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**
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| 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 [ ] NoN.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**
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| **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)**
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| **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) |