



**Diogelu Gwent
Gwent Safeguarding**

**Children's Duty to Report and
Continuum of Support Threshold
Guidance**



**Ratified by Board
March 2024**

**Protocols and Procedures
Group**

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March 2028**

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1. Introduction

The Social Services and Well-being (Wales) Act (2014) and the Wales Safeguarding Procedures 2019, lay out a clear expectation that agencies will work together and collaborate to identify children with additional needs, provide support commensurate with need and in a manner that prevents escalation.

Providing early help is far more effective in promoting the welfare of children and keeping them safe, rather than reacting later when any need may have increased and become more entrenched. All services that are provided **must** be based on a clear understanding of the needs and views of the individual child, in their family and community context. The voice of the child and the views and wishes of children and their families are key considerations when making decisions as to the most appropriate support.

This document has been developed by the Gwent Safeguarding Board, in collaboration with partners across Gwent on a multi-agency basis. It provides a framework for professionals who are working with children, young people and families and aims to help practitioners identify when a child may need additional support to achieve their full potential. It introduces a continuum of help and support, provides information on the levels of need and gives examples of some of the indicators that a child or young person may need additional support. By undertaking assessments and offering services on a continuum of help and support, professionals can be flexible and respond to different levels of need in different children and families. Children's needs are dynamic, and they may experience different needs and thus require different services throughout their childhood. The importance of taking a strengths based approach is also considered.

Throughout the document there is reference to the terminology referral/report and referrer/report maker. The terms report and report maker are relevant when the statutory duty to report has been met.

The Social Services and Wellbeing (Wales) Act (2014) places a statutory duty upon relevant partners to report to the local authority if they have reasonable cause to suspect that a child is at risk.

A duty to report to the local authority will be taken to mean a referral to social services who, alongside the police, have statutory powers to investigate suspected abuse or neglect. The term 'practitioner,' has been used as a blanket term to describe anyone who is in paid employment as well as unpaid volunteers.

A report **must** be made whenever a practitioner has concerns about a child under the age of 18 years who:

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

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 reported to social services or the police who have statutory duties and powers to make enquiries and intervene when necessary.

2. Expectations / Limitations of Use.

The ‘Duty to Report and Continuum of Support Threshold Guidance’ should only be used as a guide and a tool to aid decision making. It does not provide definitive answers and direction to individual circumstances. The examples and descriptions provided are not exhaustive and it is acknowledged that there will be variable factors that need to be determined on a case by case basis. Professional judgement needs to be factored into any determination of achievement within the respective domains relating to need. It can also often be helpful to seek advice and guidance from Children’s Services in order to support decision making (see contact details in Appendix Two).

This document can be used to assist in decision making throughout the entirety of the system and as a tool to step down (or step up) provision based on dynamic need. A flowchart is included as Appendix One for guidance in this context.

This document aims to provide clarity and consistency in relation to decision making as it relates to the Threshold of Need and eligibility at which relevant services for children and families can be accessed and provided across the Gwent region.

The document will be used internally within Children and Family Services to effect and evidence consistent decision making and manage demand upon service, thus ensuring that the right level of support is provided to families in need at the right time.

3. A Strengths Based Approach to Decision Making

In considering the needs of individual children and families, it is important that any perceived risks are considered within a strengths-based framework, where individual strengths can be identified and utilised within any decision-making process.

Strengths-based practice is a collaborative approach between the individual / family being supported by services and those supporting them. The practice promotes them working together to determine outcomes that draw on an individual / family’s strengths and assets. In order to achieve this, it is important that consideration is given to the voice of the child and their family and that their views are sought and evidenced.

A strengths-based approach will benefit all families, to varying degrees and aims to build on their strengths to mitigate risk, to promote better outcomes and achievement of goals. A strengths-based approach can be implemented through small, but significant changes and everyday actions.

There are several key principles to a strengths-based approach:

- The initial focus in the relationship should be upon the individual / family's strengths, desires, interests, aspirations, experience, knowledge, talents and resilience, not on their deficits, weaknesses or problems and needs as perceived by another.
- All individuals and families have the inherent capacity to learn, grow and transform. Individuals and families are resilient and have the right to try, to succeed and to experience learning, which can accompany falling short of a desired outcome.
- A strengths-based relationship should be one of (developing) collaboration and partnership. Power should be shared with another, not over another.
- Working with individuals and families in natural and familiar settings within the community, will often be the preferred and most productive environment for achieving change and a defined outcome.
- The community and wider family should be regarded as a plethora of potential resources and not as an obstacle. Familiar and non-statutory resources should be considered and exhausted before more formal or statutory services are activated.
- A strengths-based approach can and should be utilised throughout all stages of work with individuals and families. The approach is dynamic by nature and the ability to change and for outcomes to be achieved can vary at different stages of intervention.

