# Children’s Services

# Need to Know Report (to be sent to [QAPaudits@dorsetcouncil.gov.uk](mailto:QAPaudits@dorsetcouncil.gov.uk?subject=Need%20to%20Know%20Report) and copied to those listed at the end of this form)

**Section A. Initial Report**

Items 1 – 10 should be drafted by the employee identifying the incident; the relevant Head of Service (or similar) to add item 11 (action plan), approve and issue the report within 24 hours of the incident.

Is this (please tick)

a) a new Report

b) an update to an existing Report

If an update, please go to section B.

**If the incident does not involve harm to a child or children known to Dorset Council, please write ‘N/A’ at s1 and commence your report at s9.**

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| --- | --- | --- | --- | --- |
| **1. Child Name(s)** | **2. Mosaic Number** | | **3. Address** | |
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|  |  | |  | |
| **4. Date of Birth** | **5. Ethnicity** | **6. Employment, Education, Training status** | |
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| **7. Is the child (or children) in Care? If so, set out the legal context, including whether under Section 20 or Court Order** |
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| **8. If not a Child in Care, how is the child known to us (e.g., Early Help, Child in Need, Child Protection)? Give summary details** |
|  |
| **9. Detail the reason for the Need to Know:**  **What harm has occurred, may yet occur, or could have occurred to the child or others to whom we owe a duty of care as a result of this incident or near miss?**  **If this relates to a permanent exclusion, please provide reason for exclusion and evidence of the graduated approach that the school have followed.** |
|  |
| **10. What harm has occurred, may yet occur, or could have occurred to the work and/or good name of Dorset Council as a result of this incident or near miss?** |
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| **11. Please set out your action plan for investigating and managing this incident. Give the names of those responsible for actions, with timelines. This must also be completed for Permanent exclusion.** |
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| --- | --- |
| **Initiating Head of Service completing this form (or Senior Manager on Call if Out of Hours)** |  |
| **Service** |  |
| **Date** |  |

**Section B. Report updates**

The Head of Service (or similar) raising the report should use the following section to add updates in respect of the Action Plan (para. 1.12 above) and any other significant new information.

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| **12. Update on Action Plan or new information received** | **Date** |
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| --- | --- | --- |
| **13. Further actions required** | **Responsible** | **Due by** |
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**Section C. Notifications**

The following section must be completed by the Head of Quality Assurance and Partnerships or the Head of Residential Services in all cases, following direction from the Executive Director.

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| --- | --- |
| **14. Notifying a regulatory authority** |  |
| **Must a regulatory authority be notified of this incident? Answer yes or no** | **Yes  No** |
| **If yes, which authority is to be notified?** |  |
| **Date notification made:** |  |
| **Notification made by (name):** |  |
| **Notification made by (designation):** |  |

**Section D. Completing the report**

This Report remains open and the responsibility of the initiating Head of Service (or similar) above until they close it using the confirmation process below.

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| **15. Please confirm that your investigation into this incident and all actions in the associated action plan have been completed (give details), and that the Quality Assurance process set out at 4.7 is also complete.** |
|  |

|  |  |
| --- | --- |
| **Your name** |  |
| **Service** |  |
| **Date** |  |

**Circulation**

The form, and any action plan updates added to it, should be sent to [QAPaudits@dorsetcouncil.gov.uk](mailto:QAPaudits@dorsetcouncil.gov.uk?subject=Need%20to%20Know%20Report) and copied to:

Executive Director, People - Children

Corporate Director Care and Protection

Corporate Director Quality Assurance and Safeguarding

Corporate Director Commissioning

Corporate Director Education

Relevant Head of service

cc Head of Quality Assurance and Partnerships