

Updated: February 2025

# Cardiff Help or Harm Referral Guidance

Social Services and Well-being (Wales) Act 2014



*Mae'r ddogfen hon ar gael yn Gymraeg  
This document is available in Welsh*





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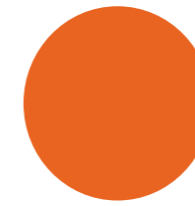
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# Introduction

This guidance aims to assist professional assessment around the provision of effective support for unborn babies, babies, children, young people and their families in Cardiff. This guidance will help determine whether a referral is required for Help or Harm. This guide should be used alongside statutory guidance for each agency.

For the purposes of this document, the term “Child” encompasses all stages of early human development, including:

- Unborn babies (fetuses)
- 0-1: Babies (infants, from birth to 1 year)
- 1-12: Children (toddlers and young children, from 1 to 12 years)
- 13-18: Young people (adolescents and teenagers, from 13 to 18 years)



## Child-Centred Approach

Local authorities must demonstrate due regard to the [United Nations Convention on the Rights of the Child](#) when exercising functions in relation to an individual.

As a capital city Cardiff aspires to be a ‘child friendly city’ where all children and young people have an equal chance to thrive and reach their potential, see [Child Friendly Cardiff Strategy](#).

It is important that all agencies understand the needs of each individual child within their own context and appreciate that each situation is unique and specific to that child. This guidance has been developed to assist practitioners in their professional judgements in determining what actions are needed to meet the child’s needs and to help those involved with them to:

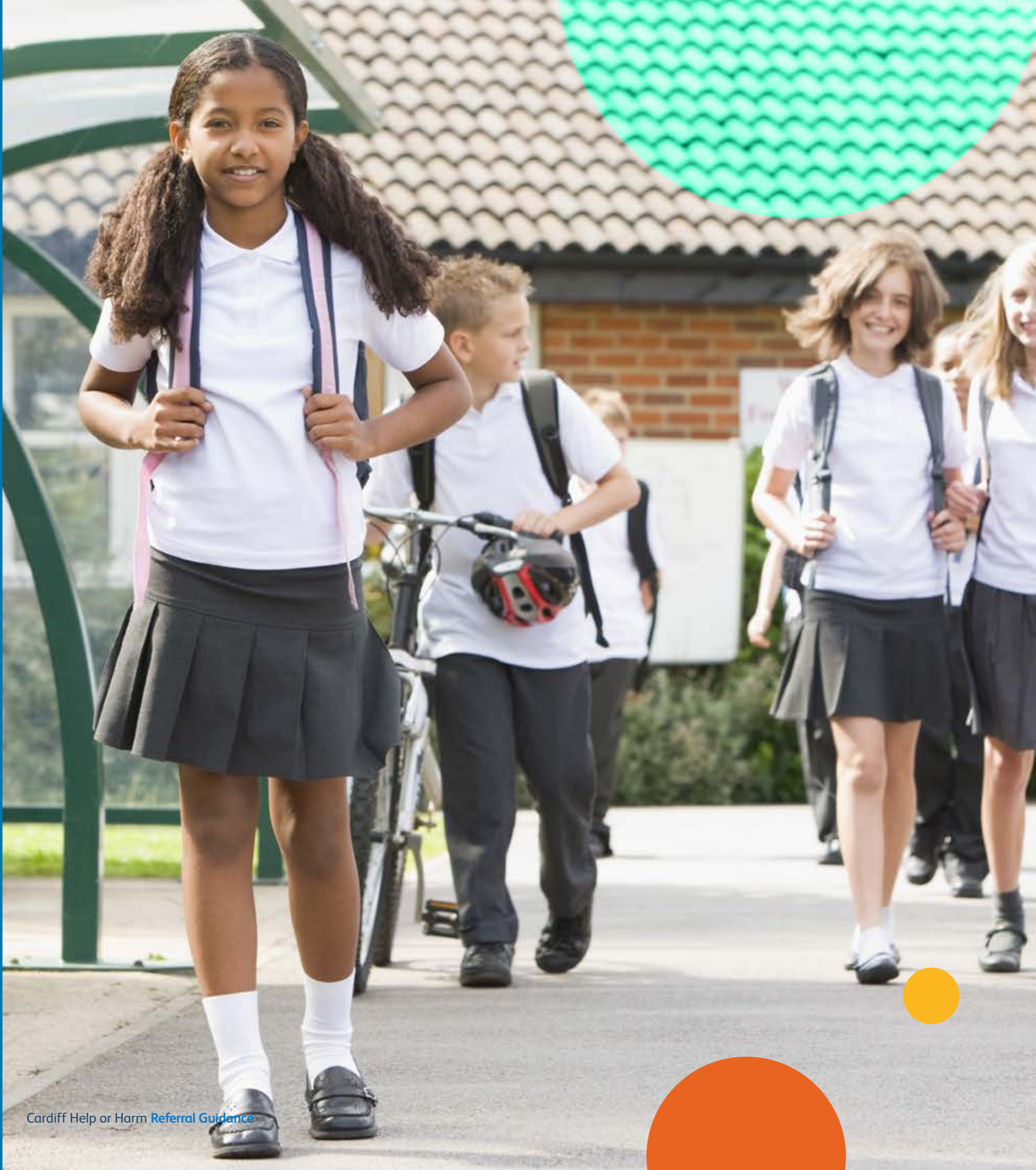
- Empower children and their families, to make decisions and changes to their own lives.
- Develop ideas and solutions with the child/children and their families, so that effective and timely support is provided, by the right person/ service.
- Understand the child in the context of their family and wider community.
- To prevent unnecessary escalation.