The Key protective factors to consider are:

- **Parental Resilience.**
Resilience is the ability to bounce back from all type of challenges that emerge in everyday life. It means finding solutions, building and sustaining trusting relationships (including with own child) and knowing how to seek help and be receptive to such, when needed. No one can eliminate the stress of parenting, but a parent's capacity for resilience can affect how they deal with the associated stress and should be examined and considered to establish the protective elements.
- **Social Connections.**
Networks of support are essential to all and can provide parents with emotional and practical support, feelings of self-worth, increased self-esteem, parental advice and guidance, learning and enable them to provide an input into the community. Socially connected families have greater levels of resilience and are able to utilise resources for assistance and support, whereas isolated families will have less support and subsequently resilience and require extra support in building positive relationships, particularly with professionals.

➤ **Defined Support in Times of Need.**

A family that can access suitable support, at the right time is more likely to achieve a desired outcome. This includes practical support, emotional support, non-professional support, voluntary support and, if required, professional and statutory support. A family or individual with a high functioning, easily accessible and clear support network will work through times of adversity and achieve a desired outcome with much less challenge than a family, or individual without such.

➤ **Knowledge of Parenting and Child Development.**

Accurate information about child development and appropriate expectations for children's behaviour at every age helps parents to see and experience their children in a positive light and promotes healthy development and parent to child relationships. Information and guidance can come from a range of sources, including own family members, the community, social interactions, education classes, internet and own research or professional guidance. Information is generally more effective at the precise time parents need it to understand their own children and behaviours / developments. A parents' own experience of being parented will greatly impact on their own parenting abilities and a parent who had negative childhood experiences of being parented will require extra support to develop their own positive parenting patterns and approaches.

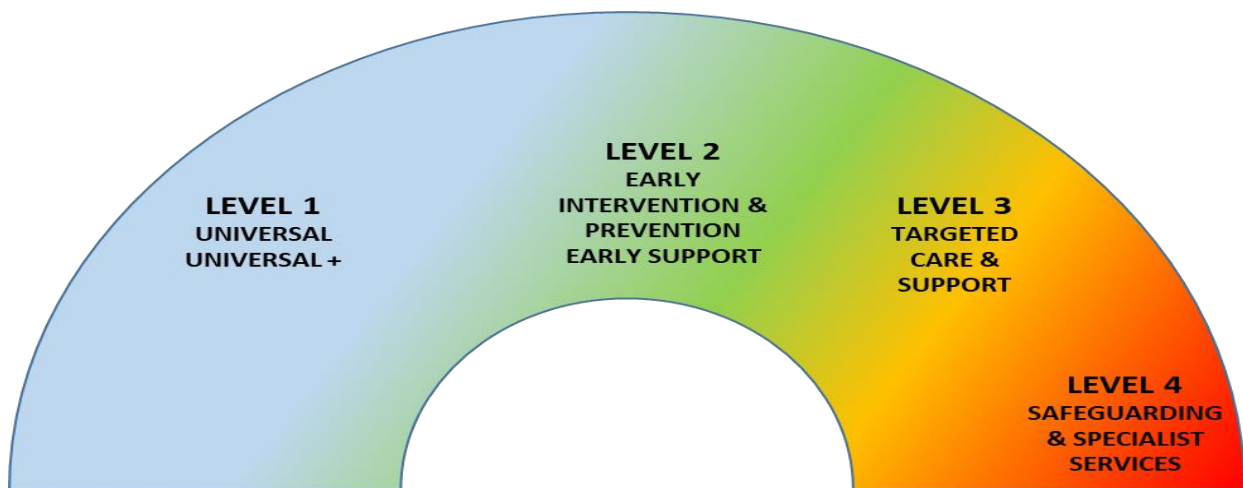
➤ **The Social and Emotional Competence of the Child**

A child's ability to interact positively with others, self-regulate their behaviour and effectively communicate their feelings has a positive impact on their relationships with their family, other adults and peers. This should be considered in order to determine protective factors and associated strengths that could be utilised to mitigate against any perceived or presenting risks.

4. Levels of Risk and Need

There may be times when practitioners require guidance as to the most appropriate response to meet a family's needs. This document aims to act as a guide to support decision making in this context. Using this guidance across the levels of need described below will allow families to receive the appropriate level of support at the right time. This includes the recognition that families may move quickly between levels of need, and responses should be proportionate and based at the lowest level which is able to meet the needs of the family.

However, there may be times when a higher level response is required in order to protect a child and prevent serious harm occurring. Where there is an immediate need to protect a child because they are at immediate risk of suffering significant harm, contact the Police without delay.



Universal Most families have no additional needs and will never come into contact with specialist or statutory services. For most families, access to universal services will be sufficient to meet their needs and to achieve their best outcomes. Services should guide and support families to find their own solutions.

Consent is required to share information at this level.

Early Intervention and Prevention Early Support Some families may require some additional support to be healthy, safe and to achieve their best outcomes. These needs can be due to temporary or enduring circumstances. Additional support at school, home or the local community may be required. This response may be provided by a single agency or a partnership between several agencies.

Consent is required to share information at this level.

