

# Cwm Taf Safeguarding Children Board

A guide to filling in your  
Child Report Form (C1)

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## ***Everyone's Responsibility – All Wales Child Protection Procedures 2008***

***“If any person has knowledge, concerns or suspicions that a child is suffering, has suffered or is likely to be at risk of harm, it is their responsibility to ensure that the concerns are referred to social services or the police, who have statutory duties and powers to make enquiries and intervene when necessary”***

### **Immediate Child Protection Concerns**

If you believe that a child(ren) is in immediate danger, then please ring the Police on 999

#### **Before you start**

It is essential that you read this guide as it gives you information to help you fill in your referral form.

The referral form is split into 10 sections. The guide gives instructions on how to fill it in and provides extra information on each section. If you need more help or advice, please phone Children's Services on Tel: 01443 742928 for RCT Children's Services, Tel: 01443 743619 for Merthyr Children's Services.

Please read the below information and guidelines from the All Wales child Protection Procedures 2008. Further information can be found on [www.awcpp.org.uk](http://www.awcpp.org.uk)

#### ***Definition of child abuse and neglect***

“A child is abused or neglected when somebody inflicts harm, or fails to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. A child or young person up to the age of 18 years can suffer abuse or neglect and require protection via an inter-agency child protection plan”

#### ***Recognition and Referral***

Suspicion about child abuse may take the form of 'concerns' rather than 'known facts'. Child welfare concerns can arise in many different contexts, including when a child is already known to the social services. Concerns can and should be shared with social services through a referral. While concerns will not necessarily trigger an assessment or investigation, they help to build up a picture, along with concerns from other sources, which suggests that a child may be suffering harm.

#### ***Making the referral***

Referrals should be made to social services as soon as a problem, suspicion or concern about a child becomes apparent, and certainly **within 24 hours**. Outside office hours, emergency referrals should be made to the social services emergency duty service or the police.

All telephone referrals or referrals made in person should be confirmed in writing within two working days on the Multi Agency Referral Form. The referral should contain as much information as possible.

### Prevention and Early Intervention

Referrer should be aware of the services available to support children and families. More information is available from the Family Information Service (FIS) on the below contact details:

Merthyr Tydfil FIS – Tel: 01685 727400 or [fis@merthyr.gov.uk](mailto:fis@merthyr.gov.uk)  
Rhondda Cynon Taff FIS – Tel: 0800 1804151 or [fis@rctcbc.gov.uk](mailto:fis@rctcbc.gov.uk)

### **What happens next?**

On receipt of the referral, information sharing will take place with other agencies. Consideration will be taken as to whether an assessment will take place, or not. The individual employee, professional making the referral may be asked to do some or all of the following tasks, and should be prepared and willing to do them:

- ❖ Contribute to a strategy discussion or strategy meeting
- ❖ Assist in the child protection section 47 enquiries
- ❖ Attend the child protection conference
- ❖ Provide a written report for the child protection conference
- ❖ Contribute to the initial and core assessments

It is the responsibility of individual employees and professionals to ensure that their child protection concerns are taken seriously and followed through. Each individual employee and professional is accountable for his or her own role in the child protection process, and if an individual employee or professional remains concerned about a child they should re-refer the child and /or bring the matter to the immediate attention of their senior manager.

Please make every effort to complete the form electronically.  
If handwritten, please use a **black** ballpoint pen and print clearly. Draw a line through any minor mistakes with a pen. Do not use correction fluid.  
Send us original documents **not** photocopies.

### **Section 1 : Reason for report**

Please answer all questions in full.  
If known, please include the following:

- details of the nature of the alleged abuse, suspected abuse or general concerns
- date, time and place where the alleged abuse occurred
- Identify all persons who have directly witnessed the abuse
- the name, age and address of the person who has direct knowledge of the alleged or suspected abuse
- the name, age and address of any person known to have information on the alleged or suspected abuse

- Information on whether the child has been recently medically examined and, if so, by whom
- Please give a brief description of the child to assist the person making an initial visit being assured they have seen the correct child
- It is essential that information regarding allegations or suspicions of abuse be recorded as fully and as accurately as possible in accordance with the Child Protection Procedures. Please indicate if there is additional documentation recorded and the location of this documentation.

## **Section 2 : Details of practitioner making the report**

Professionals making referrals cannot choose to remain anonymous, though members of the public including volunteers may, if they wish.

- Complete the full name of the person making the referral
- Give your full job title and the name of your agency / organisation.
- Complete the full postal address of your agency / organisation
- Include all contact number(s) and extension numbers
- Give your email address
- State the relationship to the child
- Please state your relationship to the child e.g. health visitor etc.

## **Section 3 : Child / Young Person(s) Details**

Who is the referral about? Please include details of child(ren) alleged to have been abused in this section.

