

Logging a concern about a child's safety and welfare

*** Guidance notes for completion ***

(NB All concerns must be recorded but a 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 at the end of their school day – this form should then be filled in and passed to the DSL as soon as possible after the DSL has been informed)

Pupil's Name: <i>Name of child this concern is about</i>	Date of Birth:	Year Group:	Form:
Date:	Time (of writing this record):		
Name of person completing this form (please print):			
Job Title:			
Signature:			
Reason(s) for recording the incident/concern (headline): <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'</i> <i>'indirect disclosure raising concern about possible physical abuse/sexual abuse/emotional abuse/neglect'</i> <i>'direct disclosure of physical abuse/sexual abuse/emotional abuse/neglect'</i>			
Record the following factually: <u>When</u> (date & time of incident or concern arising)? <u>Where</u> did your concerns arise? <u>Who else</u> - were any other children or staff present? <u>What</u> exactly did you see/hear/smell that raised your concern? N.B. Please record any direct disclosures/statements/comments using the child or adult's exact words in quotation marks. <i>Date, time and where whatever is being recorded was seen or heard</i> <i>Were any other children or staff/other adults present?</i> <i>What exactly was seen, heard, smelt or said that has raised concern?</i> <i>Record direct disclosures/statements/comments using child's or adult's exact words within quotation marks</i> <i>As far as it is possible to identify, if a child or adult is reporting an incident that occurred previously, who was involved and where and when did it take place?</i> <i>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.</i> <i>NB if additional pages are used, these must be attached securely to this form</i>			
Professional opinion: Your professional opinions, impressions and 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>Facts should be recorded in the box above.</i> <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".</i> <i>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.</i>			
Name of Designated Safeguarding Lead this form was passed to:			
Date and time incident/concern was shared with Designated Safeguarding Lead:			

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)

Time & date information received by DSL and from whom		<i>Time and date green form received by DSL from member of staff/volunteer 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; MASH; social worker in locality Children's Social Care team; Education Safeguarding Manager; 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</i> <i>Does information on its own or in combination with other information already known indicate that the child is suffering significant harm? NB refer to Working Together 2015 definitions of abuse; 'Worried about a child?' poster; 'Signs and Symptoms' handout; WSCB Thresholds for Intervention document.</i>		
Action taken (referral to or consultation with MASH or local Children's Services team/ monitoring advice given to appropriate staff/ Early Help etc.) If decision not to refer, state reason. Note time/date/names/ who information shared with and when etc.	<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's Social Care via MASH. If there is evidence of physical or sexual abuse and/or child is likely to be at immediate risk of significant harm at the end of her/his school day, telephone MASH on 01926 414144 (Option 1) first to inform them of imminent referral and then submit MARF. Otherwise, submit MARF to MASH. Inform parents unless doing so is likely to increase risk of significant harm. If unsure, seek consultation with MASH (Option 3) or Education Safeguarding Manager.</i> <i>If no, 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 (record all such early help on Pre Early Help Single Assessment Action Plan form); discuss positively with parents/young person whether initiation of an Early Help Single Assessment would be useful in order to ensure child's needs are properly assessed and understood and to co-ordinate early help. If unsure what early help would be appropriate, if it is refused or has been offered before and proved ineffective and for possible referrals to a Locality Panel, seek advice from locality Early Help Officer.</i> <i>Monitor and record monitoring arrangements.</i>		
Outcome (include names of individuals/agencies who have given you information regarding outcome of 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 Yes/no – reasons if no			
Where can additional information regarding child/ incident be found? (e.g. pupil file, serious incident book)			
Signed			
Printed Name			
Date			
Date/time/how member of staff submitting this form received feedback about action taken from DSL (please circle below as appropriate) <i>Circle <u>one</u> of face to face/phone call/e mail to confirm how DSL gave feedback to the member of staff/volunteer that submitted the Green form. If face to face or phone call, M of S/volunteer must sign to confirm. If e mail, retain copy.</i>		Date:	Time:
Face to face	Phone call	e mail (copy retained)	
Signature of reporting M of S	Signature of reporting M of S		