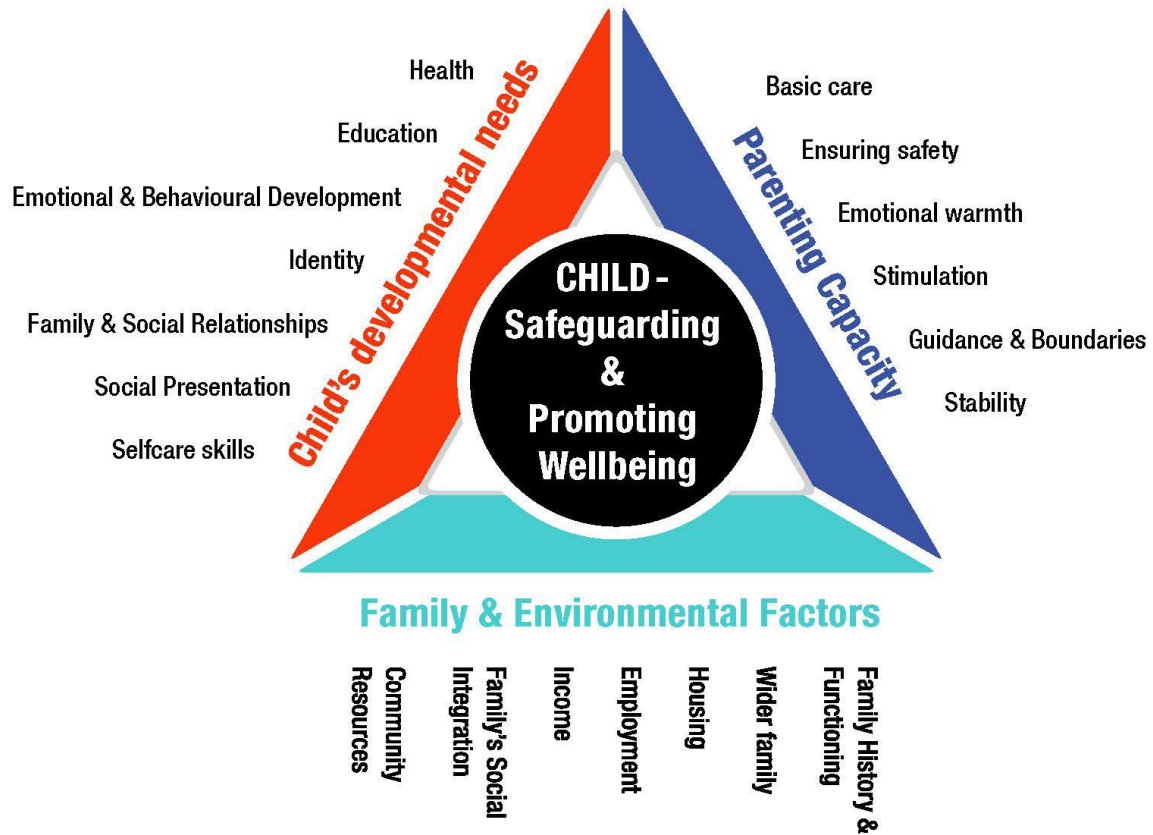
Targeted Care and Support A coordinated targeted approach is required by families of higher or more complex levels of need to promote well-being or to prevent needs from becoming more complex or acute. An intensive package of support is needed to manage these concerns but statutory social work or specialist interventions are not required. Support is likely to be more intensive or will take place over a longer period of time.

Consent is required to share information at this level.

Safeguarding and Specialist Services Some family members are in need of protection or safeguarding and need immediate statutory social work or highly specialist interventions to prevent significant harm to their health and welfare. Children's social work services will take the Key Worker role in safeguarding services and coordinating services at this level of need.

Consent is NOT required to share information at this level. If you have concerns of this nature, they must be reported without delay and if a child is believed to be at immediate risk, the Police should be contacted.

Assessment Framework



The assessment framework can support decision making in respect of levels of need. It considers the domains of the child's developmental needs, parenting capacity, and family and environmental factors. All children change and develop over time. Parents have a responsibility to respond to the child's needs. The purpose of the assessment triangle is to help you to identify areas of strength and areas of developmental need. This will assist you to determine whether this child/young person requires information, advice, or assistance and/or care and support to achieve a reasonable standard of development or to prevent significant impairment of his/her health and development. Although an individual issue may not be concerning in isolation, the combination of factors needs to be considered in a holistic assessment. It is important to consider strengths as well as difficulties.

5. Process and Examples

The referrer must ensure that strengths have been considered and incorporated within their initial assessment of risk and that they are reflected within the information contained in any referral to Children and Families Social Services. There needs to be a clear determination as to why the referrer believes that anything other than universal services are required.

A number of questions should be considered when making decisions about the level of support required for a family. Examples include:

- What are the strengths of the family?
- What are they doing well?
- What are the future impacts for the child if things do not change?
- What did the family say about these concerns?
- Are there any factors that are complicating the problem?
- What advice or support has already been provided?
- What is the view of other professionals involved with the family?
- What support does the family need to build on their strengths?
- Does the family consent to information sharing?
- Does the family agree to an offer of help and support?
- What action will be taken if consent is not provided?

