



## Keeping Safeguarding Records of Child Protection and Welfare Concerns

### Appendix C

#### WELFARE CONCERN FORM

To be used to record low level concerns or serious child protection concerns requiring immediate response

|                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|--|
| <b>Child's name</b>                                                                                                                                                                                                                                                                                                                                                            |  |                         |  |
| <b>Child's date of birth</b>                                                                                                                                                                                                                                                                                                                                                   |  | <b>Year group</b>       |  |
| <b>Staff member reporting incident</b>                                                                                                                                                                                                                                                                                                                                         |  |                         |  |
| <b>name and position (print name)</b>                                                                                                                                                                                                                                                                                                                                          |  |                         |  |
| <b>Date of incident (dd/mm/yyyy)</b>                                                                                                                                                                                                                                                                                                                                           |  | <b>Time of incident</b> |  |
| <b>Details of the incident</b><br>Note the reasons for recording the incident. Ensure the following factual information is provided – who, what, when and where. Include names of witnesses, if relevant, and immediate actions taken. If offering a professional opinion provide context to substantiate the opinion. Attach a body map or other information, if appropriate. |  |                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------|--|
| <b>Reporting staff member's signature</b>                                                                                                                                                                                                           |  | <b>Date</b> |  |
| <b>Please pass this form to your Safeguarding Lead</b>                                                                                                                                                                                              |  |             |  |
| <b>The Safeguarding Lead</b><br>The Safeguarding Lead should record their analysis of the impact of historic and known information, considering the chronology and current information relating to this incident or concern on the child's welfare. |  |             |  |
| <b>Analysis and response to the incident/concern</b><br>Note actions planned and taken, including names of anyone to whom the information was passed.                                                                                               |  |             |  |
|                                                                                                                                                                                                                                                     |  |             |  |
| <b>Outcomes</b><br>Record outcomes of the actions taken and forward planning, including plan to review outcome and impact.                                                                                                                          |  |             |  |
|                                                                                                                                                                                                                                                     |  |             |  |

|                                      |  |             |  |
|--------------------------------------|--|-------------|--|
| <b>Safeguarding Lead's name</b>      |  |             |  |
| <b>Safeguarding Lead's signature</b> |  | <b>Date</b> |  |

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| <b>CONTINUATION SHEET for additional information related to the original concern</b> |
| <b>Details of the incident or information and updated analysis and planning</b>      |

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|-------------------------------------------|--|-------------|--|
| <b>Reporting staff member's signature</b> |  | <b>Date</b> |  |
|-------------------------------------------|--|-------------|--|

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| <b>The Safeguarding Lead</b><br><b>Analysis and response to the incident/concern</b><br>Note actions planned and taken, including names of anyone to whom the information was passed.. |
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| <b>Outcomes</b><br>Record outcomes of the actions taken and forward planning, including plan to review outcome and impact. |
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|----------------------------------|--|------|--|
| Safeguarding<br>Lead's signature |  | Date |  |
|----------------------------------|--|------|--|

BODY MAP

|                                  |  |                                  |                          |  |
|----------------------------------|--|----------------------------------|--------------------------|--|
| Child's name                     |  |                                  | Child's date<br>of birth |  |
| Date of incident<br>(dd/mm/yyyy) |  | Person<br>completing body<br>map |                          |  |

Detail size nature and any additional identifying features of injury

