

# Cwm Taf Morgannwg Safeguarding Board

## A guide to completing your Multi Agency Childrens Referral Form (C1)

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## 1.Introduction

The Social Services & Wellbeing (Wales) Act 2014 places a statutory duty upon relevant partners to report to the local authority if it is suspected that child under 18 years is at risk of abuse, neglect or other kinds of harm.

[Wales Safeguarding Procedures](#) states:

‘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.’

### **THIS IS NOT A MATTER OF PERSONAL CHOICE**

Suspicion of abuse or neglect may take the form of ‘concerns’ rather than known facts’ because evidence of harm may not always be present. Rather, practitioners may suspect abuse or neglect of a child. Alternatively, concerns may be based on information derived from a variety of sources and accumulated over time. Practitioners should also remember that their concerns may, in isolation, not be significant. However, alongside those from other agencies and sources they may build up a picture which suggests that a child may be suffering harm, abuse or neglect.

## 2.Key definitions relevant to safeguarding children

All practitioners should be aware of the definitions of abuse and neglect in the Social Services and Well-being Act (Wales) 2014 as well as the signs and indicators of abuse and neglect. This is essential in order to communicate concerns about harm in a meaningful way.

**A child:** The Social Services and Well-being (Wales) Act 2014 and accompanying Guidance define a ‘child’ as a person who is aged under 18.

**A child at risk:** S.130 (4) of the Social Services and Well-being (Wales) Act 2014 defines a child at risk as a child who:

1. Is experiencing or is at risk of abuse, neglect or other kinds of harm;
2. Has needs for care and support (whether or not the authority is meeting any of those needs).

It is important to note:

- The use of the term 'at risk' means that actual abuse or neglect does not need to occur, rather early interventions to protect a child at risk should be considered to prevent actual harm, abuse and neglect;
- The two conditions necessary to demonstrate a child is at risk of abuse or neglect ensures that protection is provided to those with care and support needs who *also* require actions to secure their safety in the future;
- Risk of abuse or neglect may be the consequence of one concern or a result of cumulative factors.

## Harm

Harm is defined as:

- ill treatment this includes sexual abuse, neglect, emotional abuse and psychological abuse.
- The impairment of physical or mental health (including that suffered from seeing or hearing another person suffer ill treatment).
- the impairment of physical intellectual, emotional, social or behavioural development (including that suffered from seeing or hearing another person suffer ill treatment).

## Types of harm

The following is a non-exhaustive list of examples for each of the categories of harm, abuse and neglect included in vol 5 Working Together to Safeguard People: Volume 5 – Handling Individual Cases to Protect Children at Risk

- **Physical Abuse**- hitting, slapping, over or misuse of medication, undue restraint, or inappropriate sanctions;
- **Emotional/psychological abuse** - threats of harm or abandonment, coercive control, humiliation, verbal or racial abuse, isolation or withdrawal from services or supportive networks, witnessing abuse of others;
- **Sexual Abuse** - forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening, including: physical contact, including penetrative or non-penetrative acts; non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities or encouraging children to behave in sexually inappropriate ways;
- **Financial Abuse** - this category will be less prevalent for a child but indicators could be:
  - not meeting their needs for care and support which are provided through direct payments; or
  - complaints that personal property is missing.

- **Neglect** - failure to meet basic physical, emotional or psychological needs which is likely to result in impairment of health or development.

Risk from other actual or potential harm to a child or young person may also result from children being exploited. e.g., child sexual exploitation, modern slavery, radicalisation, child criminal exploitation

Signs and Indicators of Possible Abuse, Neglect and Harm in children can be found [here](#).

Further resources on What is Child Abuse? are available [here](#).

### **3. Seeking Advice**

Any practitioner who is hesitant or unsure as to whether a child is at risk of harm should seek advice, rather than wait for evidence to confirm or refute their concerns. Practitioners should always try to seek advice from their designated safeguarding lead within their own agency unless this would mean undue delay and place the individual at risk.

Further guidance on seeking advice can be found [here](#).

**The need to seek advice must never delay any emergency action needed to protect a child.**

### **Immediate Child Protection Concerns**

**If you suspect anyone is in immediate danger, call the Police on 999.**

If you suspect a child is at risk of significant harm, including from any form of exploitation, refer immediately to your Local Authority Children's Service via IAA/MASH.