## When applying guidance with a family, consider the following:

- All practitioners should aim to gain informed consent to request the involvement of another agency for advice or assistance. Practitioners should be mindful of situations where to do so would place a child at increased risk of harm.  
**For further information, please refer to Consent Guide [See C&VRSB Site]**
- Parenting can be challenging, and encouraging families to seek help should be seen as a sign of strength and responsibility, rather than a weakness.
- Practitioners should work with families in an open and transparent way, supporting families in not having to tell their story lots of times. This can be trauma inducing and make a situation worse.
- If you are uncertain about the level of concern for a child and their family, seek guidance from your designated safeguarding lead. Where appropriate, use professional supervision to reflect on casework. Support may also be available from partner agencies involved with the child.
- Section 2 of the Wales Safeguarding Procedures emphasises the importance of agencies keeping detailed records of incidents. Practitioners are required to document all concerns, actions taken, and discussions in writing. This documentation helps build a comprehensive picture of the child's situation and may be crucial for future reference.
- There should be a joint, whole-system response to meeting the needs of children and their families. Services need to work together to provide proportionate support and consider the needs and views of the whole family.
- Practitioners should consider how extended family, universal services or community resources such as Food Banks or adult services may be able to contribute to support for families.

**Always remember that need is not static; the needs of a child/family will change over time.**



# Universal & Targeted Support

Universal Services play a crucial role in supporting families by providing access to essential resources and guidance without the need for specialist or statutory interventions.

For many families, universal services meet their needs and enable them to achieve their personal outcomes and meet the needs of their child/ren without the need for statutory intervention.

Universal Services empower families to find their own solutions and navigate challenges independently. This approach not only fosters resilience and self-reliance but also ensures that families can thrive without the need for more intensive support.

Ultimately, Universal Services are designed to be accessible and inclusive, ensuring that all families have the opportunity to benefit from the support they need.

In Cardiff, there are a variety of Services that are universally accessible which include:

- Health Visiting
- GPs
- Schools
- Midwifery
- Single Point of Access (SPoA) for referrals to specialist Emotional Wellbeing & Mental Health services

Further information can be provided via the FASPH information line on: **03000 133 133**

Option 2 (English), then 1 (Information), then 1 (Services for Families)

# Introduction to Cardiff Early Help Services

Early Help is the service area name for a range of services designed to support babies, children, young people, and their families in Cardiff.

