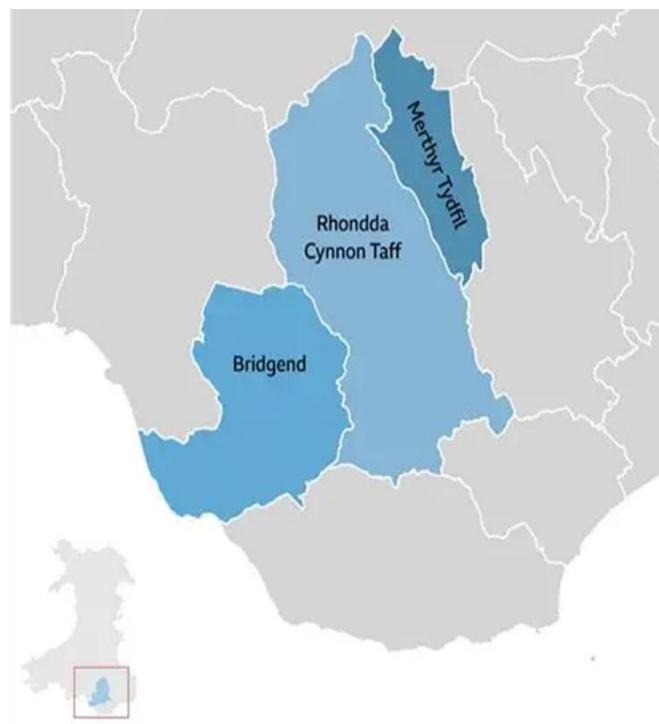




Cwm Taf Morgannwg Multi-Agency Children's Services Threshold Guidance:

Regional Threshold and Eligibility Support Document



Cwm Taf Morgannwg Safeguarding Board	Date: January 2026	Status: Approved
Author/Lead: Policies and Procedures Group on behalf of CTMSB	Previous Version: N/A	Review Date: March 2027



1. Introduction

The Social Services and Well-Being (Wales) Act 2014 (SSWA14) and the Wales Safeguarding Procedures (WSP) establish clear expectations for multi-agency collaboration to identify and support children with additional needs, aiming to prevent escalation of concerns. While everyone is responsible for their own well-being, some individuals require additional support to achieve this.

The fundamental principles of the [Social Services and Well-Being \(Wales\) Act](#) are:

- The Act supports people who have care and support needs to achieve **well-being**
- **People** are at the heart of the new system by giving them an equal say in the support they receive
- **Partnership** and co-operation drives service delivery
- Services will promote the **prevention** of escalating need and the right help is available at the right time

Effective safeguarding arrangements in every local authority area should be underpinned by two key principles:

- **Safeguarding** is everyone's responsibility: for services to be effective each practitioner and organisation must play their full part both individually and in collaboration; and,
- **A child-centred approach:** for services to be effective they should be based on a clear understanding of the personal outcomes for the child and what matters to them. The rights of the child should be central to the approach and their best interests should always be paramount.

Early intervention is far more effective in promoting children's welfare and safety than reactive measures. 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.

1. Purpose

This guidance, developed by the CTMSB and partners, provides a framework for professionals, working with children, young people and families to ensure they receive the right support at the right time to meet personal outcomes. It outlines a continuum of support, describes levels of need, and offers indicators for when additional support may be required. It supports flexible, strengths-based responses to dynamic needs and clarifies when to refer children and families for further support. Responses should be proportionate and based at the lowest level which is able to meet the needs of the family. It can also be used as tool to step down or step up. This guidance is intended as a decision-making tool and does not provide definitive answers for individual cases. Professional judgment is essential, and advice from Children's Services should be sought when needed.



2. Duty to Report

Under the SSWA14, practitioners have a statutory duty to report to the local authority if they have reasonable cause to suspect a child is at risk. This includes children under 18 who is experiencing or at risk of experiencing abuse, neglect or harm and who has care and support needs. Reports must be made to social services or police, who have the statutory powers to investigate and intervene.

The [C1 form](#) and relevant [guidance](#) can be accessed by clicking on the hyperlinks.

If a child is at immediate risk of suffering harm, contact the Police without delay on '999' to report it and submit a C1 referral. Please see Appendix 1.