### **4. Making the Referral**

Referrals should be made to Children Services as soon as a problem, suspicion or concern about a child becomes apparent. The referral form must be completed within 24 hours of the practitioner identifying a safeguarding concern in line with Wales Safeguarding Procedures.

Outside office hours, emergency referrals should be made to local authority Emergency Duty Service or the Police.

All telephone referrals or referrals made in person should be confirmed in writing within 24 hours on the C1 Form. The referral should contain as much information as possible.

### **Before you start**

It is essential that you read this guidance as it gives you information to help you fill in the children's referral form (C1).

The referral form is split into **5** 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 the MASH single telephone number for professionals on 01443 743730.

### **Selecting the type of Service**

Ensure you have indicated which Local Authority you are making the referral to by clearly marking it.

### **Prevention and Early Intervention**

Early help and prevention is a key priority for the Cwm Taf Morgannwg Safeguarding Board. There are many services available to children and families to help and support them to build resilience and prevent any issues or concerns escalating by building on family strengths and offering interventions so that they are better equipped to handle situations that may arise in the future. Referrals to early help and prevention must always be discussed with families and consent **must** be gained from parents/carers and children (where appropriate).

More information is available from the Family Information Service (FIS) on the below contact details:

Merthyr Tydfil FIS	01685 727400	<a href="mailto:fis@merthyr.gov.uk">fis@merthyr.gov.uk</a>
Rhondda Cynon Taff FIS	0800 1804151	<a href="mailto:fis@rctcbc.gov.uk">fis@rctcbc.gov.uk</a>
Bridgend		<a href="mailto:EarlyHelp@Bridgend.gov.uk">EarlyHelp@Bridgend.gov.uk</a>

### **Care and Support**

Sometime children and families may have higher levels of care and support needs that can only be met through the provision of services. A referral for an assessment of care and support needs must always be discussed with families and consent **must** be gained from parents/carers and children (where appropriate).

### **Child Protection**

The interests of the child must be the overriding consideration when making a decision as to whether to seek child/and or parental consent, prior to making a report. If you are reporting a child/ren at risk of harm, then parental consent would not be required if there is a possibility it:

- places the child at further risk.
- the child/ren would be threatened or otherwise coerced into silence.
- a strong likelihood that important evidence would be destroyed/lost.
- the parent is identified as the alleged abuser

Practitioners should discuss whether it is appropriate to seek consent from the child and parents with their agencies designated safeguarding person.

Further information on consent can be found in [Wales Safeguarding Procedures](#)

### **Concerns/Allegations about practitioners and those who are in a Position in a Position of Trust (referred to as Professional Concerns)**

The Wales Safeguarding Procedures, [Section 5](#) sets out the arrangements for responding to safeguarding concerns about those who work, either in a paid or voluntary capacity which brings them into contact with children or adults at risk. It also includes individuals who have caring responsibilities for children or adults in need of care and support and their employment or voluntary work brings them into contact with children or adults at risk. Cwm Taf Morgannwg guidance can be found [here](#). Practitioners should read this guidance, seek advice from their agencies designated safeguarding lead and where required the Local Authority Designated Officer (LADO) or Designated Officer for Safeguarding (DOS)

### **Exploitation**

If you have identified exploitation as a possible concern, then clearly mark the type of concern present. You can mark multiple types. This will enable the local authority to consider the exploitation pathway.

### **Details of Practitioner Making Referral**

Practitioners including employees, professionals and independent contractors must be aware that they cannot remain anonymous when making a report to social services, unless to do so would place themselves at risk. In this case their concern about risk to themselves should be discussed with social services.

The position for volunteers should be included within the code of conduct with the organisation in which they volunteer.

Members of the public can remain anonymous if they wish to do so unless a crime is suspected, and they are required as witnesses in legal proceedings.

- Complete the full name of the person making the referral and job title.

- Provide the name of agency /organisation of the person making the referral including the relevant department (if appropriate)
- Include all contact number(s) and extension numbers for the referrer.
- Provide referrer's email address.
- State whether a telephone referral was made initially, and if so, the name of practitioner spoken to / date and time of telephone referral.
- Enter the date and time C1 completed.
- Enter the Date and Time C1 submitted.

