**For Urgent Child Protection concerns, ring Police on 999**

**Section 1**

Section 1 should be completed in full. Where there are safeguarding concerns, this section of the form will be shared with Children’s Services without consent, in line with our statutory obligations.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Please indicate below If this is a concern relating to a:*** | | | | | | | | | | | | | | | | | | | | | | |
| **Child** | |  | | | | **Professional** | | | | | |  | | | **Both Child and Professional** | | | |  | | | |
| **Please provide details:** | | | | | | | | | | | | | | | | | | | | | | |
| 1. Child/Young Person’s Details *(add any additional names on separate sheet)* | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | First Name | | | | Age | | | | DOB/EDD | | | | | Male /Female /  Transgender /  Other (please state) / Prefer not to say | | | | Ethnicity (see guide) | | | | 1st Language |
|  |  | | | |  | | | |  | | | | |  | | | |  | | | |  |
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| Address(es) |  | | | | | | | | | | | | | | | | Post code(s) | | |  | | |
| Tel/Mobile |  | | | | | | | | Email | | | | |  | | | | | | | | |
| Tel/Mobile |  | | | | | | | | Email | | | | |  | | | | | | | | |
| Tel/Mobile |  | | | | | | | | Email | | | | |  | | | | | | | | |
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| 2. Reason for Referral | | | | | | | | | | | | | | | | | | | | | | |
| Outline the safeguarding / Child Protection or support needs concerns you have for this/these child/ren | | | | | | | | | |  | | | | | | | | | | | | |
| Do you have other concerns for this/these child/ren? And/or for their carers parenting capabilities? | | | | | | | | | |  | | | | | | | | | | | | |
| What are your concerns based on?  What are the risks?  *(What information have you gathered about the child/ren /family?)* | | | | | | | | | |  | | | | | | | | | | | | |
| What support has already been offered by your agency and/or other agencies and what were the outcomes in terms of helping the family? | | | | | | | | | |  | | | | | | | | | | | | |
| Why are you referring for further support for the child/ren at this point? | | | | | | | | | |  | | | | | | | | | | | | |
| 3. Child(ren)/Young Person(s)’ Principal Carers | | | | | | | | | | | | | | | | | | | | | | |
| Carer Last Name | Carer First Name | | | | Relationship to child | | | | Parental Responsibility?  Y / N / Not known | | | | | | Male /Female /  Transgender /  Other (please state) / Prefer not to say | | | | DOB/Age | | | Ethnicity (see guidance) |
|  |  | | | |  | | | |  | | | | |  |  | | | |  | | |  |
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| Give carer address(es) here if different from the child(ren)’s | | | | | | | | | | | | | | Post Code(s) |  | | | | | | | |
|  | | | | | | | | | | | | | |  |  | | | | | | | |
| Tel/Mobile | | | | | | | | | | | Email | | | | | | | | | | | |
| Tel/Mobile | | | | | | | | | | | Email | | | | | | | | | | | |
| Is the carer aware of this referral? | | | | | | |  | | | | | | | | | | | | | | | |
| 4. Other Household Members or Significant People in the Child/Young Person’s Life *(where known)* | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | First Name | | | Age | | | | DOB/EDD | | | | | Male /Female /  Transgender /  Other (please state) / Prefer not to say | | | Ethnicity (see guidance) | | | Relationship to child | |
|  | | |  | | |  | | | |  | | | | |  | | |  | | |  | |
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| Address | | |  | | | | | | | | | | | | | | | Post Code | | |  | |
| Address | | |  | | | | | | | | | | | | | | | Post Code | | |  | |
| Tel/Mobile | | | | | | | | | | | | | Email | | | | | | | | | |
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| 5. Details of Person(s) causing Concern *(where known)* | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | First Name | | | | Age | | | | DOB | | | | | Male /Female /  Transgender /  Other (please state) / Prefer not to say | | | | Ethnicity (see guidance) | | | Relationship to child | |
| Address |  | | | |  | | | |  | | | | |  | | | |  | | |  | |
| Address |  | | | |  | | | |  | | | | |  | | | |  | | |  | |
| Tel/Mobile | | | | | | | | | | | | | Email | | | | | | | | | |
| Is person of concern aware of this referral? | | | | | | | | | | | |  | | | | | | | | | | |
| Are there any communication/interpreting needs for the child and/or family? | | | | |  | | | | | | | | | | | | | | | | | |
| Does the child and/or family have a disability or specific health needs? Please give full details | | | | |  | | | | | | | | | | | | | | | | | |
| Are there any risks to the person visiting the home? | | | | |  | | | | | | | | | | | | | | | | | |
| 6. Details of Practitioner Making the Referral | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | |  | | | | Job Title | |  | | | | | | Agency/Team: | | |  | | | |
| Date of Referral | | | |  | | | | Time | |  | | | | | | Telephone | | |  | | | |

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| 7. Other Professionals currently involved (to include GP, health visitor and school details) | | | | | | | | | | | | |
| First Name | Family Name | Job Title | Team/Agency | | | | Address | | | | Telephone/  Mobile | |
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| 8. Details of previous statutory, specialist or targeted involvement. Provide full details | | | | | | | | | | | | |
| Children’s Social Services | | | | | No | □ | | Yes | □ | | Not Known | |
| Child and Adolescent Mental Health Service (CAMHS) | | | | |  | □ | |  | □ | |  | |
| Special Education Needs or Disability | | | | |  | □ | |  | □ | |  | |
| Specialist Health | | | | |  | □ | |  | □ | |  | |
| Adult Services (Health/Substance Misuse/Disability/Social Services/ Domestic Abuse) | | | | |  | □ | |  | □ | |  | |
| Youth Offending Service | | | | |  | □ | |  | □ | |  | |
| Police / Probation | | | | |  | □ | |  | □ | |  | |
| Other | | | | |  | □ | |  | □ | |  | |
| 9. Details of Previous Assessments (Resilient Families, MIA) | | | | No | | | | | □ | Yes | | □ |
|  | | | | If Yes please state: | | | | | | | | |
|  | | | | | | | | | | | | |

**Section 2 - Consent**

This section **MUST** be completed where there are **NO** safeguarding concerns. You will need to obtain Parent / Carer consent to being referred to Children’s Services for additional care and support services.

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| --- | --- | --- | --- | --- | --- | --- |
| 10. Consent/Awareness: | | | | | | |
| Have Parents/Carers given consent for this referral? | | No | □ | Yes | □ | State where consent is documented: |
| Has the child or young person given consent for this referral? | | No | □ | Yes | □ | State where consent is documented: |
| Has the parent/carer consented to a referral to supportive services i.e. Resilient Families (RCT)  Multiple Intervention Assistance – Merthyr)  *(Please see C1 guidance for further information)* | | No | □ | Yes | □ | A referral cannot be made without consent.  State where consent is documented: |
| If parent/carer has not given consent or has not been made aware of this referral, please provide reason why. |  | | | | | Date: |
| Email this form securely | | | | | | |
| Secure email for Rhondda Cynon Taff: [IAATeam@rctcbc.gov.uk](mailto:IAATeam@rctcbc.gov.uk)  Secure email address for Merthyr: [childrens.mash@merthyr.gov.uk](mailto:childrens.mash@merthyr.gov.uk)  MASH telephone number for professionals use: 01443 743730 | | | | | | |
| Out of hours: 01443 743665 Email: [SocialWorkEmergencyDutyTeam@rctcbc.gcsx.gov.uk](mailto:SocialWorkEmergencyDutyTeam@rctcbc.gcsx.gov.uk) | | | | | | |