3. Consent and Information Sharing

Effective safeguarding relies on information sharing across agencies. Practitioners must share information in line with the Data Protection Act 1998, GDPR and the common law duty of confidentiality. Practitioners must familiarise themselves with the Wales Safeguarding Procedures in understanding their duty to report and seeking [consent](#) from parents and children (if competent) as this will likely lead to increased engagement and child-centred outcomes and promote effective working in partnership with the family. 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

If uncertain, practitioners should consult their designated safeguarding lead or local social services. Please read the [Seven Golden Rules for Information Sharing](#) for further information.

4. 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**

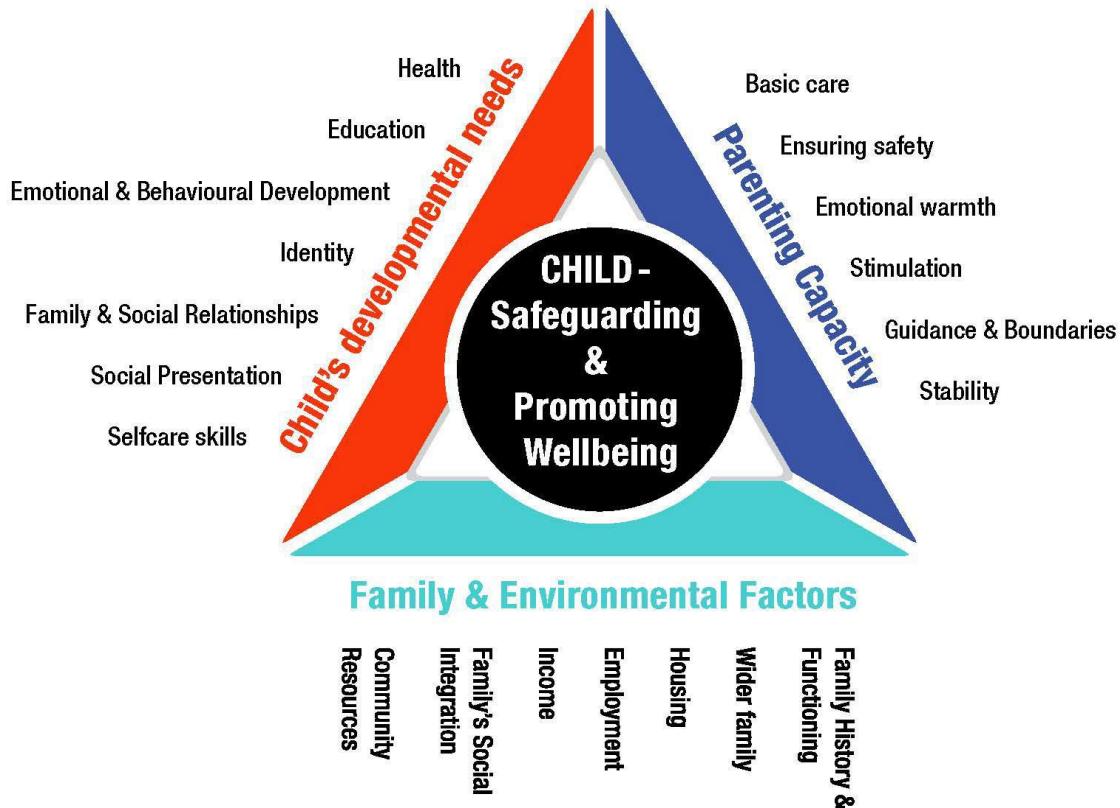
A child's ability to interact positively with others, self-regulate their behaviour and effectively communicate their feelings has a positive impact on their relationships with their family, other adults and peers. This should be considered in order to determine protective factors and associated strengths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

5. 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.



Assessment Framework



6. Pathways of Support for Children, Young People and Families

The pathway of support for children, young people and families should always consider a graduated response to the level of need identified. Practitioners should always be strengths focussed as discussed above and have collaborative conversations with children, young people and their families to determine what matters to them and what their personal outcomes are. Relationship based safeguarding practice should be at the centre of our work with children and families.

Referrers must ensure that family strengths are assessed and documented in any C1 referral to Children's Services. The rationale for requiring support beyond Universal Services must be clearly stated. When determining the appropriate level of support, consider the following (not exhaustive):

- What are the family's strengths?
- What matters most to the child(ren) and parent(s)?
- What is working well?
- What changes or improvements do the children (ren) or parent(s) seek?