## Section 1 – Information about the child/ren and any services working with the child/ren

Who is the referral about?

Practitioners should gather as much information as reasonably possible when making a report. This section needs to include all known details about the child/ren who you are making the report about.

Please include details of child(ren) alleged to have been abused in this section.

- Provide child/ren full name/s and known as/preferred name/s.
- Include the WCCIS ID / NHS Number (if known)
- Include the age of each child and date of birth or expected delivery date if making a prebirth referral.
- Provide full address for child/ren including postcode. If children live in separate households this should be clearly recorded.
- Provide child/ren telephone number/s and/or mobile phone number/s (if known).
- State the Ethnicity of the child/ren– please use the following codes:

<i>White</i>	
British	1
English	2
Scottish	3
Welsh	4
Irish	5
Cornish	6
Other (please state):	7
<i>Mixed</i>	
White and Black Caribbean	8
White and Black African	9
White and Asian	10



Other (please state):	11
<i>Asian / Asian British, English Scottish, Welsh or Cornish</i>	
Indian	12
Pakistani	13
Bangladeshi	14
Chinese	15
Other (please state):	16
<i>Black / Black British, English Scottish, Welsh or Cornish</i>	
Caribbean	17
African	18
Other (please state):	19
<i>Other Ethnic Group</i>	
Gypsy / Romany / Irish Traveller	20
Other (please state):	21
Prefer not to say	22

- State the child/ren's first language.
- State whether the child/ren is a missing person.
- Note whether there are any communication needs for the child/ren.
- State the child/ren's gender (self-identified).
- Note the children's sexuality if known.
- Include whether the child/ren have any disabilities and/or significant health conditions and note what they are.
- Include the child/ren's GP surgery details (if known).
- Add details of the child/ren's Health Visitor / Midwife / School Nurse (if known).
- Include details of child/ren advocate if relevant (provide name and agency).
- Include whether the child/ren considers themselves a carer.
- Provide details of child/ren education and employment, include details of any named professionals known.
- Provide details of any services currently working with the child/ren and/or their families, include details of any named professional known.

## Section 2 – Reason for referral

The Practitioner making the report needs to give due consideration to the following when completing this section:

- Information about the child/ren's developmental needs
- Parents capacity to respond appropriately to child/ren's needs.
- Family and Environmental factors which impact on the child/ren and family.
- This should include what matters to the child and their parents/carers including any strengths and/or barriers that prevent them from achieving these.

If child protection has been identified the details of abuse, harm or neglect to the child/ren must be included:

Abuse means physical, sexual, psychological, emotional or financial abuse

\* Neglect means a failure to meet a person's basic physical, emotional, social or psychological needs, which is likely to result in an impairment of the person's well-being

\* Harm means abuse or the impairment of (a) physical or mental health, or (b) physical, intellectual, emotional, social or behavioural development

If a child/ren has reported alleged abuse the practitioner should always record and include in the C1 what they have been told. Practitioners should:

- use the exact words the child used.
- describe the circumstances in which the disclosure happened; the setting and anyone else who was present.
- be aware that the report may be required for legal action or disciplinary procedure so be sure to separate fact from opinion.
- make a note of the date, time, place, and people who were present when the disclosure took place.
- For Care and Support, the referrer must outline the support needs they have for this / these child/ren (needs that cannot be met without the provision of services/intervention)
- For Early Help / Preventative Services the referrer must outline the support needs they have for this / these child/ren (provision of early help to improve wellbeing and/or manage for longer before they need access to care and support)
- The referrer should explain what support has already been offered by their agency and/or other agencies\* and what difference it made to the child's lived experience.
- Detailing the referrer's involvement with the family, child or young person (please include how long you have known them and in what capacity, and what work has already been done to support them (such as advice or assistance), interventions tried and/or assessments completed).
- The referrer must attach any relevant assessment already made and supporting documents to this referral.

### **Section 3 - Information about the Parent/Carer / Other Household members / Other significant adults e.g. parental partners (and include any children not listed previously on referral form)**

Practitioners are reminded to be professionally curious when exploring significant adults in the child's life and should consider gathering as much information as possible in relation to those with parental responsibility including fathers and consider any parental relationships/blended families even where the adult does not reside in the child/ren's home address.