Services are for:

- Parents, step-parents, carers or family members looking after a child.
- Families during pregnancy.
- Babies, children, and young people aged 0-18 years (or up to the age of 25 in the case of a vulnerable young person).
- Professionals who work with babies, children, young people and their families.

Early Help services are designed to provide support for families before their needs escalate to the point that they require a safeguarding statutory intervention. This early intervention and prevention approach is provided by delivering high quality information and Advice and Assistance.

Cyngor a Chymorth i  
Deuluoedd Caerdydd

Cardiff Family  
Advice and Support



## Cardiff Family Advice and Support

Cardiff Family Advice and Support (CFAS) Consists of:

### Cardiff Family Help and Family Help Disability Teams

Provide support to families that require a short-term intervention and aim to prevent escalation to more complex levels of need. Family Help Advisors work with families, young people and children in their own homes and communities and deliver interventions directly to the family. They are responsible for establishing contact with appropriate professionals and organisations to support the family, when required, and helping the family to maintain appointments. Intervention is typically between 6 to 12 weeks in length.

### The Index for Children and Young People with Disabilities or Additional Needs

Provides information to families and professionals to keep them up to date with services, support and activities across Cardiff through the provision of outreach sessions and targeted e-bulletins.

### Early Help Mental Health Practitioners

Work alongside practitioners to ensure that the right support is in place for a child or young person who may be experiencing emotional and mental health difficulties. This is achieved through the provision of information, advice, and training on how to support the emotional and mental health of children and young people for Early Help practitioners. They also offer short-term therapeutic interventions to children and young people supported by Early Help services and facilitate access to specialist health services.



## Support4Families

Support 4 Families is a service designed to provide social work interventions for families facing more complex or severe issues, but who are below statutory intervention thresholds. The team consists of multidisciplinary professionals who work together to find the right solutions for families. They offer intensive and assertive support in various ways, including direct delivery of evidence-based family interventions and programs, practical help, and coordination of a multi-agency approach when required.

Support 4 Families also assists families who have stepped down from statutory safeguarding services but still require ongoing support. The service focuses on building resilience by working with families to identify their strengths and providing support over a longer period. Families can reduce or re-engage with support as needed based on their changing circumstances. Intervention is typically between 3-9 months in length.



## Flying Start

Flying Start is the flagship Welsh Government programme aimed at tackling poverty. It aims to help families with children under 4 years old in disadvantaged areas of Wales. Help available includes:

- part-time funded childcare for 2- to 3-year-olds
- an enhanced Health Visiting service
- access to bespoke parenting support & programmes
- support for children to learn to talk and communicate.

Flying Start is a targeted programme, only available to families with eligible children living in targeted Lower Super Output Areas.

**To find out if a family is eligible go to:** <https://www.flyingstartcardiff.co.uk>



## Cardiff Parenting

The aim of Cardiff Parenting Services is to work in partnership with families living in Cardiff to improve parenting confidence and skills, strengthen relationships, help parents feel more able to support their child's development and nurture wellbeing and resilience. Positive parenting contributes to children doing better at school, having healthier relationships, higher self-esteem, and being better able to regulate emotions, all leading to improved wellbeing for now and the future.

Cardiff Parenting Services work with families from pregnancy to age 18 (or up to 25 for vulnerable young adults), with our Cardiff Parenting 0-18 and Flying Start Parenting teams offering community groups for parents and children, parenting programmes for parents to join in a group or meet a practitioner as an individual, and Educational Psychology-led one to one support in the home or online. We offer family play sessions in the community and hostels and temporary accommodation and provide creche for young children for parents attending our group parenting programmes.



## Cardiff Children's Play Service

For children aged 5 to 14, Cardiff Children's Play Services offer a variety of open access and targeted play sessions across the city. Open access play takes place across the city, welcoming all children. Targeted sessions are tailored for children with additional needs or groups of children living in homeless accommodation.

For more information visit: <https://cardiffchildrensplayservices.co.uk>

[www.cardiffamilies.co.uk](http://www.cardiffamilies.co.uk) for further information.

# Children in Need of Care & Support and Child Protection



The [Social Services and Well-being \(Wales\) Act 2014](#) provides the legal framework for improving the well-being of people who need care and support and for transforming social services in Wales.

## The four fundamental principles of the Social Services and Well-being (Wales) Act 2014 are:

- **Voice and Control:** putting the individual and their needs, at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve well-being.
- **Prevention and Early Intervention:** increasing preventative services within the community to minimise the escalation of critical need and statutory intervention.
- **Well-being:** supporting people to achieve their own well-being and measuring the success of care and support.
- **Co-Production:** encouraging individuals to become more involved in the design and delivery of services.

## The associated Regulations and Codes of Practice:

[Part 3 Code of Practice \(Assessing the Needs of Individuals\)](#)

[Part 4 Code of Practice \(Meeting Needs\)](#)

[Working Together to Safeguard People](#)

[Wales Safeguarding Procedures](#)

## Wales Safeguarding Procedures 2019

The [Wales Safeguarding Procedures 2019](#) provide comprehensive guidance for anyone working with children or adults in Wales, across various sectors including health, social care, education, police, and youth justice. These procedures are designed to ensure the protection of an individuals' health, wellbeing, and human rights, enabling them to live free from harm, abuse, and neglect.

The procedures are part of the broader legislative framework established by the Social Services and Well-being (Wales) Act (2014), which emphasises promoting the well-being of people who need care and support through shared responsibility and partnership working.



## The key legislations informing this practice are:

[Children Act 1989](#) A comprehensive framework that sets out the duties of local authorities, courts, parents, and other agencies in the UK to ensure the welfare of children. It emphasises that the child's welfare is the paramount consideration in any decision made regarding their upbringing.

When Children's Services, or the police, receive information that a child might have suffered significant harm, or is likely to suffer significant harm, they have a statutory duty to investigate this information and take reasonable action to protect a child. Section 47 enquiries, can be led by either Children's Services or the police, or by both working together.

[Children Act 2004](#) Builds on the 1989 Act and introduces further measures to protect children, including the establishment of a Children's Commissioner and the requirement for local authorities to work together to safeguard and promote the welfare of children.

[The Adoption and Children Act 2002](#) aligns adoption law with the relevant provisions of the Children Act 1989 to ensure that the child's welfare is the paramount consideration in all decisions relating to adoption.

**It is good practice for practitioners to be familiar with these documents.**

A Well-Being Assessment is evidence based and includes a clear analysis of all the information available. The assessment is holistic and includes views of the social worker, child, family and professionals.

For further information, see: [CARDIFF Social Services and Well-Being \(Wales\) Act Guidance - C&VRSB Site](#)

Intervention should be at the lowest level appropriate to meet the needs of the family, preventing the need for specialist and statutory services and reduce the escalation of issues. Most babies, children, young peoples and their families are already engaged with Universal Services, and have an established relationship with a professional, such as a health visitor, GP, teacher or community practitioner.

Consideration should always be given to undertaking a referral within the Cardiff early help framework [www.cardiffamilies.co.uk](http://www.cardiffamilies.co.uk) to resolve a family's difficulties and prevent prevent the need for a statutory service.

In order to continue to provide a proportionate response to a child/family's situation it is important the professionals supporting the family have a good understanding of what is working well, what the worries are and any barriers the family might be experiencing. Having a good understanding of this can help in identifying other support services that might be available to the family and reduce repeated referrals/assessments that can be frustrating for families. However, this does not mean that families are unable to access more targeted support, if necessary, that is proportionate to their needs.

**If there are immediate safeguarding concerns about a child's health, development or welfare, professionals MUST follow the [Wales Safeguarding Procedures](#).**

Individual needs should be considered in line with what would be expected or acceptable for babies, children or young people of a similar age and/ or developmental stage. Please refer to **Milestones Guide** [See [C&VRSB Site](#)]

There will be some children, for example, with complex needs, who should be enabled to move quickly and effortlessly to the required service response without necessarily going up through each level.