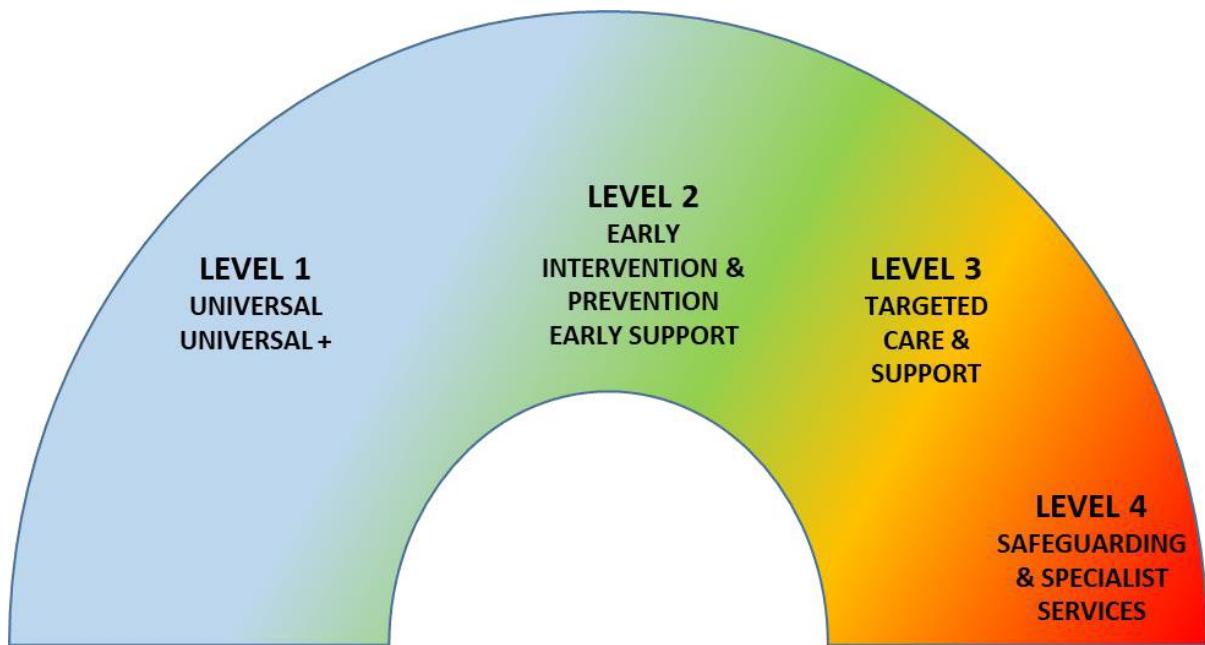


- What support or advice has already been provided, including from the family or community?
- What are the current concerns?
- What are the potential future impact if the situation does not improve?
- How do the child(ren) and parent(s) view these concerns?
- Are there complicating factors?
- What is the perspective of others involved with the family?
- What existing support does the family have, and what additional support is needed to build on their strengths?
- Has the family consented to information sharing and to receiving help?
- What actions will be taken if consent is not provided?

Note: Practitioners may not have all the information for every referral. However, if there are safeguarding concerns, information must be shared immediately. Lack of detail should not delay reporting, as delays can increase risk to the child. Reports should be made as soon as concerns arise, not postponed until the end of the day. In urgent cases, contact Children's Services by phone, when this is the case, the practitioner must confirm the report in writing within one working day using the C1 referral form. If a child is believed to be at immediate risk of significant harm, contact the police without delay.



Continuum of Need



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.

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.

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.

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.

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.

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



“Parenting Factors” and “Environmental Factors” and are separated.

If you are worried a child may be vulnerable and/or at risk of exploitation, the CTMSB Exploitation Practice Guidance and Exploitation and Vulnerability Indicators Practice Toolkit can be found [here](#)

The list and indicators below are not exhaustive and intended as a Guide only.

