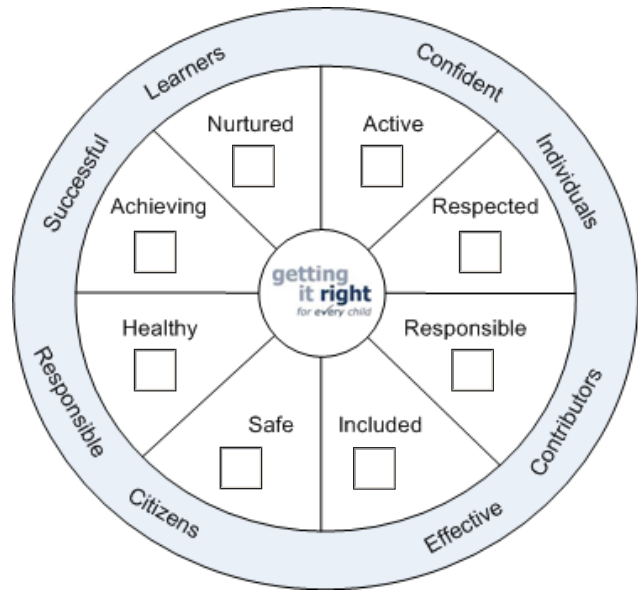


Wellbeing Concern Form

Baby / Child / Young Person - details
Name:
Date of birth:
Person recording details
Name:
Agency/ Establishment:
Area of concern(s)
Please tick relevant box(es) on 'Wellbeing Wheel' and use these headings to record the details below.



Description of Concern(s)

If appropriate, include strategies to address the issue and/or any actions taken. Please also summarise any previous concerns.

Signature: _____

Date: _____

It does not have to be the recorder that discusses the concern(s) with the parent or carer, but agreement should be reached about who is the most appropriate person within the agency to do this and the parent or carer's views recorded here.

Has the concern(s) been shared with the parent / carer? Yes No

What is the parent / carer saying about the concern(s)?

Has the concern(s) been shared with the child / young person? Yes No

What is the child / young person saying about the concern(s)?

Only complete this section if relevant to agency structure

Has the concern(s) been shared with anyone else? Yes No

If 'Yes', please specify:

Comments / Action:

This section must always be completed by named person (or person acting on their behalf)

- Action being taken in relation to this Wellbeing Concern?
- Continue to monitor
 - Initiate Child Protection Procedures
 - Carry out Assessment of Need
 - Discuss with Lead Professional (if allocated)

Comments / Action:

Feedback given to the referrer? Yes No Date:

Name: Job Title: Date: