

Wellbeing Concern Form

BABY'S/CHILD'S/YOUNG PERSON'S DETAILS	
Name	
Date of Birth	

PERSON RECORDING DETAILS	
Name	
Agency/Establishment	

AREA OF CONCERN
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 with the family, but agreement should be reached about who is the most appropriate person within the agency to do this and the family's views recorded here.

Has the concern been shared with the parent/carer?	Yes		No	
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What is the parent/carer saying about the concern?

Has the concern been shared with the child/young person?	Yes		No	
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What is the child/young person saying about the concern?

HAS THE CONCERN BEEN SHARED WITH ANYONE ELSE?
(ONLY COMPLETE THIS SECTION IF RELEVANT TO AGENCY STRUCTURE)

Please Specify:	Yes		No	
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Comments/Action

ACTION BEING TAKEN IN RELATION TO THIS WELLBEING CONCERN?
This must always be completed by the named person (or person acting on their behalf)

<input type="checkbox"/>	Continue to monitor	<input type="checkbox"/>	Initiate Child Protection Procedures
<input type="checkbox"/>	Carry out Assessment of Wellbeing (complete Child's Plan)	<input type="checkbox"/>	Discuss with Lead Professional (if allocated)

Comments:

Feedback given to the referrer	Yes		Date	
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Name		Job Title		Date	
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