Universal Support	
Child or Young Person’s Developmental Needs	
Health	<ul style="list-style-type: none">• Accessing universal health services• Adequate and nutritious diet, regular dental and optical care• Meeting developmental milestones• Physically healthy (height and weight are appropriate (BMI in normal range of between 2nd to 91st centile when measured by a health professional• Good psychological well being• Parents have been enabled to make informed decisions on immunisation and medical assessments and their decisions do not impede the child’s developmental needs• Where the child is not brought to medical appointments, this is rectified with minimal follow up from professionals• Parents/carers are responsive to health messages which prevent a negative impact on the child and family
Learning/Education	<ul style="list-style-type: none">• Attendance at school/college/training at appropriate level (90% or above)• Child is given the opportunity to reach full potential• Meeting expected key stages• No concerns about cognitive development• No barriers to accessing age appropriate learning materials e.g. library service• Few barriers to learning and these can be addressed within an education setting• Good parental/carer link between home and nursery / school / college• Parents promote educational needs of individual child and are enabled to make informed decisions• Appropriate support for Electively Home Educated (EHE) children
Social, emotional, behavioural, Identity	<ul style="list-style-type: none">• Good quality early attachments, child is appropriately comfortable in social situations• Demonstrates age-appropriate responses in feelings, actions and resilience• Able to adapt to change• Able to demonstrate empathy• Parent/carers seek appropriate advice to meet the emotional needs of the child• One off hospital attendance with alcohol misuse, no identified additional causation factors and appropriate advice and support from parent/carer.• No evidence of substance misuse by the child or young person.• Child and young person present with low-risk self-harming behaviours, has good



- support from parents and engaging with CAMHS/support services.
- Parents/carers mental health issues, learning difficulties, health needs or disabilities has no impact on the care of the child.
- The use of substances and/or alcohol within the family does not impact on the needs of the child.
- Positive sense of self and abilities
- No experience of bullying or discrimination

Family and social relationships

- Stable and affectionate relationships with caregivers and siblings
- Positive relationships with peers
- Demonstrates feelings of belonging and acceptance by family / peer group

Self-care and independence

- Appropriate development of self-care skills
- Demonstrates age-appropriate confidence and independence
- Good level of personal hygiene
- Developing age-appropriate level of practical and independent living skills
- Able to discriminate between 'safe' and 'unsafe' contacts
- Age-appropriate knowledge about healthy relationships, sex and use of contraception

Family, Social and Environmental factors

Family History and Well-Being

- Supportive family relationships exist and offer stability.
- Good family networks and friendships
- Supportive community relationships / resources exist / are available
- Parents know what universal and community resources are available and are able to access these

Housing, Employment and Finance

- Accessing all eligible welfare benefits
- Financial income is appropriately utilised to meet the child's needs
- Adequate housing that has all basic amenities and is observed to be warm, safe and secure

Social and Community Resources

- Positive social and friendship networks exist
- Safe and secure environment
- Access to regular and positive activities

Parenting

Basic Care, Safety and Protection

- Parents/carers able to provide appropriate care for individual child's needs
- Parents are able to (as far is reasonably possible) protect child/ren from danger within the home and community

Emotional Warmth and Stability

- Parents/carers provide stable, secure and caring parenting that meet the individual child's needs
- Parents show individual child warmth, praise and encouragement



Guidance Boundaries and Stimulation

- Parents/carers provide age-appropriate guidance and boundaries to enable their child to reach their full potential
- Parents promotes cognitive development through age-appropriate interaction and/or play

Early Intervention and (Targeted) Prevention Support

Although these statements may not be concerning in isolation – consider the combination of factors in holistic assessment

Child or Young Person's Developmental Needs

Health

- Low level health problems with children not brought to appointments (missed), routine and non-routine, without intervention could exacerbate into serious health concerns.
- Concerns about reaching developmental milestones
- Frequent accidental injuries to child requiring hospital treatment including possible causation due lack of supervision
- Parent not taking child to routine appointments e.g. immunisations and developmental checks and their decisions are impeding the child's developmental needs
- Persistent minor health problems that impacts on the child's potential
- Low level mental health or emotional issues requiring additional support or targeted services
- Child with a disability in need of assessment and support to access appropriate services
- Mental health issues requiring referral to CAMHS, including self-harm or suicidal thoughts, where parents/carers are requesting additional support
- Poor or restricted diet despite interventions
- Learning significantly affected by health problems
- Child/young person is showing inappropriate/problematic sexual behaviour for age/stage of development
- Where a child has sustained a dog bite (which has not required significant medical treatment) and parents require additional support to implement safety measures.
- Where parents/carers are requesting support with routines, boundaries and behaviours with emerging neuro diverse needs.

