

Appendix 3

Safeguarding and Monitoring Concerns Form

Please complete this form to record any concerns about a child, young person or vulnerable adult and/or where it has been decided that a referral to Childrens or Adult Social Care, Police or an Ambulance has been called. Please fill in all sections, even if information is not known (NK) or not applicable (NA).

This form must be completed within 24 hours of the concern/safeguarding referral and sent to your Designated Safeguarding Officer (DSO) and line manager.

Please remember that reports may be read by the service user, family, other professionals, other agencies, and/or the Court. Please try to avoid handwritten reports, but if there is no access to a computer, please write clearly avoiding spelling mistakes in all instances.

Date of Concern	Click or tap to enter a date.	Date form sent to Manager/DSO	Click or tap to enter a date.
How did this come to your attention (please tick)	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Disclosure <input type="checkbox"/> Third Party	Do you think the issue is?	<input type="checkbox"/> Safeguarding Children <input type="checkbox"/> Safeguarding Adults <input type="checkbox"/> Monitoring Concerns

Child / Young Person / Vulnerable Adult Details			
Name		Date of Birth	
Address		Age	
		Identified Gender	
		Ethnicity	Choose an item.
		School/college	
Local Authority	Choose an item.	Religion/Faith <i>all staff should be aware of cultural sensitivities</i>	Choose an item.
Name of Parents/Carers		Contact details for Parent/Carer	

Turner Worker's Details			
Name		Job Title	
Telephone Number		Email	
Mobile Number		Turner Service Name	Choose an item.

Intrafamilial Safeguarding Concerns (within a family setting)	Extrafamilial/contextual Safeguarding Concerns (wider societal risks)
<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Parent/Carer Drug and Alcohol Use <input type="checkbox"/> Parent/Carer Mental Health <input type="checkbox"/> Parent/Carer DV <input type="checkbox"/> FGM <input type="checkbox"/> Other (Please specify) _____	<input type="checkbox"/> Child/Adult Sexual Exploitation <input type="checkbox"/> Child/Adult Criminal Exploitation (County Lines) <input type="checkbox"/> Trafficking <input type="checkbox"/> Missing <input type="checkbox"/> Drugs <input type="checkbox"/> Radicalisation <input type="checkbox"/> Bullying <input type="checkbox"/> Social Media <input type="checkbox"/> Other (Please specify) _____

Risks to Self	Additional Vulnerabilities
<input type="checkbox"/> Self-Harm <input type="checkbox"/> Suicide Ideation <input type="checkbox"/> Suicide Attempt <input type="checkbox"/> Emotional Wellbeing/Mental Health <input type="checkbox"/> Drug and/or Alcohol Use <input type="checkbox"/> NEET <input type="checkbox"/> Self-Neglect <input type="checkbox"/> Disordered Eating/Eating Disorder <input type="checkbox"/> Other (Please specify) _____	<input type="checkbox"/> Learning Difficulty/Disability <input type="checkbox"/> Neurodiversity <input type="checkbox"/> ADHD <input type="checkbox"/> Physical Health <input type="checkbox"/> Drugs <input type="checkbox"/> Radicalisation <input type="checkbox"/> CinN/ CPP/ Looked After/ Care Leaver <input type="checkbox"/> Young Carer <input type="checkbox"/> Asylum Seeker <input type="checkbox"/> LGBTQI+ <input type="checkbox"/> Other (Please specify) _____

Summary of Concerns
(Please be concise and succinct and use bullet points if easier)
What is your concern about this child, young person or vulnerable adult? Why? (Be specific. Include when and where concern happened, any evidence you saw or was reported, timeline if known)
Were there any obvious signs of concern/injury on child/young person? (E.g. bruising, bleeding, changed behaviours)
Are there any factors that will increase the risk? (E.g. Was anyone else involved? Are there additional needs and vulnerabilities?)
Are there factors already that will reduce the risk? (E.g. Supportive friends/family, other professionals involved, using online resources)

Initial Actions Taken	
Has the child/young person/vulnerable adult been spoken to and have they given consent for information to be shared?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: Click or tap to enter a date. Consent obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No
Discussed with Line Manager / DSO?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: Click or tap to enter a date.
Parent/Carer Informed?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: Click or tap to enter a date.
Statutory Referral Made?	<input type="checkbox"/> Children Social Care (FDFF) <input type="checkbox"/> Children Social Care (Other LA) <input type="checkbox"/> Adult Social Care <input type="checkbox"/> Police <input type="checkbox"/> Ambulance Date of Referral: Click or tap to enter a date.



Other Referral/s Made? (Please provide details)

Managerial Oversight (Please make clear the conversations had and any subsequent follow up plans and actions agreed).

Managers Name

Date passed to DSL

Click or tap to enter a date.