names of everyone spoken to about the incident/concern: <i>Clear statement of what the member of staff recording the concern did in response, e.g. reassure child, tell parent they would have to record and report what parents had told them, discuss with any other colleagues, inform DSL. Any checks with the class teacher, any relevant or recent concerns? Referred to DSL.</i> | | | |
| Name of Designated Safeguarding Lead this form was passed to: | | | |
| Date and time the incident/concern was shared with Designated Safeguarding Lead: | Date: | Time: | |

Please check to make sure your report is clear; and will be clear to someone else reading it next year

NOW PLEASE PASS THIS FORM TO YOUR DESIGNATED SAFEGUARDING LEAD FOR COMPLETION OVERLEAF (NB by end of working day at latest if child is not at immediate risk of harm)
 (Following sections to be completed by Designated Safeguarding Lead)

OFFICIAL

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| Time & date information received by DSL and from whom | Time <i>Time DSL green form received from person recording the concern</i> | Date <i>Date green form received from person recording the concern</i> | Received from: <i>Who is the person recording the concern?</i> |
| Any advice sought by DSL (date, time, name, role, organisation & advice given) | <i>Details of whoever DSL speaks to after receipt of green form, e.g., parents/carers; Front Door Children and families advisor; social worker in locality Children's Social Care team; Police Officer; health professional</i> | | |
| DSL's analysis of presenting issues/concerns and advice received | <i>DSL's analysis of information presented by member of staff on front of green form in context of previous green forms submitted about the same child and DSL's knowledge of the child's circumstances Does information on its own or in combination with other information already known indicate that the child is suffering significant harm?</i> <i>NB refer to Working Together 2018 definitions of abuse; 'Worried about a child?' poster; WSCB Spectrum of support.</i> | | |
| Action taken (Consultation with Education Lead or referral to Children & Families Front Door or local Children's Services team or Early Help? If decision not to refer, state reason. Monitoring advice given to appropriate staff? Follow up needed? When? | <i>If information on its own or in combination with other information already known indicates that the child is suffering significant harm, refer to Children and Families Front Door.</i> <i>If there is evidence of physical or sexual abuse and/or child is there likely to be at immediate risk of significant harm now or at the end of her/his school day, telephone Front Door on 01926 414144 first to inform them of imminent referral and then submit MAC. Otherwise, submit MAC to Front Door. Inform parents unless doing so is likely to increase risk of significant harm. If unsure, seek consultation with Front Door.</i> <i>If risk is low:</i> <i>Discuss with parents; consider any early help/support that school may be able to offer; consider whether referral to single agency (e.g. school counsellor, School Nurse, Educational Psychologist) is appropriate;</i> <i>Discuss with parents/young person whether initiation of an Early Help Pathway to Change would be useful in order to ensure child's needs are properly understood and to co-ordinate support. Call 01926 412 412 and consult with your locality Early Help Targeted Support Officer. Monitor and record monitoring arrangements</i> <i>If unsure what early help would be appropriate, if it is refused or has been offered before and proved ineffective, seek advice from locality Family Support Worker Helpline</i> | | |
| Note time/date/names/ who information shared with & when etc. <i>Remember to apply GDPR principles</i> | | | |
| Outcome (Include names of individuals /agencies who have given you information regarding outcomes or actions from any referral (if made)) | <i>Outcome of all of above including names of individuals/agencies who have given you information regarding outcome of any referral (if made)</i> | | |
| Parents informed? | Reasons if not? | <i>Explanation/ justification for why parents/ carers were not informed</i> | |
| Yes | NO | | |
| Where can additional information regarding child/ incident be found? (e.g. DSL file, serious incident book, bound book for Team Teach/ positive handling incidents) | <i>Make sure school has a consistent location.</i> | | |
| Signed | | | |
| Printed Name | | | |
| Date | | | |

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| Date/time/how member of staff submitting this form received acknowledgement & feedback about action taken from DSL (please circle as appropriate) | | Date: <i>Circle to show how DSL gave feedback to person who submitted the Green Form. If face to face, person must sign to confirm.</i> | | Time: | |
| Face to face | Phone call | e-mail (copy retained) | | Other | |
| Signature of reporting Member of Staff | Signature of reporting Member of Staff | Evidence kept? | | Evidence Kept? | |