Learning/Education

- Child persistently appears hungry in school
- Child has additional learning needs (ALN)and parent/carer is requesting additional support
- Occasional truanting, non-attendance or punctuality issues impacting on child's ability to reach full potential
- Identified language and communication difficulties linked to other unmet needs
- Lack of adequate parent/carer support for child's learning
- Lack of age-appropriate stimulation and opportunities to learn
- Few or no qualifications leading to NEET (not in education, employment or training)
- Child/young person under undue parental pressure to achieve/aspire
- No aspiration for young person



- The child's current rate of progress is inadequate, despite receiving appropriate early education experiences
- Child/young person has caring responsibilities that appear to be impacting on their ability to reach full potential
- Child is elective home educated and has additional vulnerabilities/needs where parent/carer is requesting support

Social, emotional, behavioural, Identity

- Child has vulnerabilities due to minor behavioural or psychological difficulties
- Child persistently becomes emotionally dysregulated, and child/family require additional support
- Child is victim of bullying or bullies others
- Low level substance misuse (current or historical)
- Low self esteem and not feeling valued
- Low risk self-injurious behaviours and child /family need additional support to implement safety measures
- Limited peer relationships/social isolation
- Child is expressing thoughts of running away and parents need advice and assistance
- Referred for low level offending or at risk of involvement in criminal or offending behaviour
- Emerging anti-social behaviour and attitudes and/or low level offending
- Disruptive / challenging behaviour at home, school or in neighbourhood
- Behavioural difficulties requiring further investigation / diagnosis
- Child/family have suffered bereavement and require additional support
- Child is affected by life limited disability and/or terminal illness of parent/carer and/or sibling
- Parent/carer requires support to understand/implement effective approaches to child's individual needs
- Child is at low risk of exploitation and child/parent require resources and tools to keep child safe

Family and social relationships

- Parental and/or family relationships are fractious, and this is having an adverse impact on the child's emotional wellbeing, stability and sense of belonging.
- Child is repeatedly privy to 'low risk' verbal altercations/domestic abuse incidents/call outs
- Child is socially isolated and has limited social opportunities
- Child has negative peer group or unable to sustain positive peer relationships

Self-care and independence

- Poor hygiene including dental and/or poor development of self-care skills in line with age/stage of development
- Lack of age-appropriate behaviour and independent living skills that increase vulnerability to social exclusion
- Child suffers unintended injury as a result of inadequate supervision
- Early onset of sexual activity (sexual activity of a child under 16yrs is a criminal offence)



- Sexually active young person (15+) with some behaviours that may place them at risk e.g. inconsistent use of contraception and risk of pregnancy
- Low level alcohol / substance misuse (current or historical)
- Some evidence of risky use of technology leading to low level E-safety concerns

Family, Social and Environmental factors

Family and Social Relationships and Family Well-Being

- Parents/carers have relationship difficulties which may affect the child
- Parents/carers request advice to manage their child's behaviour
- Children affected by difficult family relationships
- Child is a teenage parent
- Child has caring responsibilities and would like advice and assistance
- Child is a young carer requiring assessment of additional needs
- Child requires assessment for support service due to family circumstances and has no appropriate friend / relative carer available to support
- Non high risk incidents of domestic abuse are reported where child is present
- Parental imprisonment that will have a significant impact on the child's health or development unless appropriate support provided
- Parent has experience of the care system and needs advice and assistance
- Large family with several young children under five and needs support, advice and assistance

Housing, Employment and Finance

- Families affected by low income /living with poverty affecting access to appropriate services to meet child's additional needs
- Financial difficulties impacting on ability to parent
- Housing is in poor state of repair or severely overcrowded
- Family is homeless or at risk of eviction having already received support from Housing Services
- Family unable to gain employment due to significant lack of basic skills or long term difficulties
- No access to funding/community resources
- Frequent moves of accommodation are impacting on the child's developmental needs including stability

Social integration and Community Resources

- Insufficient facilities to meet needs e.g. advice / support needed to access services for disabled child where parent is coping otherwise
- Family require advice and/or support regarding social exclusion e.g. hate crimes, harassment, and conflict/volatility in the community
- Child associating with peers who are involved in anti-social or criminal behaviour
- Limited access to contraceptive and sexual health advice, information and services
- Family demonstrating low level anti-social behaviour towards others
- Parents/carers are socially excluded, have no access to local facilities and require support services

Parenting



Basic Care, Safety and Protection

- Parent requires support to provide consistent care e.g. safe and appropriate childcare arrangements; safe and hygienic home conditions; adequate diet.
- Parental health problems that may impact or have a direct impact on child's health or development unless appropriate support provided
- Parental mental health issues that may impact or have a direct impact on the health or development of the child unless appropriate support provided
- Parental learning difficulties that may impact or have a direct impact on the health or development of the child unless appropriate support provided
- Parental health / disability that may impact or have a direct impact on the health or development of the child unless appropriate support provided
- Parental substance misuse that may impact or have a direct impact on the health or development of the child unless appropriate support provided
- Parent/carer has experienced adverse childhood experiences that may impact or have a direct impact on the health or development of the child unless appropriate support provided
- Poor engagement with universal services likely to impact on child's health or development
- Poor supervision and attention to safety issues
- Pregnant parents requesting additional support beyond ante-natal services in preparation for newborn child

Emotional Warmth and Stability

- Parent is emotionally unavailable
- Parents/carers own emotional needs compromise those of the child/young person
- Inconsistent parenting impairing emotional and behavioural development
- Parent requires support for consistent parenting regarding warmth/praise/affection and/or discipline, where the child's development not yet being impaired
- Parent/carer requires support for early emotional bond (attachment) with infant/child
- Lack of response to concerns raised about child's welfare

Guidance Boundaries and Stimulation

- Parent requiring support for consistent parenting in respect to routine and boundary setting
- Lack of appropriate parental guidance and boundaries for child's stage of development and maturity
- Child/young person receives little positive stimulation despite appropriate play/learning materials being available
- Parents/carers provide inconsistent boundaries or present a negative role model which impacts on child's development
- Parent has age-inappropriate expectations that child or young person should be self-reliant
- Lack of response from parents to practitioner concerns raised about child



Targeted Care and Support

Child or Young Person's Developmental Needs

Health

- Child has a significant level of needs as a result of disability, sensory impairment or chronic illness which cannot be met wholly by family without care and support assessment/intervention/ services
- Parents/carers refusal to recognise or address high level disability, serious physical and/or emotional health problems
- Serious delay in achieving physical and other developmental milestones, raising significant concerns, where parents/carers are not working to address these.
- Parents not prioritising appointments for children who have potentially life threatening or debilitating health problems that need medical management e.g. diabetes, asthma and mental health issues

Learning/Education

- Persistently appears hungry at nursery, school or college
- Persistently late for school; always tired during lessons impacting on ability to learn
- Significant under achievement of learning potential
- Child not significantly engaging in education, in conjunction with concerns for child's safety
- Persistent non-attendance with preventative service or Attendance and Wellbeing Service support has been unsuccessful in effecting positive change
- Child's permanent exclusion from school may have a significant impact on family relationships/dynamics, parent/carers ability to meet child's needs
- Parent/carer encourages or colludes in absence from school

Social, emotional, behavioural, Identity

- Child with level of unexplained and inappropriate sexualised behaviour
- Child is at risk of exploitation or grooming
- Child missing from home and concerns raised about their physical and emotional safety and wellbeing
- Failure or inability to address complex mental health issues requiring specialist interventions
- Young people experiencing current harm through their use of substances
- Young people with complicated substance misuse problems requiring specific interventions
- Evidence of regular/frequent substance misuse which may combine with other risk factors
- Evidence of escalation of substance use and of changing attitudes and an increasing disregard to risk
- Continuous breeches of curfew/order with other behaviours that impact on the child's welfare and safety
- Frequently goes missing from home
- Failure or inability to address serious (re) offending behaviour leading to risk of serious harm to self or others
- Child is identified as a young carer who requires an assessment

Family and social relationships



- Child's relationship with parent/sibling relationship is significantly breaking down, compromising the child's safety, stability and sense of belonging
- Racism, bullying, or other discrimination is adversely affecting the child
- Peer relationships, including intimate relationships may be causing risk to child/ren outside of the home and the child may be at risk of exploitation, abuse or violence including domestic abuse

Self-care and independence

- Child found wandering without adequate supervision
- Child expected to be self-reliant for their own basic needs or those of their siblings beyond their capabilities, placing them at potential risk
- Distorted self-image that could significantly impact on well being
- E-safety concerns with evidence of potential grooming or indecent images
- Child in possession of or using illegal substances

