

# BRITANNIA YOUTH ORGANISATION SAFEGUARDING CASE REPORT FROM

Confidential – Handle in accordance with the Data Protection Policy

## URGENT – Complete Immediately for all Safeguarding Concerns

**If immediate danger:** Call 999 first, then complete this form

**Submit to DSL within 24 hours:** Joshua Hall (07925 328 728) or Hassan Kingsley (07597 874 222)

### SECTION 1: INCIDENT DETAILS

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_

Date of report: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Activity/Session: \_\_\_\_\_

### SECTION 2: REPORTING PERSON

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

### SECTION 3: CHILD/YOUNG PERSON DETAILS

Full name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address (if known):

Parent/Carer 1: \_\_\_\_\_ Contact: \_\_\_\_\_

Parent/Carer 2: \_\_\_\_\_ Contact: \_\_\_\_\_

#### Child/Young Person Known Status

- |   |  |
|---|--|
| <input type="checkbox"/> Regular BYO attendee | <input type="checkbox"/> First time at BYO                       |
| <input type="checkbox"/> Occasional attendee  | <input type="checkbox"/> Known to other services (specify below) |

Other services involved:

## SECTION 4: TYPE OF CONCERN

### Primary Concern Type (tick all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Physical abuse            | <input type="checkbox"/> Bullying/peer abuse         |
| <input type="checkbox"/> Sexual abuse              | <input type="checkbox"/> Radicalisation              |
| <input type="checkbox"/> Emotional abuse           | <input type="checkbox"/> County lines/exploitation   |
| <input type="checkbox"/> Neglect                   | <input type="checkbox"/> Self-harm                   |
| <input type="checkbox"/> Domestic violence         | <input type="checkbox"/> Mental health crisis        |
| <input type="checkbox"/> Child sexual exploitation | <input type="checkbox"/> Staff/volunteer concern     |
| <input type="checkbox"/> Online/digital abuse      | <input type="checkbox"/> Other: <input type="text"/> |

## SECTION 5: DETAILED INCIDENT DESCRIPTION

What happened? (Use child's own words where possible, be factual, avoid opinions)

Who was present/involved?

How did the concern come to light? (disclosure, observation, report from others)

SECTION 6: CHILD’S PRESENTATION AND RESPONSE

Child’s emotional state and behaviour:

Any injuries or physical signs observed:

Child’s own explanation/account:

SECTION 7: IMMEDIATE ACTION TAKEN

Actions Taken (tick all that apply)

- ☐ First aid administered

☐ Medical attention sought (999/hospital)

☐ Police contacted (999/101)

☐ DSL/DDSL notified immediately

☐ Parents/carers contacted

☐ Child made safe/removed from situation

☐ Witnesses separated
- ☐ Emotional support provided to child

☐ Other children safeguarded

☐ Evidence preserved

☐ Incident area secured

☐ Photos taken (with appropriate consent)

☐ Other:

Details of immediate actions and timings:

## SECTION 8: NOTIFICATIONS MADE

Person/Agency Contacted	Time/Date	Method	Response/Action
DSL/DDSL:		Phone/Email/In person	
Emergency Services:		999/101	
Parent/Carer:		Phone/In person	
Children's Services:		Phone/Email	
Other:			

## SECTION 9: PREVIOUS CONCERNS

Any previous concerns about this child/family?

- ☐ No previous concerns known ☐ Previous welfare notes ☐ Previous safeguarding concerns

## SECTION 10: RISK ASSESSMENT

### Current Risk Level

- ☐ **Low risk** - monitoring and support adequate
- ☐ **Medium risk** - enhanced support and monitoring needed
- ☐ **High risk** - immediate external intervention required
- ☐ **Immediate danger** - emergency services involvement

Risk factors and vulnerabilities:

Protective factors and support:

## SECTION 11: RECOMMENDATIONS AND NEXT STEPS

Recommended actions:

Support needed for child/family:

Follow-up arrangements:

## SECTION 12: FORM COMPLETION

Completed by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date completed: \_\_\_\_\_

Time: \_\_\_\_\_

### FOR DSL/DDSL USE ONLY

Received by: \_\_\_\_\_

Date/Time: \_\_\_\_\_

#### DSL Assessment and Action Plan:

##### Actions Taken by DSL

- ☐ Referred to Children's Services (MASH)
- ☐ Police referral made
- ☐ LADO contacted
- ☐ Early Help referral
- ☐ Internal investigation initiated
- ☐ No further action at this time
- ☐ Monitoring and review arranged
- ☐ Other:

Case Reference Number:

DSL Signature: \_\_\_\_\_

Date: \_\_\_\_\_