It is acknowledged that some practitioners will have limited information and will not be in a position to answer the above questions in respect of all referrals/reports made.

Where safeguarding concerns are present, information must be shared without delay. A lack of information or detail is not a reason to delay making the report as a failure to share information can place a child at increased risk of harm and is a common feature of practice reviews. The report should be made as and when the concern arises, and not delayed until the end of a school or working day, for example. In some cases, it may be necessary to make an immediate report to Social Services via telephone; when this is the case, the practitioner **must** confirm the report in writing within one working day using the report forms provided by the local authority. To reiterate, if it is believed that a child is at immediate risk of significant harm, contact must be made with the Police.

6. Responding to a Duty to Report

Local authorities have a duty to respond to all reports about children at risk of harm, abuse, or neglect. Social Services will gather information to determine the action that should follow.

A decision should be made by the end of the next working day following receipt of a report. Social Services should acknowledge receipt in writing within seven working days of receiving the report. If this is not received, the practitioner submitting the report must contact Social Services again. The outcome of any discussion and the resulting

decision must be recorded by the practitioner making the report.

If no action is to be taken, the practitioner must still be informed. It is the responsibility of the practitioner to ensure that their concerns about a child at risk of harm are taken seriously and followed through. If a practitioner remains concerned about a child, they should inform their own line manager and the designated safeguarding person within their organisation. If the practitioner remains concerned about the child, they should bring the matter to the immediate attention of the senior manager within social services with responsibility for safeguarding in the area. Should a practitioner or agency disagree with the actions taken by the local authority, guidance can be sought from the Gwent Regional Safeguarding Board protocol on Resolving Practitioner Differences.

7. Consent and Information Sharing

It is consistently evidenced that information sharing is a vital element of successful partnership working and safeguarding. No single agency will have a full picture of the needs and circumstances of any individual family.

If making a referral for, or sharing information with early help or preventative services, consent must be provided by the family, and/or by the child themselves if they are deemed competent. It is important that practitioners are as transparent as possible with families about what information will be shared, why and with whom. This has been proven to improve engagement with the safeguarding process and promote positive working relationships. Practitioners should seek consent to information sharing, unless it is considered unsafe to do so. Where there are safeguarding concerns, consent is not necessary in order for information to be shared. In summary, if the referral is for care and support, consent is required, whereas consent is not a required where safeguarding concerns are present. A lack of consent should not be seen as a barrier to making a referral and the interests of the child at risk of harm must be the overriding consideration.

If consent is not provided but the child is deemed to be at suffering or at risk of significant harm, information can be shared across agencies, but parents should be informed that this will happen, unless doing so will increase the risk of harm to the child.

Consent does not need to be sought if seeking consent would:

- Increase the risk of putting the child at risk of harm,
- Compromise a criminal investigation, or
- Cause undue delay in taking action to protect the child.

If information is shared, the necessity, relevance, accuracy, timeliness and security of the shared information will be recorded. If consent is not obtained, practitioners will record why the safety of the child was deemed to be at risk or why it was inappropriate to seek consent.

8. Continuum of Support

The tables below list examples of situations and circumstances that may form the basis of a referral to or contact with services. The situations are divided into “Child Factors”, “Parenting Factors” and “Environmental Factors” and are separated .

The list and indicators below are not exhaustive.

Universal
Consent required to make a referral. Where possible referrals should be made direct to universal services.
Child Developmental Factors: Health
<ul style="list-style-type: none"> • Meeting developmental milestones • Physically healthy • Good psychological well being • Any disability is being met by universal services • Medical checks and immunisations are up to date • Regular dental and optical care • Adequate and nutritious diet • No substance misuse
Child Developmental Factors: Education
<ul style="list-style-type: none"> • Meeting expected key stages • Few barriers to learning and these can be addressed within an education setting • Satisfactory attendance (90% or above) • Access to books, toys and educational materials • Good links between home and nursery / school / college • Parents enabled to make informed decisions • No concerns about cognitive development
Child Developmental Factors: Emotional and Behavioural
<ul style="list-style-type: none"> • Good quality attachments / relationships • Demonstrates appropriate responses in feelings, resilience and actions • Able to adapt to change • Able to demonstrate empathy • Appropriately comfortable in social situations • Demonstrates age appropriate confidence and independence
Child Developmental Factors: Identity
<ul style="list-style-type: none"> • Demonstrates feelings of belonging and acceptance by family / peer group • Positive sense of self and abilities • No experience of bullying or discrimination • Appropriate development of self care skills
Parenting Capacity
<ul style="list-style-type: none"> • Parents provide stable, secure, and caring parenting that meets the child needs. • Protection from danger within the home and community • Parents can identify and make contact with universal services.

<ul style="list-style-type: none"> • Parents provide appropriate guidance and boundaries to enable child to achieve. • Shows warmth, praise and encouragement • Facilitates cognitive development through interaction and / or play • No alcohol or substance misuse issues 		
<p>Family and Environmental Factors</p>		
<ul style="list-style-type: none"> • Supportive family relationships exist and offer stability. • Good relationships between siblings • Supportive community relationships / resources exist / are available. • Accessing universal services in community • Accommodation has all basic amenities and appropriate facilities • Good family networks and friendships • Adequate income with resources used appropriately to meet child's needs • Safe and secure environment • Access to regular positive activities 		
Response Times	Initial Response	Possible Responses After Assessment
As determined by the respective universal service.	<p>Will not meet criteria for a multi-agency or targeted response.</p> <p>No multi-agency assessment is required.</p> <p>Children and their families will access services in the usual way without the need for a multi-agency approach.</p>	<ul style="list-style-type: none"> • Education. • School Nurse. • Health Visitors. • Midwifery. • GP. • Youth Service. • Play service. • Police. • Housing. • Voluntary and community services. • Benefits agency. • Job Centres. • Citizens Advice, • Private Court proceedings.
<p>Early Intervention and Prevention Early Support</p>		
<p>Consent required to make a referral. Where possible referrals should be made direct to preventative services.</p>		
<p>Child Developmental Factors: Health</p>		
<ul style="list-style-type: none"> • Child is vulnerable due to short term serious or chronic minor illness, or special needs or disability as a result of action/inaction of parent e.g., asthma exacerbated by parent's smoking • Pre-school child has mild developmental delay/slow to reach milestones • Not registered with a GP or dentist • Medical checks, advice or treatment not consistently adhered to • Inadequately nutritious diet • Unexplained wetting and soiling • Early / unsafe sexual activity or teenage pregnancy • Experimental alcohol or substance misuse 		

<p>Child Developmental Factors: Education</p> <ul style="list-style-type: none"> • Child has additional learning needs (ALN) • Transition Plan must be formulated for a stated child or a child with ALN • Child is an irregular school attender / truanting with peers • More than one fixed term exclusion or at risk of permanent exclusion • Often late for school; tired during lessons impacting on ability to learn • Poor attendance (below 90%) or frequent Absences • Poor links between home and nursery / school / College • Often appears hungry at nursery or school • Lack of parental encouragement learn • SEN appropriately managed by Education, Health & Care Plan • At risk of not achieving learning potential
<p>Child Developmental Factors: Emotional & Behavioural</p> <ul style="list-style-type: none"> • Child is vulnerable due to minor behavioural or psychological difficulties • Antisocial behaviour or child at risk of engaging in offending behaviour • Child is socially isolated • Bereavement issues • Child is engaging in substance misuse/alcohol abuse. • Self-harming behaviours • Unable to regulate emotions • Challenging behaviour in the home or community withdrawn
<p>Child Developmental Factors: Identity</p> <ul style="list-style-type: none"> • Child is experiencing bullying • Low self-esteem, doesn't feel valued • At risk of sexual exploitation • Difficulties relating to peers • Poor hygiene and / or poor development of self-care skills • Child has experienced/is experiencing Adverse Childhood Experience • Childs parents are separated, and this has an adverse impact on the child/contact
<p>Parenting Capacity</p> <ul style="list-style-type: none"> • Parent has experienced adverse childhood experiences and requires support • Young, inexperienced, or isolated parent in need of support • Extended family may require support when there have been previous concerns re: childcare • Family is addressing issues of poor parental capacity, but some require support and advice • Several children under the age of 5 • Minor issues of Mental Health, Substance Misuse or Domestic Abuse that are not significantly affecting the care of the child • Mild learning disability/physical disability/learning difficulty. • Inconsistent parenting / no effective boundaries • Lack of positive routines within the home • Parents demonstrate lack of warmth/praise/affection • Concerning regarding attachment to the child • Parental imprisonment

Family and Environmental Factors		
<ul style="list-style-type: none"> • Parents request support and advice re debts/financial hardship, housing or other environmental factors which are affecting care of child • Family has moved frequently • Refugee/Asylum seeking family • Family in very overcrowded or residing in unsuitable accommodation which is in poor repair/lacking basic amenities. • Some level of poverty or debt which is impacting upon the child • Family is homeless/about to become homeless • Home in poor repair and / or lack of some basic amenities • Lack of family support or at risk of family breakdown • Child is a sibling of a sick or disabled child • Child may be a Young Carer or secondary young carer • Returning home from a period in care 		
Response Times	Initial Response	Possible Responses After Assessment
As determined by the respective preventative service.	Advice/Assistance Information Signposting Complete referral to Families First, with child and their family's consent. No further action Advise referrer of other options / referral pathways.	NFA Referral to Families First Referral to another Agency Referral to YOS prevention service.
Targeted Care and Support		
Consent is required to make a referral		
Child Developmental Factors: Health		
<ul style="list-style-type: none"> • Child has a significant level of needs as a result of disability, sensory impairment or chronic illness which cannot be met by family without additional support • Pre-school child with global developmental delay • Child has a had an accident or serious illness resulting in a high level of needs • Child with acute or chronic disabilities, which impact greatly on the child • Failure to seek antenatal or medical care for significant ailments or injuries • Multiple A&E attendances • Problematic substance and alcohol misuse • Persistent unsafe sexual activity • Concerns re: female genital mutilation 		
Child Developmental Factors: Education		