Family, Social and Environmental factors

- History of previous significant harm to children, including any concerns of previous child deaths
- Family characterised by conflict and serious, chronic relationship difficulties
- Parent/carer has unresolved mental health difficulties which affect the wellbeing of the child
- Child's primary carer referred to Multi-Agency Risk Assessment Conference (MARAC)
- Members of the wider family are known to be, or suspected of being, a risk to children
- Child needs to be looked after outside of their immediate family or parents/carers due to abuse / neglect
- Child may be in a private fostering arrangement that requires an assessment
- Unaccompanied asylum-seeking children
- Child subject to a court report has been ordered to be completed by children's social care
- Pre-birth assessment where a history of past child protection concerns
- Risk of family relationship breakdown leading to need for child to become cared for outside of family network and in a private fostering arrangement
- Parents/carers are unable or unwilling to continue to care for the child and no suitable family/friend arrangement is available

Housing, Employment and Finance

- Homeless child in need of accommodation including 16-17 year olds
- Home conditions are hazardous to the individual child's needs and are significantly impacting on their health and development
- Family is facing eviction and even with Housing Support there is likely to be a significant impact on the child and/or housing services are unable to meet the complex needs of the child as a single agency

Parenting

Basic Care, Safety and Protection



- Parent/carer is unable to meet child's needs even with support and not providing adequate care
- Concern that an unborn child is at risk of significant harm
- Neglect where food, warmth and other basics often not available and previous offers of early help have been refused
- Child exposed to contact with and/or left in the care of individuals who pose a risk of harm
- Parents' own vulnerabilities and/or support needs mean they cannot keep child/young person safe
- Low emotional warmth, high criticism is an enduring feature of the parenting style
- Parent's own emotional needs/experiences persistently impact on their ability to meet the child/young person's needs
- Parents/carers alcohol/substance use is affecting their ability to persistently meet the needs of the child/young person's needs
- Parent is requesting the child becomes looked after

Emotional Warmth and Stability

- Previously child/young person(s) have been removed from parent's care and there is little evidence of any significant positive change

Guidance Boundaries and Stimulation

- Parent identifies their child is at risk of being groomed or exploited and/or failing to take any reasonable action to safeguard
- Parent is exploiting child/young person and/or condones offending/anti-social behaviour
- Adult in a position of trust, staff member or volunteer behaves in a way that results in harm to a child, or that might indicate unsuitability to work with children

Specialist Protective Support

Child or Young Person's Developmental Needs

Health

- Carers refusing medical care or taking on board medical advice, endangering life/development
- Parent not accessing appropriate medical care for child which puts them at direct risk of significant harm
- Concerns that a child is suffering or likely to suffer harm as a result of fabricated or induced illness
- Pregnancy/Sexual Activity/Sexually Transmitted Infection in a child under 13
- Harmful Sexual Behaviour presents significant risk to self and/or others
- Child is a victim of Female Genital Mutilation
- Child alleges physical and/or sexual abuse
- Child/Young person is in a domestically abusive/exploitative relationship and is referred to MARAC
- Child has chronic health problems or high level disability, which despite extra support remains at risk of significant harm because parent / carer is not engaged or refusing support
- Child who is suspected to having suffered (suspicious) inflicted, or serious unexplained injuries



- Child has suffered a significant injury from a dog/animal and parents/carers are unwilling to implement reasonable safety measures
- Child/Young person has alcohol/substance dependency that is placing them at significant risk of harm

Learning/Education

- Child is not in education and or missing from education and there are other contributing factors that are placing the child at risk of significant harm
- Child shares they are a victim of abuse, harm and/or neglect
- The child is displaying behaviour in school that places self and/or others at risk of significant harm

Social, emotional, behavioural, Identity

- Challenging behaviour resulting in serious risk to the child and others
- Child/young person beyond parental control – regularly absconds from home and places self at risk of significant harm
- Subject to exploitation under 18 years of age
- Is missing from home for repeated short periods of time or prolonged periods
- Emerging acute mental health
- Significant risk of suicide or self-injurious behaviours that require acute medical treatment.
- Child/young person is at risk of being radicalised or involved in extremism activity

Family and social relationships

- Child/Young person is at risk of harm from peer abuse/grooming/exploitation/serious violence
- Family and social relationships including adults beyond the home, collude or encourage the child to engage in behaviours including offending behaviour that would place them at risk of harm

Self-care and independence

- Child is left “home alone” without adequate adult supervision and at risk of significant harm
- Lack of independent living skills likely to result in significant harm
- Child under 16 is lost or abandoned
- Child is unaccompanied/asylum seeker and there are other contributing factors that may place them at risk of significant harm e.g. trafficked child

