



Know Your Potential Consultancy Ltd

WELFARE CONCERN SAFEGUARDING POLICY





Concern for welfare / safeguarding concern log

Part A – To be completed by staff member				
Name of person to whom concern relates:				
Name of relevant setting:				
Time and date concern identified:				
<p>Summary of concern: Record accurate and factual information. Use the words of the person where possible. What abuse or neglect are you worried may be taking place? Why are you worried about the learner's welfare?</p>				
Is the person you are concerned about: (Please circle)				
A learner.			Yes	No
A child/young person/adult/staff member/ colleague within a setting.			Yes	No
What types of abuse / neglect / welfare concern does this concern relate to (Please circle all that apply)				
Organisational	Physical	Sexual	Neglect	Self-Neglect
Financial	Radicalisation	Discriminatory	Domestic abuse	Emotional
Self-Harm	Online abuse	Exploitation	Peer on peer	
'Honour' Based Violence	Modern Day Slavery / Human Trafficking	Other (state what)	Other (state what)	Other (state what)



(Please circle your choice)

Does the person you are concerned about know about your concern?	Yes	No
Have they given consent for information to be shared with other organisations?	Yes	No
What are their views about what they want to happen?		
Are there any particular risk factors that give you significant cause for concern with this situation?		
Name of DSL / manager spoken to:		
Date and time spoken with DSL / manager:		
Staff member signature and date:		
Part B - Concern decision making (DSL / Manager to complete)		
Comments / actions from DSL / manager (to be completed by DSL / manager): Include who is responsible for completing actions, and timescale for completion		
Does this concern require referral to any of the following (more than one may apply)		
Children's services	Yes	No
Adult social care	Yes	No
The setting	Yes	No
LADO	Yes	No
Regulators	Yes	No
The police	Yes	No
Any other support services	Yes	No



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Is ongoing monitoring or support required by KYP staff ?		Yes	No
If Yes - DSL / Manager comments should reflect ongoing actions and who is responsible. How will this be monitored? Is support being provided? Is a monitoring form being completed?			
If referrals required, record further details here.			
Date / Time			
Staff member completing			
Name of who spoken to / contact information			
Outcome of referral			

DSL / Manager Oversight Review of completed actions – have these been completed? Are more actions necessary? Who is responsible for any further action? Add further rows as necessary
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Date / Time			
DSL / Manager Name			
Comments			

Outcome of safeguarding / welfare concern when closing:

Provide summary of initial concern, actions completed and outcome.

Signed:
(worker)

Date:

Signed:
(DSL / Manager)

Date:



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