Unless it is a safeguarding concern, a cluster of indicators, rather than one or two alone, would suggest a family requires some level of support or intervention. These services and/or interventions could be provided by a single agency, or through several agencies working together to best meet the identified needs, coordinated by a lead professional.

**Referrers will need to have consent from a person with parental responsibility and/or the child (depending on age and understanding) prior to making a referral for an assessment for care and support.**

**Parental Responsibility Flowchart**

**Consent Guide**

**Consent can only be overridden where there is an immediate safeguarding concern and/or gaining consent could put the baby, child or young person at risk of danger.**

Consent (written or verbal) will need to be clearly recorded on the referral and it must be informed i.e the person giving the consent does freely and with full information. This means they understand why they are being referred and what it is for. If you are not sure please discuss this with your DSP or please call the PAL.



# Responding to Allegations/ Concerns about those in a Position of Trust

[Wales Safeguarding Procedures](#) (WSP) were launched in November 2019 and Section 5 sets out how we respond to allegations/concerns about practitioners and those in a position of trust.

This is underpinned by the Social Services and Wellbeing Act 2014 and its Statutory Guidance: Working Together to Safeguard People (Volumes 1-7). Volume 5 specifically [Handling Individual Cases to Protect Children at Risk](#).

The [Safeguarding Allegations/Concerns about Practitioners and Those in a Position of Trust Protocol](#) sets out the process to be followed by agencies when responding to allegations against adults who work with children, young people and adults at risk. The protocol includes the thresholds for implementation and guidance regarding appropriate timescales for investigation.

Where there are safeguarding allegations/concerns about practitioners and/ or those in a position of trust, it must be reported to the Practitioners Concern Team (PCT) **within 24 hours** (or Local Authority Designated Officer). See [Cardiff Practitioner Person of Trust Report Form \[See C&VRSB Site\]](#)

**Position of Trust:** This applies to individuals in positions of power or influence over a child or adult at risk, both in personal and professional lives. It considers the person's suitability to work with children or adults at risk.

Wales Safeguarding Procedures - there is a free app that can be downloaded, links below:



# Childrens Needs – Levels of Intervention

This section of this document shows the Cardiff Continuum of Need, then the levels of intervention for Help and Harm.

For some children, it is clear where they fall on the continuum; for others a practitioner may need to use the indicators of need to decide whether they have additional needs, and where they might fall on the continuum. This process can help decide how best children's needs are met and from which service.

Responses may be required from universal services (GP, Health Visitor, Schools, School Nurses, Housing, for example), the Family Gateway and/or Support4Families.

The involvement of more targeted service at level 3 may require a Well-being Assessment to determine whether the child has Care and Support needs and where these would be best met in line with the Social Services and Well-being (Wales) Act 2014.



When a referral has been made and there is a **risk of imminent harm**, a level 4 intervention will be essential. A s47 investigation is required as there are concerns that a child is suffering or may be at risk of significant harm. If in doubt, contact your designated safeguarding lead, then call the Professional Advice Line (PAL) for advice and consultation.

**PAL Guide** [See [C&VRSB Site](#)]

See also the [Competency Framework for the Information, Advice and Assistance \(IAA\) Workforce](#).

Services for babies, children, young people, and families in Cardiff are based on the recognition of a Continuum of Need (the “windscreen” model) where needs may move between levels. The Continuum of Need is intended to provide professionals with a shared understanding and common language around needs and risks.

Movement up and down the continuum of need will not be the same for each baby/child/young person or family. It is a means of providing needs-led appropriate access to services in compliance with statutory duties, when considering the type of support needed.

# The Right Help at the Right Time

## LEVEL 4 – ACUTE NEEDS

Children and who are in need of protection and require intensive support

- Children at risk of significant harm (abuse – physical, sexual, emotional/psychological, financial and neglect, contextual risk, FGM etc)
- Relevant teams are informed immediately. Strategy discussion considered and immediate steps to protect a child where warranted.

