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# Reporting a Concern Form for use by BfN Staff and Volunteers working on NBH

**Reporting Concerns About a Child/Vulnerable Adult**

**If you are unable to discuss your concerns as per the details below, and you think the concern is urgent and someone is in immediate danger, do not delay – call 999.**

**DO NOT INVESTIGATE** the situation yourself, but you **DO** have a duty to document the facts and seek advice.

NBH calls / contacts that including some safeguarding risk are categorised according to the following:

**RED – Active / immediate risk to the life** of the caller/ child or someone else

**AMBER –** Significantconcerns about the health / risk to caller/ child which is **not immediate**

**GREEN –** Calls that include **mention** of risks to life, but no significant /active risk to the caller’s, a child’s or another person’s safety

**All calls will require information to be gathered on a Reporting Concerns form and appropriate action taken.**

When a call is RED, the emergency services should be contacted, without delay. This call should be made by BfN if there is thought to be an immediate risk to life and the caller lacks the capacity (being ready, willing and able) to so this themselves.

If the urgency / level of risk of a potential AMBER call is unclear, this should be reviewed during the shift, with an On-Call Safeguarding Manager.

If an NBH@Night Worker is confident that an AMBER call is not an immediate risk, this will be passed to the Service Manager and Safeguarding Lead to follow up in business hours. A Safeguarding Lead or Service Manager may take the decision to refer to local safeguarding leads.

**There are different routes for ABM and BfN volunteers for Amber Calls.** **All NBH@Night Workers are contracted by BfN and must follow BfN policies.** The completed form must be submitted to your Service Manager and the relevant Safeguarding Lead.

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| **Name/s and dates of birth of caller and child (This will be needed for any safeguarding follow up)** | | |
| **Phone number/ social media handle of caller:** (indicate if the caller provided this to you or not) | **Start and end time of call:** | **Location of caller** (if provided): |
| **Your name:** | **Service:** | **Date and time of report completed:** |
| If you are responding to concerns raised by someone else, please describe who e.g. NBH@Night Helpline Worker, supervisee/fellow volunteer/staff member and place of concern e.g. phone/ social media | | |
| **Please provide details (without including the names of anyone other than the caller, child and anyone named as directly at risk of harm) of the incident or concerns you have,**  Record of facts of what was said by whom, events described. Include times, dates, locations where available. | | |
| **Record/Summary of discussion with family (date and time):**  Concerns should be discussed with the caller **unless**:   * they might be responsible for harm to the child * someone may be put in danger by the caller being informed * informing the caller might interfere with a criminal investigation. | | |
| **Summary of discussion with service manager/ safeguarding lead (record date and time of discussion):** | | |
| **If you think someone is in immediate danger,** **do not delay – call 999** | | |
| **Have you called 999 (highlight your answer) about this call?**    **Police**: Yes/No Date and time:  **Ambulance:**    Name and phone number of person spoken to:  Reference (if provided): | | |
| **After discussions with the above are there still child/adult safeguarding concerns?**  Yes/No (delete as appropriate) | | |
| **GREYED OUT SECTIONS BELOW ARE TO BE COMPLETED WITH THE INPUT OF THE ON-CALL SAFEGUARDING MANAGER/ SERVICE MANAGER/ SAFEGUARDING LEAD** | | |
| Are you aware of any previous incidents or concerns relating to this child/adult and of any current risk management plan/support plan? If so, please provide details: | | |
| **Summary of discussion with Local Safeguarding Children Partnership/Local safeguarding adult board/MASH (if relevant) (record date and time of each discussion) – Safeguarding Lead (during office hours):**  **Local authority safeguarding children/adult safeguarding contact**:  Yes/No Date and time:  Name and phone number of person spoken to:  Action agreed with authorities: | | |
| Additional comment/ Opportunity for improvement: | | |

Please keep personal details in accordance with IG policy and local practice, ready to be shared appropriately if/when necessary**.**

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