- Give surname, first names (in full) and previous names in full
- Include the age of each child / young person
- Give the date of birth / expected date of delivery of each child (the date / the month / then year)
- Identify if child / young person is M for male and F for female
- Ethnicity – please use the following codes:
  - 1. White – North European
  - 2. White – South European
  - 3. Black
  - 4. Asian
  - 5. Chinese, Japanese, SE Asian
  - 6. Arabic or North African
  - 7. Unknown
- Include the address that the child / young person is currently residing at. If there is more than one address known, please give full details.
- Give telephone number / mobile numbers for the child / young person
- Include any known email addresses for the child / young person

## **Section 4 : Child / young person's principal carers**

- Give surname, first names (in full) and previous names in full
- State the relationship to the child

- Identify whether the person(s) has parental responsibility for the child – *Parental Responsibility is defined by The Children Act 1989 s.3 (1) as “...all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property”*
- Identify if principal carer(s) are M for male and F for female
- Give the age and date of birth (the date / the month / then year)
- Ethnicity – please use the codes as per section 2 above.
- Give the carers address if different from the child or if more than one address has been supplied.
- Give telephone number / mobile numbers for the carer
- Include any known email addresses for the carer
- Please state whether the carer is aware of the referral

**Section 5 :** Other household members or significant people in the child/young person’s life. Include other children that may have had contact with the alleged perpetrator.

- Give surname, first names (in full) and previous names in full
- Give the age and date of birth or expected date of delivery (the date / the month / then year)
- Identify if adult / child / young person is M for male and F for female
- Ethnicity – please use the codes as per section 2 above.
- State the relationship to the child
- Enter address of each person named and enter the relevant code

**Section 6 :** Details of Person(s) Causing Concern

- Give surname, first names (in full) and previous names in full
- Give the age and date of birth (the date / the month / then year)
- Identify if person(s) causing concern is M for male and F for female
- Ethnicity – please use the codes as per section 2 above.
- State the relationship to the child
- Include full address of person(s) causing concern
- Give telephone number / mobile numbers
- If known, identify whether person(s) causing concern is aware of the referral. If aware, then please give full details.
- Please state whether the person of concern works or volunteers to work with children or vulnerable adults and give full details.

The following three questions relate to persons identified in sections 2-4

1. Are there any safety concerns for professionals visiting any of these addresses or people?
  - Please identify fully any concerns e.g. violence, drugs, animals etc.
2. Are there any communication / interpreting needs for the child and / or family?

- Please include full details and explanation
3. Do the child and/or family have a disability or specific health needs?
- Please state correct diagnosis if known and give full details

### **Section 7 : Other professionals involved**

- Include all professionals known to be involved with the child / young person and their family. Please include the GP and details of school if known.
- Give surname, first names (in full)
- Include job title of professional
- State the team and agency the professional is employed by
- State the employment address of the professional
- Include telephone / mobile numbers for the professional

### **Section 8 : Details of previous statutory, specialist or targeted involvement**

This section provides a list of statutory and specialist agencies that may have been involved with the child / young person and their family. Please indicate 'Yes' or 'No' if you are aware of any involvement with the agencies otherwise tick 'Not known'.

### **Section 9 : Details of any completed risk assessments.**

Please indicate whether **any** assessments have been completed e.g. Taf, MIA, Domestic Violence, substance misuse, risky behaviour etc. If so, please attach to the referral form.

### **Section 10: Consent**

Where the referral is about a child in need, parental consent must be sought. It will be necessary to discuss with the parents/carers why a referral is being made and that the purpose of this may be to access support for their child/ren and family from preventative and statutory agencies.

It is also good practice for parents to be informed about a child protection referral concerning their child **unless** there is a professional judgement that this would place the child at risk of further harm. The overriding concern must be the safety of the child.

Professionals who are obtaining consent for a referral must record in their agency record that consent has been agreed.

Please state on the Child Report Form (C1) where consent has been recorded.

If no consent has been obtained, the decision **MUST** be recorded on the Child Report Form (C1) along with the justification for it.

### Team around the family – Rhondda Cynon Taff

Team around the family is a way of working together with families with additional needs broader than one service can address for the benefit of the child or young person. It can best be described as a multi-disciplinary 'Pathway' including a set of stages which describe the key elements of successful multi-disciplinary working in these cases.

A flexible approach is required – starting from the principle that we should be striving to ensure the Pathway and its stages are 'bespoke' to the needs of the family, but acknowledging that some stages will need to be completed (e.g. an assessment) before a detailed plan for the family can be agreed and delivered.