## LEVEL 3 – COMPLEX NEEDS

Children who meet the threshold for Early Help or Statutory Assessment

### Childrens Services

- High or Complex Risk
- Relevant teams are informed as soon as possible.
- For example, edge of care, contextual risk, children with complex disabilities, emotional well-being concerns.

### Early Help

- Requires action to prevent a situation which may lead to increased vulnerability and risk.
- Relevant teams are informed as soon as possible.
- Action is taken by Early Help Services, or partnership support.
- Partnership are notified of the recommended next steps and agreement sought.

**Acute Needs**

**Complex Needs**

**Additional Needs**

**Universal Needs**

## LEVEL 2 – ADDITIONAL NEEDS

Children and families who need help to improve their outcomes

- In need of help and support
- Relevant teams informed as soon as possible.
- Agency support taken by Early Help/Universal or Targeted Services
- Partnership are notified of the recommended next steps and agreement sought.

## LEVEL 1 - UNIVERSAL NEEDS

Children whose needs are met by universal services or a simple single-agency response

- Support needs that can be met by Universal Services or a single, targeted service.
- Signposting information provided and contact closed.

# Indicators of Need

The indicators of need are designed to provide practitioners with an overarching view of the support and intervention a family might need and have been laid out in the document to enable partner agencies to develop shared terminology and understanding of areas of need, risk and vulnerability.

There are four domains in the Assessment Diamond; the child's developmental needs, the parents' or caregivers' capacities to respond appropriately, risks levels and the wider family and environmental factors. Each domain relates to the others to inform a holistic approach. By considering all of the areas, practitioners can build a picture of the strengths as well as areas of concern to assess the child and young person's needs, remembering that children, young people and their families can be at different stages within the continuum of need for their education, health and care.

Professionals need to consider that the needs of a baby/child/young person/family will change over time. Where a plan has been agreed, this should be reviewed regularly to analyse whether sufficient progress has been made to meet the needs and to reassess the level of risk faced by the child. This will be important in situations where small improvements are made, but analysis will need to be undertaken on whether this leads to significant and sustainable improvements for the child.



# Categories of Abuse



## Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.

Child Protection Medical Procedure [See [C&VRSB Site](#)]

Physical harm may also be caused when a parent or caregiver [fabricates or induces illness](#) in a child whom they are looking after.



## Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children and young people in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children/young people to behave in sexually inappropriate ways.



## Emotional Abuse

Emotional abuse is the persistent ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying a child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of the other person. It may feature age or developmentally inappropriate expectations being imposed on a child/children. It may involve causing children/young people frequently to feel frightened or in danger, for example witnessing domestic abuse within the home or being bullied, or the exploitation or corruption of children. Some levels of emotional abuse is involved in all types of treatment of a child, though it may occur alone.



## Neglect

Neglect is the persistent failure to meet a child/young persons basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or caregiver failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Cardiff and the Vale Regional Safeguarding Board supported the development of a [Regional Child Neglect ToolKit](#) which is designed to help families receive early help when it is needed. The toolkit can also help professionals and family's identify and understand neglect so they can work together to achieve positive change.



## Financial Abuse

This category will be less prevalent for a child but indicators could be:

- Not meeting their needs for care and support which are provided through direct payments.
- Complaints that personal property is missing.

# Additional Safeguarding Areas to Consider



The example indicators have been developed for practitioners to be able to assess and respond to varying levels of need effectively. Practitioners can tailor their support based on the child's specific requirements and recognize emerging concerns and acute needs.

The above is a guide only, the examples of indicators can only offer a sense of the degrees of severity and combinations of indicators for individual children's needs to be understood and assessed. The examples cannot be a substitute for professional judgment. If you are unsure, speak to your safeguarding lead.

