

● Beyond Safeguarding Proforma

To be completed in line with Safeguarding Procedure. Complete all that is applicable/relevant to your knowledge and safeguarding concern.

Part 1 – person information (to be completed in full for all safeguarding concerns)

Person DOB		age		person gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans <input type="checkbox"/> Other
person ethnicity <input type="checkbox"/> A-WHITE BRITISH <input type="checkbox"/> B-WHITE IRISH <input type="checkbox"/> C-OTHER WHITE <input type="checkbox"/> D-WHITE AND BLACK CARIBBEAN <input type="checkbox"/> E-WHITE AND BLACK AFRICAN <input type="checkbox"/> F-WHITE AND ASIAN <input type="checkbox"/> G-OTHER Mixed <input type="checkbox"/> H-INDIAN <input type="checkbox"/> J-PAKISTANI				<input type="checkbox"/> K-BANGLADESHI <input type="checkbox"/> L-OTHER ASIAN <input type="checkbox"/> M-CARIBBEAN <input type="checkbox"/> N-AFRICAN <input type="checkbox"/> P-OTHER BLACK <input type="checkbox"/> R-CHINESE <input type="checkbox"/> S-ANY OTHER <input type="checkbox"/> Z-NOT STATED	

person tracking information				
Age group	<input type="checkbox"/> 12 and under	<input type="checkbox"/> 13 – 15	<input type="checkbox"/> 16 – 17	<input type="checkbox"/> Over 18
Lead staff member (safeguarding concern identified by)				
Direct line manager of person who identified safeguarding concern				
Manager/s involved in decision making				
Location of responsible team				
Date safeguarding episode commenced				

Reason for concern	
Active disclosure by person <input type="checkbox"/> / concern of risk of harm <input type="checkbox"/> Concern relates to person <input type="checkbox"/> / to another person <input type="checkbox"/> Concern is current <input type="checkbox"/> / historic <input type="checkbox"/>	Brief summary of the safeguarding concern/s identified, context and level of risk/harm:

Primary reason for concern – select one available option
<input type="checkbox"/> Mental health emotional concern – Suicidal thoughts and feelings <input type="checkbox"/> Mental health emotional concern – Suicidal thoughts and feelings with plan to end life <input type="checkbox"/> Mental health emotional concern – Self harm <input type="checkbox"/> Mental health emotional concern – Other <input type="checkbox"/> Sexual abuse familial <input type="checkbox"/> Sexual abuse non-familial <input type="checkbox"/> Sexual exploitation <input type="checkbox"/> Criminal exploitation <input type="checkbox"/> Pregnancy of concern <input type="checkbox"/> Domestic abuse <input type="checkbox"/> FGM <input type="checkbox"/> Online/digital harm <input type="checkbox"/> Physical abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Emotional abuse <input type="checkbox"/> Substance abuse <input type="checkbox"/> Other concern/risk <input type="checkbox"/> Sexually active 12 & under
Other concern/risk details:
Additional concerns/risks identified – tick all additional relevant concern(s)
<input type="checkbox"/> Mental health emotional concern – Suicidal thoughts and feelings

<input type="checkbox"/> Mental health emotional concern – Suicidal thoughts and feelings with plan to end life <input type="checkbox"/> Mental health emotional concern – Self harm <input type="checkbox"/> Mental health emotional concern – Other <input type="checkbox"/> Sexual abuse familial <input type="checkbox"/> Sexual exploitation <input type="checkbox"/> Pregnancy of concern <input type="checkbox"/> FGM <input type="checkbox"/> Physical abuse <input type="checkbox"/> Emotional abuse <input type="checkbox"/> Other concern/risk	<input type="checkbox"/> Sexual abuse non-familial <input type="checkbox"/> Criminal exploitation <input type="checkbox"/> Domestic abuse <input type="checkbox"/> Online/digital harm <input type="checkbox"/> Neglect <input type="checkbox"/> Substance abuse <input type="checkbox"/> Sexually active 12 & under
Other concern/risk details:	