To find out more information about TAF, please contact the TAF teams:

Rhondda Tel: 01443 744187

Taf Ely: Tel: 01443 744134

Cynon Tel: 01443 744135

Email: [TeamAroundTheFamily@rctcbc.gov.uk](mailto:TeamAroundTheFamily@rctcbc.gov.uk)

### Multiple Intervention Assistance – Merthyr Tydfil

MIA is available for families who need additional multiple support services; in addition to the universal services they are already receiving e.g. school and health care.

MIA consists of four key areas of service for every family supported:

- Eligibility criteria based on "Think Family indicators" to identify needs
- Key Workers, to act as a main point of contact for the family
- A Common Assessment, to identify the support required
- A Team around the Family approach, to ensure agencies work together on behalf of the family
- Families, who are likely to need MIA service, may be experiencing problems in any of the following areas of their lives:
  - Housing
  - Finance
  - Education
  - Health and Wellbeing
  - Parenting
  - Children's behaviour

MIA is all about providing support for the whole family; parents, carers, young people and children.



## **MAKING REFERRALS TO MIA**

### *Making Referrals to MIA*

The reasons for making a referral can be as follows:

1. The family is already receiving multiple services and the TAF process would be beneficial to them, or
2. The family have requested support, they have additional needs which require more than one service and they meet a number of the Think Family indicators. The support is aimed at families whose needs are as yet not complex and where they are not receiving statutory services such as intervention from Social services. However, a referral may be appropriate if statutory services are due to cease and if the family require some ongoing family support as part of their exit plan.

There is a single referral process for MIA and there is a standard referral form which is based on the 'Think Family' indicators. The family need to be fully involved in completing the referral form so that they recognise the need for support. There are information leaflets for children and parents that explain the MIA processes and the assistance available. The referral form should be submitted to the MIA Team, signed by the family and the Referrer. All referrals are logged by an administrator onto the MIA database. This is a Local Authority database governed by Data Protection. The MIA Coordinator reviews all referrals for appropriate content and ensures that it is completed correctly and signed by the parent. If any information is missing or further information is deemed necessary the coordinator will contact the referrer direct to request the information. The Coordinator then completes the Social Services/YOT/Education Request for Information form and submits by secure email to the Duty Intake Team Manager/ YOT Team. The form should then be returned within 48 hours, providing any relevant information and indicating if the referral is appropriate or not. The referral form is then held securely until discussions are held at the next MIA Panel meeting. These are held fortnightly

### ***'Think Family' indicators***

Children growing up in families facing multiple problems are significantly more likely to experience poor outcomes. A good basis for identifying families with multiple needs who are not yet at the threshold for statutory services involvement is to use the indicators<sup>1</sup> outlined below.

If a family meets more than one of the indicators below and they require a multiple service response then a referral to MIA would be appropriate. The service will be firmly based on the effective engagement of families and a drive to working towards the family's perceived needs

The indicators are:

1. No resident in the family is in work
2. The family lives in temporary, overcrowded or poor accommodation
3. No parent in the family has any academic qualifications
4. The mother has a mental health problem

5. At least one parent has a longstanding illness, disability or infirmity that limits their daily activities
6. The family has a low household income (below £287 per week)
7. The family cannot afford certain food or clothing items
8. There is evidence of domestic violence in the household
9. There is evidence of substance misuse in the household

To find out more information about MIA, please contact the MIA team:

Telephone: 01685 725011

Email: [MIA@merthyr.gov.uk](mailto:MIA@merthyr.gov.uk)

### **How to access an electronic child report form:**

The electronic child report form can be accessed from the below websites:

[www.rctcbc.gov.uk](http://www.rctcbc.gov.uk)

[www.merthyr.gov.uk](http://www.merthyr.gov.uk)

[www.south-wales.police.uk](http://www.south-wales.police.uk)

### **How to send in your child report form:**

**Email** to the following addresses:

RCT Children's Services – [childrens.mash@rctcbc.gcsx.gov.uk](mailto:childrens.mash@rctcbc.gcsx.gov.uk)

Merthyr Children's Services – [childrens.mash@merthyr.gcsx.gov.uk](mailto:childrens.mash@merthyr.gcsx.gov.uk)

### **Postal:**

Send to MASH, RCT / Merthyr Children's Services, Pontypridd Police Station, Berw Road, Pontypridd, Mid Glamorgan, CF37 2TR

Emergency referrals that are **outside office hours** must be sent to social services emergency duty team (EDT) at

[SocialWorkEmergencyDutyTeam@rctcbc.gcsx.gov.uk](mailto:SocialWorkEmergencyDutyTeam@rctcbc.gcsx.gov.uk)

Contact telephone number: 01443 743665

### **How to contact the Multi Agency Safeguarding Hub**

Rhondda Cynon Taf MASH Lead – 01443 742928

Merthyr MASH Lead – 01443 743619

Police Child Protection Officers – 01443 742916

Health MASH Lead – 01443 742949