## Unlawful Chastisement

When Section 1 of the Children Wales Act (2020) came into force, it removed the defence of reasonable punishment. From this time all physical punishment of children has been illegal in Wales, including by parents, carers and anyone acting in loco parentis in any setting in Wales.

The legislation helps protect children's rights and sends a clear signal that physically punishing children is not tolerated in Wales ([see Cardiff Unlawful Chastisement Guidance - C&VRSB Site](#)).

## Female Genital Mutilation (FGM)

The World Health Organisation (WHO) defines FGM as, all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons (WHO, 1996). Professionals will need to make refer to the FGM protocol for further guidance and can obtain advice from the National FGM Centre.

## Forced Marriage (FM)

The definition of Forced Marriage is where one or both people for not (or in cases of people with learning disabilities or reduced capacity), cannot consent to the marriage as they are pressurised, or abuse is used, to force them to do so. (GOV.UK, March 2013)

Further advice can be obtained from the forced marriage unit.

## Gender Based Violence (GBV)

Gender-based violence (GBV) is violence that is directed at an individual based on his or her biological sex or gender identity. It includes physical, sexual, verbal, emotional and psychological abuse, threats, coercion and economic or educational deprivation, whether occurring in public or private life. (Womenforwomen organisation, 21/11/2017). Gender based violence should also be considered as part of any assessments where there are concerns about forced marriage and female genital mutilation although it can occur without these issues being present.

## Child Sexual Exploitation & Abuse

The sexual exploitation of children and young people is a hidden form of abuse. A number of different definitions have been developed through the work of researchers and practitioners though the concepts of exploitation and exchange are central to each.

Child sexual exploitation is the coercion or manipulation of children and young people into taking part in sexual activities. It is a form of sexual abuse involving an exchange of some form of payment which can include money, mobile phones and other items, drugs, alcohol, a place to stay, 'protection' or affection. The vulnerability of the young person and grooming process employed by perpetrators renders them powerless to recognise the exploitative nature of relationships and unable to give informed consent.

## Criminal Exploitation

Criminal exploitation has been defined from the home office as follows' child criminal exploitation occurs where an individual or a group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. St Giles trust is an organisation who can offer support to young people in their situation together with Youth Justice Service (YJS) and Childrens Services (CS) where there are significant safeguarding concerns and evidence of county lines.

All professionals will need to complete the Exploitation Identification Tool when making a referral regarding any form of exploitation to ensure decisions are made with accurate and up to date information to achieve the best outcomes for children: [Cardiff Exploitation Identification Tool and Risk Ratings \(Tool Guidance\)](#)

## Modern Day Slavery & Human Trafficking (MDS & HT)

Modern Slavery is a term used within the UK and is defined in the Modern Slavery Act 2015, "These crimes include holding a person in a position of slavery, servitude forced or compulsory labour, or facilitating their travel with the intention of exploiting them soon after". Human trafficking can also be linked to case where child sexual exploitation is present.

The following link that outlines the National Referral Mechanism (NRM) referral process as it relates to children (those under 18) in Wales. who are potential victims of Modern Day Slavery / Child Exploitation.

[National Referral Mechanism - Complex Safeguarding Wales - Cardiff University](#)

For further advice / guidance on NRM as it relates to children in Cardiff please e mail [NRM@Cardiff.gov.uk](mailto:NRM@Cardiff.gov.uk)

