Safeguarding Children, Young People & Adults:   
Case recording for a concern or allegation

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| **Case Reference** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **Form CM1** |

This form collects data from an alleged victim or someone concerned that a child or adult may be at risk. This recording will be the first entry in a file of information about the case which will be retained in a confidential manner by the Safeguarding Coordinator for the Diocese.

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| 1. **Context of Concerns / Allegation** | |
| **Diocese** | Name |
| **Religious Order** | Name |
| **Parish** | Name |

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| 1. **Source and Nature of Concerns / Allegation** | |
| 1. **Referral Details** | |
| **Received from** | Referrer |
| **Role** | Role |
| **Date** | Date Received |
| **Phone** | Phone |
| **Email** | Email |
| **(ii) Summary of Concerns / Allegation** | |
| Summary of Concerns | |

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| **(iii) Has the person alleged to have perpetrated harm / abuse behaved in any of the following ways:**    Behaved in a way that has or may have harmed a child or adult at risk?  Possibly committed a criminal offence against or related to a child or adult at risk?  Behaved towards a child or adult at risk in a way that indicates they may pose a risk of harm to children or adults at risk?  Behaved in a way that affects the Church’s ability, more broadly, to safeguard the young and the vulnerable? e.g., not responding appropriately to concerns meaning that others will be unwilling to come forward; causing the faithful to depart from the church out of a sense of betrayal, etc. | | | | | | | |
| **(iv) Is the Concern / Allegation Historical?** Yes No  **If known, record the month/year.** | | | | | | | |
| **(v) Does the alleged perpetrator (if known) pose a possible ongoing risk?**  Yes No  N.B.: If the alleged perpetrator is alive and may have access to children / adults at risk, they pose a possible current risk. | | | | | | | |
| **(vi) Nature of Concerns / Allegation (Children)**  NB: There are four categories of abuse for children and young people (birth up to 18th birthday) as outlined in [*Working Together to Safeguard Children* (2015)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf). All types of abuse can be included within those categories; e.g., a child who witnesses domestic abuse falls under emotional abuse; female genital mutilation falls under physical/sexual abuse. | | | | | | | |
| Physical Abuse | Sexual Abuse | | | Neglect | | | Emotional Abuse |
| Does the concern / allegation relate to a possible abuse of power / position / trust? Yes No | | | | | | | |
| **(vii) Nature of Concerns / Allegation (Adults)** | | | | | | | |
| Physical Abuse  Sexual Abuse  Psychological Abuse  Modern Slavery  Self-Neglect | | | Emotional &  Psychological Abuse  Financial &  Material Abuse  Domestic Abuse  Discriminatory Abuse | | | Neglect &  Acts of Omission  Organisational & Institutional Abuse  Emotional Abuse | |
| Does the concern / allegation relate to a possible abuse of power / position / trust? Yes No | | | | | | | |
| **2. Subject of concern / allegation (if known)** | | | | | | | |
| 1. **Personal Details** | | | | | | | |
| **Full Name** | | Full Name | | | | | |
| **Also known as** | |  | | | | | |
| **Position / Role** | | Role | | | | | |
| **D.O.B.** | | Date | | | | | |
| **D.O.D. (if deceased)** | | Date | | | | | |
| **Diocese / Aligned Diocese** | | Name | | | | | |
| **Religious Order** | | Name | | | | | |
| **Phone** | | Phone | | | | | |
| **Email** | | Email | | | | | |
| **Address** | | Address | | | | | |
| **Please tick all that apply** | | | | | | | |
| Clergy | | Lay | | | Religious | | |
| Paid staff | | Volunteer | | | Other | | |
| 1. **Further Details** | | | | | | | |
| **Please note any other relevant details about the subject of the allegation** | | | | | | | |
| Further information | | | | | | | |
| **Have there been previous concerns?** | | | | | | | |
| Previous concerns | | | | | | | |

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| **3. Alleged Victim(s) / Survivor(s) – please complete this page for each victim** | |
| 1. **Personal Details** | |
| **Full Name** | Full Name |
| **D.O.B.** | Date |
| **Phone** | Phone |
| **Email** | Phone |
| **Address** | Address |
| **Gender** | Gender |
| **Ethnicity** | Ethnicity |
| 1. **Name of Parent / Carer / Guardian (where appropriate)** | |
| **Parent / Carer / Guardian (1)** | |
| **Full Name** |  |
| **D.O.B.** |  |
| **Phone** |  |
| **Email** |  |
| **Address (if different)** |  |
| **Gender** |  |
| **Ethnicity** |  |
| **Parent / Carer / Guardian (2)** | |
| **Full Name** |  |
| **D.O.B.** |  |
| **Phone** |  |
| **Email** |  |
| **Address (if different)** |  |
| **Gender** |  |
| **Ethnicity** |  |

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| **4. Notification Details** | | | | |
|  | **Contact Name** | **Job Title**  **Phone & Email** | **Date/ Time** | **Response** |
| **POLICE** | Full Name | Role | Full Name | Full Name |
| **LADO** | Full Name | Role | Date & Time | Action & Response |
| **SOCIAL SERVICES** | Full Name | Role | Date & Time | Action & Response |
| **Health** | Full Name | Role | Date & Time | Action & Response |
| **Probation** | Full Name | Role | Date & Time | Action & Response |
| **Education** | Full Name | Role | Date & Time | Action & Response |
| **CSSA** | Full Name | Role | Date & Time | Action & Response |
| **Bishop** | Full Name | Role | Date & Time | Action & Response |
| **Insurers** | Full Name | Role | Date & Time | Action & Response |
| **Legal** | Full Name | Role | Date & Time | Action & Response |
| **Diocesan Finance** | Full Name | Role | Date & Time | Action & Response |
| **Media** | Full Name | Role | Date & Time | Action & Response |
| **Charity Commission** | Full Name | Role | Date & Time | Action & Response |
| **I.S.A.** | Full Name | Role | Date & Time | Action & Response |
| **Other** | Full Name | Role | Date & Time | Action & Response |
| **Other**  **(state who)** | Full Name | Role | Date & Time | Action & Response |

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| **5. Other Relevant Information** |
| Further information |

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| **6. Response Processes** | | | |
| **Inter-Agency Meeting Convened** | Yes No | Date | Details |
| **Diocesan Response Steering Meeting Convened or equivalent** | Yes No | Date | Details |
| **Other** | Yes No | Date | Details |

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| **Case Reference** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **Form CM1** |

**Source and Nature of Concern / Allegation (continuation sheet)**

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| Recording (continuation sheet) |