- Child's permanent exclusion from school is likely to cause serious problems for carer and/or could lead to a request for accommodation
- Significant under achievement of learning Potential
- Persistently late for school; always tired during lessons impacting on ability to learn
- Persistent non-attendance with preventative services or EWS support has been unsuccessful in effecting change.
- Parent encourages or colludes in absence from school
- Persistently appears hungry at nursery or School

Child Developmental Factors: Emotional and Behavioural

- Child involved in offending behaviour, with a possibility of a custodial sentence
- Child has behavioural difficulties, psychological disorder (e.g. ADHD) and carers need services to meet these needs
- Child is showing signs of risk-taking behaviour
- Child under 10 involved in behaviour which would be classed as significant offending anti-social behaviour if over 10
- Passive suicidal ideation
- Extreme anxiety or depression
- Behaviour beyond parental control
- Often missing from home

Child Developmental Factors: Identity

- At risk of rejection by parents / family
- Lack of positive familial relationships; no sense of belonging
- No sense of individuality
- At significant risk of sexual/criminal exploitation
- Concerns re: honour based violence / forced marriage
- Concerns around radicalisation
- Feelings of self-loathing

Parenting Capacity

- Child receives "high criticism low warmth" parenting
- Pattern of poor family relationships affecting emotional well-being of child
- History of previous childcare concerns
- Child receives inconsistent and erratic care or episodes or poor-quality care due to lifestyle of parent
- Parent has a learning disability so that they find it difficult to understand and meet the needs of the child
- There are few protective features within extended family or the community
- Severe relationship problems of parents have caused family breakdown and are impacting on the child(ren)
- Child with serious non-school attendance, which EWO has assessed as being exacerbated by the behaviour of parent and the action of EWO has proved ineffective.
- Parents or Carers requesting child to be accommodated
- Parents requesting support following concerns re child exploitation.
- Condone or encourages offending or antisocial behaviour
- Succession of carers or frequently leaves child in care of others
- Own emotional or mental health needs compromise those of the child
- Alcohol or substance misuse which has a direct impact on the child or unborn

child

- Domestic abuse which has a direct impact upon the child/unborn child
- No longer wants to care for the child

Family and Environmental Factors

- Family breakdown is likely due to child's behavioural difficulties
- Racism, bullying, or other discrimination is adversely affecting the child
- Serious poverty or debt impacting on household and child Family is experiencing harassment, victimisation or discrimination that is impacting on the child / children
- Family living in poor quality housing which may affect child's health or development
- Home environment highly unsuitable, exposing child to risk of injury
- Homeless 16 or 17 year old
- Frequent changes of living arrangements (accommodation and household members)
- Failed asylum seeking family with children
- Child and mother living in a refuge after fleeing domestic abuse
- Family is facing eviction
- Child's main carer has died, and child is suffering emotional harm
- Young person who has been looked after, has no family support is expecting a baby
- Child is privately fostered, and this requires assessment and ongoing monitoring
- Court requests a report in respect of an application for an Adoption Order by a parent / step parent
- Court requests a report in respect of an application for a Special Guardianship Order
- Court involved in a Private Law case and requests a report e.g., Section 7 or Section 37)
- Request for Adoption Counselling
- Request for Assessment for Adoption Support
- Request for Assessment for SGO Support
- PACE Interviews
- Pre-birth requests for adoption or child relinquished for adoption
- Requests for client access to files
- A child who is a young carer and who has the need for additional support as a result of their caring responsibilities impacting upon their own development.
- Child is a primary young carer
- There is more than 1 child with a disability or special needs within the family

Response Time	Initial Response	Possible Responses After Assessment
The decision maker must decide on the appropriate response within one working day of receipt of the referral	A referral must be completed, with parental consent. Where consent is not specific the referrer needs to establish this. Pass to the decision	NFA Work allocated to social worker with relevant experience/understanding Referral to another

	<p>maker for a decision regarding the need for a proportionate assessment or whether there should be provision of Advice, Assistance, Information or Signposting or NFA</p>	<p>agency</p> <p>Referral / step down to Families First provision with child and their family's consent.</p> <p>Care and Support Assessment</p> <p>Care & Support Plan</p> <p>Provision of determined Services</p> <p>Specialist assessment</p> <p>Advise referring agency of steps taken</p> <p>Consult with other relevant agencies</p>
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Safeguarding and Specialist Services

Consent is not required to make a referral.