Attitude to concerns	
Person's attitude towards our concern	
Attitude of parent / carer / other support networks (as reported by person)	

Partner details (if relevant to the identified safeguarding concern)			
Partner name		Partner DOB	

Part 2 – Special circumstances

Part 2a – Children 12 and under only		Part 2b – Sexually active 12 and under only	
Do you believe the person is sexually active?	Y/N	Has child reached puberty?	
Note reason for belief:		Has child willingly engaged in sexual activity?	
		At what age did they become sexually active?	
		Has partner had previous sexual partners?	
If Yes, complete Part 2b also. Contact must be made with Social Care		Is anybody else at risk (e.g. partner, sibling, friend)?	

Part 2c – persons under 18 only – England and Wales		Part 2d – FGM disclosed/observed (under 18s only)	
Has the person disclosed FGM taken place	Y/N	Discussed with Service Safeguarding Leads / on-call team	Y/N
Signs of FGM observed during examination	Y/N	Reported to Police	Y/N
If Yes to either of above, complete Part 2d also.		If reporting to the police telephone 101	

Part 3 – Information seeking and sharing (to be completed in full for all safeguarding concerns)

2 nd staff member involved in assessment	Y/N	Safeguarding / On-call Team involvement	Y/N
Note any differences of opinion:		Note any advice / differences of opinion:	

Has information been sought / shared with Social Worker / other external agency?	Y/N	Does the person agree to the sharing of information	Y/N
person name shared with agency	Y/N	If yes, with whom?	

Name of agency	
Contact person	
Time/date of contact	
Summary of information / advice received:	

Does the person understand what will happen next?	Y/N
Any comments?	

Part 4 – Decision and Action Plan *(sections to be completed as applicable)*

Part 4a – Decision <i>(complete for all safeguarding concerns)</i>	
<input type="checkbox"/> Internal referral <i>(complete 4b and 4d)</i> <input type="checkbox"/> External referral <i>(complete 4c and 4d)</i> <input type="checkbox"/> No immediate referral <i>(complete 4d)</i> <input type="checkbox"/> Information seeking/sharing with external partner <i>(complete Part 3)</i> <i>(When operating under another organisation's policy, referrals to the named person should be documented as an external referral)</i>	Rationale for decision <i>(including decisions not to refer)</i> . This section must be completed.
Decision clearly communicated to person	Y/N
person consents to action including information sharing	Y/N
Referral without consent in best interests of person	Y/N
person at risk of greater harm if referral is made	Y/N

Part 4b – Internal referral action plan <i>(complete if applicable)</i>	
Referral to:	Person making referral:
	Date referral to be made by:
Notes:	

Part 4c – External referral action plan <i>(complete if applicable)</i>	
Referral to:	Person making referral:
Name:	Date of referral:
Agency:	
Contact details:	
Information to be shared with agency:	
Response requested from agency <i>(Standard request: written response within 48 hours)</i>	Person responsible for following up:
	Follow up on (date):

Part 4d – Support and follow up agreed with person <i>(complete for all safeguarding concerns)</i>		
Contact agreed	Person responsible for action	Date action to be delivered by

Part 5 – Documentation *(to be completed in full for all safeguarding concerns)*

- person Core Record, completed Safeguarding Proforma, decision made and details of any referral documented in person's record
- Summary added to safeguarding monitoring spreadsheet
- Caution/risk flags created
- Added to daily debrief
- Copy of completed *Safeguarding Proforma* filed securely in central system (word version)

Safeguarding intervention log – additional information relating to safeguarding episode and actions taken including:

- Chronology of significant events, interventions and communications undertaken to safeguard
- Direct contacts and communication with person and relevant support networks
- Contacts and communication with key professionals involved in managing and supporting safeguarding episode
- Review manager oversight/s and additional actions agreed

Date	

Closure management oversight – all identified safeguarding actions completed.

Manager authorising closure	
Date safeguarding episode closed	

Signatures of staff involved in decision

Lead staff member _____

(Name)

(Signature)

(Date)

Safeguarding Lead

_____ (Name)

_____ (Signature)

_____ (Date)