**Childrens Referral Form (C1)**

This referral form should be completed in conjunction with the C1 Guidance.

**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.**

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| **Please indicate which local authority area this referral is being made to (tick only one)** |
| **Bridgend** | **Rhondda Cynon Taf** | **Merthyr Tydfil** |
|  |  |  |
| **Please select the type of assessment required below (ensuring you have the appropriate consent where required):**Further details on types of support can be found in the C1 Guidance |
| **Early Help/****Prevention** |  | **Care and Support** |  | **Child Protection**  |  | **Professional Concern** **(See Section 4)** |  |
| **If you are concerned about Exploitation, please tick the presenting concern:** |
| **Child Sexual Exploitation****(CSE)** |  | **Child Criminal Exploitation (CCE)** |  | **Radicalisation** |  | **Modern Day Slavery/Trafficking (MDS)** |  |
| **Child Sexual Abuse (CSA)** |  | **Group Based Violence (GBV)** |  | **Harmful Sexual Behaviour (HSB)** |  | **Peer on Peer Exploitation** |  |

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| **Details of Practitioner Making Referral** |
| **First Name** | **Surname** | **Job Title** | **Department** | **Agency** | **Telephone Number**  | **Email Address** |
|  |  |  |  |  |  |  |
| **Was a telephone referral made Y/N** |  | **Date & Time of telephone referral** |  | **Name of IAA/Mash/EDT practitioner spoken to** |  |
| **Date & Time C1 completed** |  |
| **Date & Time C1 submitted** |  |

**Section 1: Information about the child/ren and any services working with the child/ren**

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| **Has the child been missing or currently missing?** |  |
| **Child/ren Full Name** |  | **Known as/preferred name** |  |
| **WCCIS ID/NHS Number (if known)** |  | **Current age and DOB/EDD** |  |
| **Current Address including full postcode** |  | **Child’s telephone number** |  |
| **Ethnicity** |  | **First Language** |  |
| **Self-identified gender** |  | **Sexuality** |  |
| **Any disabilities** |  | **Any communication needs i.e. interpreter/BSL** |  |
| **Any significant health conditions (e.g. diabetic)** |  | **GP Surgery** |  |
| **Health Visitor/****Midwife/School Nurse** |  | **Does the child consider themselves a carer?** |  |
| **Does the child/ren have an advocate? (provide name/agency)** |  |
| **Education, Training and Employment (provide the details and any named professionals known)** |
| **School**  | **College**  | **Pupil Referral Unit**  | **Alternative education provider**  | **Training/****Apprenticeship****/Employment**  | **Not in education, training or employment**  |
|  |  |  |  |  |  |
| **Services currently working with the child /their family (provide details and any named professionals known)**  |
| **Prevention services**  | **Early intervention services**  | **Child with care and support needs but not looked after**  | **Child on the Child Protection Register**  | **Child looked after (include if CLA to other LA)** | **Care leaver**  |
|  |  |  |  |  |  |
| **Health Services** | **CAMHS** | **Youth Service** | **Youth Offending Service** | **Independent Child Trafficking Guardians Service** | **Third Sector/****Specialist/ Other**  |
|  |  |  |  |  |  |

**Section 2: Reason for Referral**

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| **What is the reason for your referral and outline the care/support/protection needs?** **Please specify if child protection concerns have been identified** |
| When completing the following, the referrer should give due consideration to the following:\*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. |
|  |
| **What support has already been offered by your agency and/or other agencies and what difference did it make to the child’s lived experience?** |
| What is your involvement with the family, child or young person (please include how long you have known them and in what capacity, and what work you have already been doing to support them (such as advice or assistance, interventions tried and/or assessments completed). Please ensure you attach with this referral any relevant assessment already made and supporting documents |
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**Section 3: Information about the Parent/Carer/other Household Members/other Significant adults i.e. Parental Partners**

 **(include any children not listed above)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Mother** | **Father** | **Other Adult/Child** | **Other Adult/Child** | **Other Adult/Child** |
| **Full Name** |  |  |  |  |  |
| **DOB** |  |  |  |  |  |
| **Full Address**  |  |  |  |  |  |
| **Is the address separate to the child/ren home address Y/N** |  |  |  |  |  |
| **Relationship to child/ren** |  |  |  |  |  |
| **Parental Responsibility Y/N**  |  |  |  |  |  |
| **Principal Carer Y/N** |  |  |  |  |  |
| **Telephone number** |  |  |  |  |  |
| **Email address** |  |  |  |  |  |
| **Ethnicity**  |  |  |  |  |  |
| **Language** |  |  |  |  |  |

**Section 4: Details of Person(s) causing concern**

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| **If this person has care responsibilities for their own children (not listed above) or an adult at risk then you should complete a separate C1/A1 referral for the child and/or adult they have caring responsibilities for.** |
| **Relationship to child/ren** |  |
| **Full Name** |  |
| **DOB** |  |
| **Full Address (if different to child)** |  |
| **Telephone number** |  |
| **Email address** |  |
| **Ethnicity**  |  |
| **Language** |  |
| **Is this person a Professional in a Position of Trust Y/N** | **(provide as much detail as possible including all known paid/voluntary work including their position and employer details)** |

**Section 5: Parental responsibility and Consent**

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| **Consent for Referral** |
| Consent needs to be obtained for a referral to be made from the parent(s)/ person (s) with parental responsibility. Children, if competent, should also be consulted and their consent obtained. This consent includes information being shared and/or referrals to external agencies being made. 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](https://safeguarding.wales/en/chi-i/chi-i-c2/c2-p16/) |

|  |  |
| --- | --- |
| **Name of parent(s) / person(s) with parental responsibility:**  | **Name of parent(s) / person(s) with parental responsibility:**  |
| **Have they given their consent to the referral being made to Early Help Services/ Care and Support Services/Child Protection?** | **YES [ ]** **NO [ ]**  | **Have they given their consent to the referral being made to Early Help Services/Care and Support/Child Protection?** | **YES [ ]** **NO [ ]**  |
| **If consent has not been given please provide the reasons below** | **If consent has not been given please provide the reasons below** |
| **Child/ young person’s consent** |
| **Has the child / young person consented to the referral being made to Early Help Services/ Care and Support Services/Child Protection??** | **YES [ ]** **NO [ ]**  | **If ‘No’ state** **reason** |  |
| **Where to send this referral form:** |
| **Area** | **Email Address / Contact Number** |
| Rhondda Cynon Taff | Secure email: IAATeam@rctcbc.gov.uk Cwm Taf MASH telephone number for professionals use: 01443 743730 |
| Merthyr Tydfil | Secure email: childrens.mash@merthyr.gov.uk Cwm Taf MASH telephone number for professionals use: 01443 743730 |
| Bridgend | Secure email: mashcentral@bridgend.gov.uk Bridgend MASH telephone number for professionals use: 01656 642320 |
| Out of hours (for all areas):  | Secure email: SocialWorkEmergencyDutyTeam@rctcbc.gov.uk EDT telephone number: 01443 743665  |
| **All Health Referrals:** Send to: CTHB\_SafeguardingTeam@wales.nhs.uk and copy SocialWorkEmergencyDutyTeam@rctcbc.gov.uk into out of hours referrals |