Child Developmental Factors: Health

- Report of suspected non-accidental injury
- Unexplained or suspicious injury
- Child disclosing physical or sexual abuse
- Medical evidence that a child has been sexually abused
- Multiple A&E attendances which give cause for concern
- Child has suffered significant harm or is likely to suffer significant harm as a result of neglect
- There is an identified risk of genital mutilation
- Endangers own life through self-harm, substance misuse or eating disorder
- Sexual activity under the age of 13
- Fabricated or induced illness
- Refusing medical care resulting in risk to life
- Unborn baby at risk of significant harm
- Child's cognitive development is significantly delayed for no organic reason
- Child is disabled with immediate life limiting condition(s)

Child Developmental Factors: Education

- Total non-school-attendance. Services under Care & Support are ineffective
- Behaviour poses a serious risk to self and others in school environment
- Disclosure of harm or abuse to school staff
- Emotional dysregulation

Child Developmental Factors: Emotional and Behavioural

- Active suicidal ideation or suicide attempts
- Child experiences a stop and search by Police
- Behaviour poses a serious risk to self and others
- Abuses other children
- Exhibits sexually harmful behaviour
- Displays sexualised behaviours which give cause for concern that the child may have been sexually abused
- Constantly missing from home
- Child has severe mental or emotional health problems or behavioural difficulties

Child Developmental Factors: Identity

- Rejected by parents / family
- Child is at risk of/is experiencing sexual or criminal exploitation or is at risk of child trafficking
- No self-esteem or sense of self-worth
- Significant concerns re: radicalisation
- At high risk of honour based violence or forced marriage (or has a Protection Order granted)

Parenting Capacity

- A parent unable to care for a previous child or a child has been removed or subject of previous care proceedings
- Severe mental or physical health needs, substance misuse, or other health problem effecting parenting capacity and the child is at risk of significant harm
- Misuses alcohol or substances when in sole care of child
- Parent's instability and level of hostile or aggressive behaviour is a danger to the child
- There has been one severe or three previous incidents of domestic abuse
- Physical care of child by parent is such that it may cause health problems for child
- Carers not responding to medical advice or providing medical treatment, as prescribed, which is endangering the health of the child
- Lack of appropriate supervision is leading to significant concerns about child's safety
- Concerns regarding physical chastisement
- Parent ignoring and rejecting advice and support to address child's risk-taking behaviour
- There are suspicions of fabricated illness
- For whatever reason, the care of the child is generally below an acceptable level
- A child has been abandoned and / or no person is exercising parental responsibility.
- Leaves child home alone (relevant to age or circumstances)
- Serious neglect of primary needs
- Offending behaviour causing significant risk to the child
- Inability /unwillingness to protect from sexual, physical or emotional harm