Family, Social and Environmental factors

Family and Social Relationships and Family Well-Being

- Adult victim of Domestic Abuse is assessed as high level risk and the child (including unborn) is at risk of significant harm
- Family relationships including parental partners/associates are a risk of harm to the child/young person

Housing, Employment and Finance

- Hygiene conditions within the home present a serious and immediate environmental/health risk to children



- The family are in economic deprivation that is placing the child at significant risk of harm
- Homeless and parent/carer refuses temporary housing

Parenting

Basic Care, Safety and Protection

- Parents/carers are unable to care for the child
- Parents/carers have or may have abused/neglected the child/young person and/or colluding with known persons causing harm
- Pre-birth assessment indicates unborn child is at risk of significant harm
- Parent unable to restrict access to home by adults known to be a risk to children and other adults
- Child/young person left in the care of an adult known or suspected to be a risk to children, or lives in the same house as the child
- Parent/carer has mental ill health, including self-harming behaviour, that present a risk of significant harm to the child
- Parent/carers' substance misuse that presents a risk of significant harm to the child
- Parental learning difficulties that present a risk of significant harm to the child
- Parental health / disability that presents a risk of significant harm to the child
- Parent has abandoned child/young person and no person is exercising parental responsibility
- Parent/Carer is engaging in significant criminal activity that puts the child at risk of significant harm from them and/or others
- Parent/Carer is exploiting child/young person and/or colluding with known persons causing harm

Emotional Warmth and Stability

- Deliberate cruelty or emotional ill treatment of a child resulting in significant harm
- Child is continually the subject of negative comments and criticism, or is used as a scapegoat by a parent/carer, resulting in feelings of low worth and self- esteem and seriously impacting on the child's emotional and psychological development.

Guidance Boundaries and Stimulation

- Lack of appropriate supervision resulting in significant harm to a child
- Child is given responsibilities that are inappropriate for their age/level of maturity resulting in significant harm to the child

7. 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. If a practitioner is concerned about a child, they should inform their own line manager and the designated safeguarding person within their organisation. The safeguarding lead will support them to make a referral to Children's Services, and 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 by Children's Services of this. 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 the practitioner remains concerned about the child, they should bring the matter to the immediate attention of their Safeguarding Lead and escalate via their Organisation's escalation process.

Where also appropriate, agencies are responsible for escalating concerns using the [Concerns Regarding Inter-Agency Safeguarding Practice](#) Protocol (CRISP). This should never delay communication about any immediate safeguarding concerns that you have in respect of any child/ren.

Are You Concerned About a Child?

If you suspect that a **child or young person** is being harmed or is at risk of being harmed then you have a duty to report it immediately. All calls concerning worries about children are treated seriously. Contact your local Safeguarding Team on the numbers provided below:

In Rhondda Cynon Taf: 01443 425006
In Merthyr Tydfil: 01685 725000
In Bridgend: 01656 642320

Opening Hours:
Monday - Thursday 8.30am - 5.00pm
Friday - 8.30am - 4.30pm

To contact Children Services outside office hours, at weekends and bank holidays, ring the Cwm Taf Morgannwg Emergency Duty Team on 01443 743665 or 01443 657225.

If you suspect that a child, young person is at immediate risk of harm call 999 and speak to the Police.

Further information on how to report any concerns relating to a child is available here:

Rhondda Cynon Taf County Borough:

[Reporting a concern about a Child | Rhondda Cynon Taf County Borough Council](#)

Bridgend County Borough:

[Child protection](#)

Merthyr Tydfil County Borough:

[How to report a child/young person you believe is at risk of/experiencing abuse and neglect | Merthyr Tydfil County Borough Council](#)

If you would like to report a non-urgent incident, or have a problem or general query, you can call 101, the 24 hour non-emergency number for the police. **Use 101 when the incident is less urgent than 999.**

Remember - safeguarding is everybody's business!

For more information and advice visit: [About Us | Safeguarding, Cwm Taf Morgannwg](#)



Appendix One

Safeguarding

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone working with children and families should work in a child-centred, whole family approach to gather high quality information, identify concerns, risk assess, share information and take appropriate action to ensure that children have the best outcomes.

The Threshold of Needs document should assist in deciding the child's level of need and provide advice on what to do, when, to ensure that children and families get the right support at the right time.

For additional support, advice and guidance, professionals can contact their local authority safeguarding team (MASH/IAA).

If a child is in immediate danger or is at risk of significant harm, a referral should be made to children's social care and/or the police immediately.