- Ensure that full name/s and ages / dates of birth are included.
- Include full address where different to the child/ren addresses provided previously.
- State the relationship to the child/ren.
- State whether the person(s) have parent responsibility.
- State whether the person(s) are principal carer/s.
- Provide telephone numbers and email addresses.
- Provide ethnicity and language details (where known).

### **Section 4 – Details of Person(s) causing concern**

Please note that if this person has care responsibilities for their own children (not listed above) or an adult at risk then the practitioner making the report should complete a separate C1/A1 referral form for the child and/or adult they have caring responsibilities for.

- State the relationship to the child/ren.
- Provide full name(s) and date(s) of birth.
- Provide telephone number / mobile numbers / email addresses.
- Include full address of person(s) causing concern.
- Ethnicity – please use the codes as per section 1 above.
- Provide details of the person(s) language
- State whether the person(s) is/are a professional in a trusted position and provide as much details as possible (include all known paid or voluntary work including the organisation they work for)

### **Section 5 – Parental Responsibility and Consent**

- You must complete the details of parent(s) / person(s) with parental responsibility.
- You must confirm whether or not they have given their consent to the referral being made to Early Help Services/Care and Support/Child Protection
- If consent has not been given, please provide the reasons why

- Please confirm whether the child / young person has consented to the referral being made to Early Help Services/Care and Support/Child Protection
- If they have not consented, please provide the reasons why.

Please refer to Page 6-7 on when consent **must** be obtained and where it may not be required. Ensuring consent is provided in the relevant circumstances will prevent any unnecessary delay in the report being progressed.

#### **How to access an electronic children's referral form:**

The electronic children's referral form can be accessed from the below websites:

[www.cwmtafmorgannwgsafeguardingboard.co.uk](http://www.cwmtafmorgannwgsafeguardingboard.co.uk)  
[www.rctcbc.gov.uk](http://www.rctcbc.gov.uk)  
[www.merthyr.gov.uk](http://www.merthyr.gov.uk)  
[www.bridgend.gov.uk](http://www.bridgend.gov.uk)

#### **How to send in a completed children's referral form:**

**RCT Children's Services** – [IAATeam@rctcbc.gov.uk](mailto:IAATeam@rctcbc.gov.uk) (telephone number for professionals use: 01443 743730)

**Merthyr Children's Services** – [childrens.mash@merthyr.gov.uk](mailto:childrens.mash@merthyr.gov.uk) (telephone number for professionals use: 01443 743730)

**Bridgend Children's Services** – [mashcentral@bridgend.gov.uk](mailto:mashcentral@bridgend.gov.uk) (telephone number for professionals use: 01656 642320)

**Emergency referrals that are outside office hours** (for all areas) must be sent to Social Services Emergency Duty Team (EDT):

[SocialWorkEmergencyDutyTeam@rctcbc.gov.uk](mailto:SocialWorkEmergencyDutyTeam@rctcbc.gov.uk) (telephone number 01443 743665)

**Health professional referrals:** send to

[CTHB\\_SafeguardingTeam@wales.nhs.uk](mailto:CTHB_SafeguardingTeam@wales.nhs.uk) and for out of hours referrals copy [SocialWorkEmergencyDutyTeam@rctcbc.gov.uk](mailto:SocialWorkEmergencyDutyTeam@rctcbc.gov.uk)

#### **What happens next?**

On receipt of the report, information sharing may take place with other agencies. Children Service's will consider the report, any additional information including any previous records and make a decision on what actions should be taken. This can include signposting to universal or community services, early help and prevention, assessment of care and support needs or whether to initiate child protection processes.

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 Children Services assessments.

It is the responsibility of individual employees and professionals to ensure that their child protection concerns are taken seriously.

Each individual employee and professional is accountable for their 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.

Where appropriate, agencies are responsible for escalating concerns using the [Concerns Regarding Inter-Agency Safeguarding Practice](#).

**This should never delay communication about any immediate safeguarding concerns that you have in respect of any child/ren.**

**The person submitting the C1 referral form is responsible for ensuring quality and accuracy of the information.**