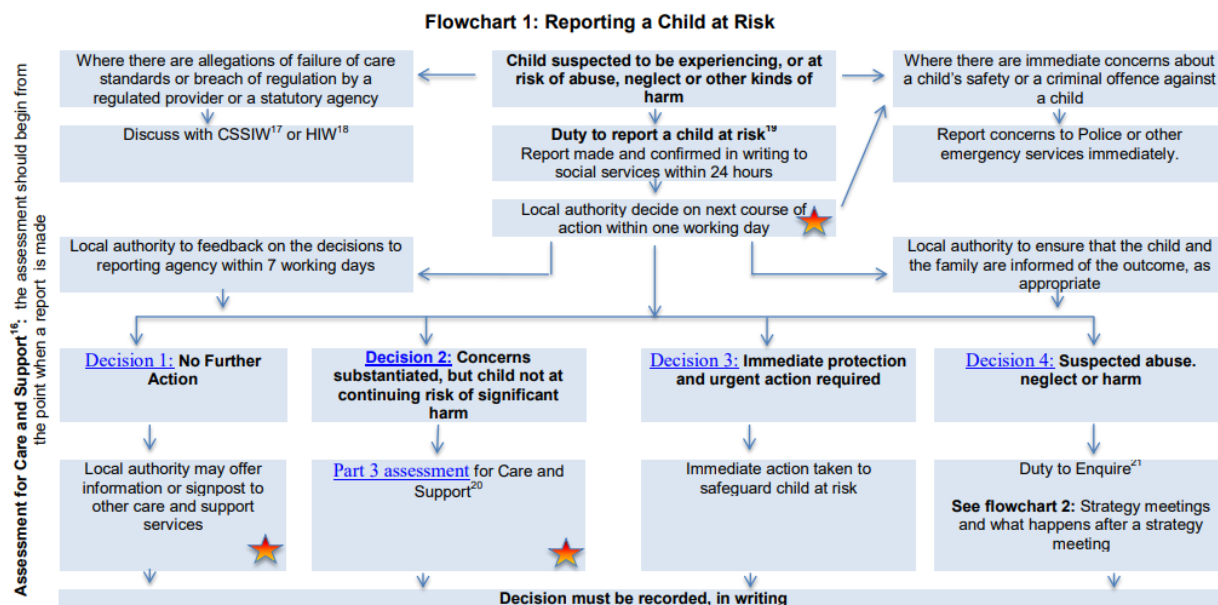
Family and Environmental Factors

- An adult or young person posing a risk to children is living in the household or in regular contact with the children
- Previous efforts to address environmental factors have proved ineffective, leading to concerns that child is suffering significant harm
- Lack of adequate food, warmth, essential clothing
- Family or young person not entitled to benefits and with no means of support
- A child under 16 is lost or abandoned
- Family lives in extreme poverty which could lead to child's basic needs not being met
- Child who has recently ceased to be looked after but has significant needs that require ongoing support
- Child whose name has been removed from the Child Protection Register within the last 12 months and who has significant needs or further risks have become apparent.
- Concerns are raised about a child being exploited (criminal exploitation, sexual exploitation etc).
- Homeless and not eligible for temporary housing
- Home environment highly unsuitable, exposing child to risk of significant harm
- Unaccompanied asylum-seeker / victim of trafficking or slavery
- Person who is a risk to children living in home, or visiting regularly

Response Time	Initial Response	Possible Responses After Assessment
<p>If the report indicates that there are child protection concerns, the referral record must be passed to the decision maker immediately for a decision about the appropriate response. (i.e., straight to strategy discussion)</p> <p>With all other referrals, the decision maker must decide on the appropriate response within one working day.</p>	<p>Report must always be completed.</p> <p>Enquiries to establish further information.</p> <p>Strategy discussion / s47 enquiries.</p>	<p>If Child Protection: Strategy Discussion, Section 47 Enquiry and Care and Support Assessment.</p> <p>Provision of services/implementation of safeguards to protect child.</p> <p>Child becomes looked after</p> <p>Legal discussion / protection of child</p> <p>Specialist Assessment</p> <p>Other: Care & Support Plan</p> <p>Advice / Information</p> <p>Signposting</p> <p>Referral to another</p>

		Agency Referral / step down to Families First provision with child and their families consent. NFA - Advise referring agency of steps taken
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Appendix One: Flowchart Process for Reporting a Child at Risk




¹⁶ Social Services and Well-being (Wales) Act 2014, s21 Duty to assess the needs of a child for care and support
¹⁷ Children Act 1989, s47 Local authority's duty to investigate
¹⁸ Care and Social Services Inspectorate Wales: www.CSSIW.org.uk
¹⁹ Healthcare Inspectorate Wales: www.HIW.org.uk
²⁰ Social Services and Well-being (Wales) Act 2014, s130 Duty to Report Children at Risk
²¹ Children Act 1989, s47 Local authority's duty to investigate

Appendix Two: Examples of Services at Each Level

The table below provides **examples** of services available at each of the levels of need. Provision will differ according to local authority and please note the services included under universal and preventative services have given a single pathway where multiple services may be available, dependent upon the nature of need.

<p>Universal</p>	<ul style="list-style-type: none"> • Education. • School Nurse. • Health Visitors. • Midwifery. • GP. • Youth Service. • Play service. • Police. • Housing. • Voluntary and community services. • Benefits agency. • Job Centres. • Citizens Advice. • Family Information Service
<p>Early Intervention & Prevention</p>	<p>Blaenau Gwent: FamiliesFirstDuty@blaenau-gwent.gov.uk</p>  <p>Blaenau Gwent FF Referral TEMPLATE L</p> <p>Caerphilly: Familiesfirst@caerphilly.gov.uk</p>  <p>Caerphilly JAFF Version 13 (English).</p> <p>Monmouthshire: SPACEWbandFamilySupport@monmouthshire.gov.uk</p>  <p>Monmouthshire SPACE Wb and Fami</p> <p>Newport: families.first@newport.gov.uk</p>  <p>Newport SPACE Wellbeing Professio</p>

	<p>Torfaen: Families First tafco-ordinator@torfaen.gov.uk</p> <p>SPACE Wellbeing Spacewellbeing@torfaen.gov.uk</p> <p> TORFAEN FAMILY SUPPORT.docx</p>
Targeted Care & Support	<p>Social Care Children's Services</p> <p>Social Worker support</p> <p>Youth Offending Services</p> <p>Child and Adolescent Mental Health Services</p>
Safeguarding & Specialist Services	<p>Social Care Safeguarding and Child Protection Teams</p> <p>Emergency Out of Hours Teams</p> <p>Police</p> <p>Probation</p> <p>Youth Offending Statutory Services</p> <p>A&E</p>

If you require a discussion for advice or guidance regarding your concerns, you can contact your local authority Children's Services Teams using the contact details below:

Blaenau Gwent

Tel: 01495 315700

Email: DutyTeam@blaenau-gwent.gov.uk

Caerphilly

Tel: 0808 100 1727

Email: contactandreferral@caerphilly.gov.uk

Monmouthshire

Tel: 01291 635 669

Email: ChildDuty@monmouthshire.gov.uk

Newport

Tel: 01633 656656

Email: children.duty@newport.gov.uk

Torfaen

Tel: 01495 762200

Email: socialcarecalltorfaen@torfaen.gov.uk

After 5pm and on weekends and bank holidays please contact the South East Wales Emergency Duty Team on 0800 328 4432.