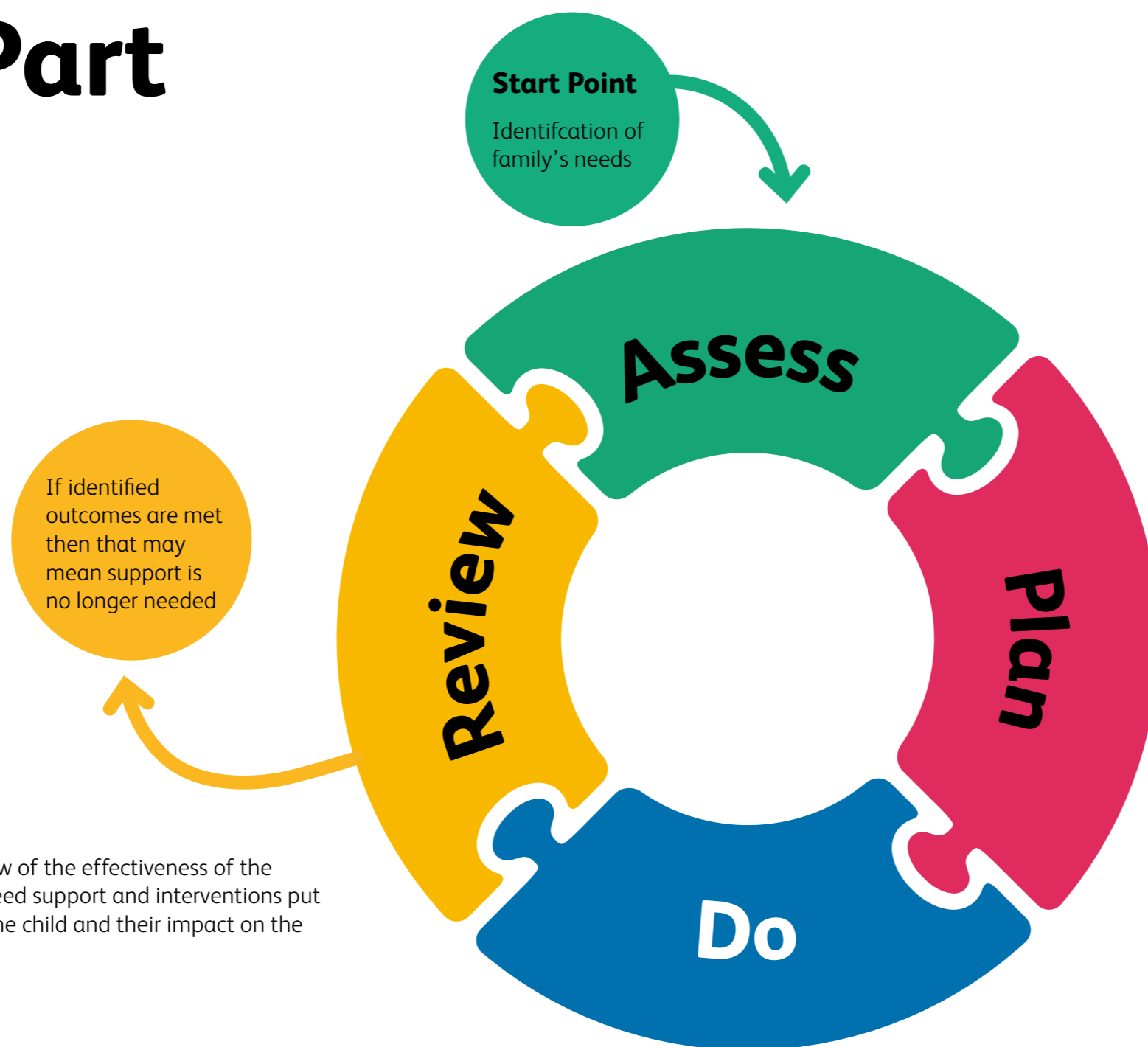
## Harmful Sexualised Behaviours (HSB)

Harmful sexualised behaviour of (HSB) is developmentally inappropriate sexual behaviour, which is displayed by children and young people and which may be harmful or abusive (derived from Hackett, 2014). Better futures can offer assistance and support when cases are managed by Childrens Services in order to offer an intervention.

**| If you are unsure, speak to your safeguarding lead.**



# Four Part Cycle



## Assess

The first step is to collect the right information and find the right people to be able to plan appropriate support and intervention, drawing on: information from agencies, services or organisations involved; and the views of the child, young person and their family.

## Plan

During this stage, this might involve a single or multi-agency meeting where the child and their family should agree on appropriate support and intervention to be provided to meet the identified outcomes.

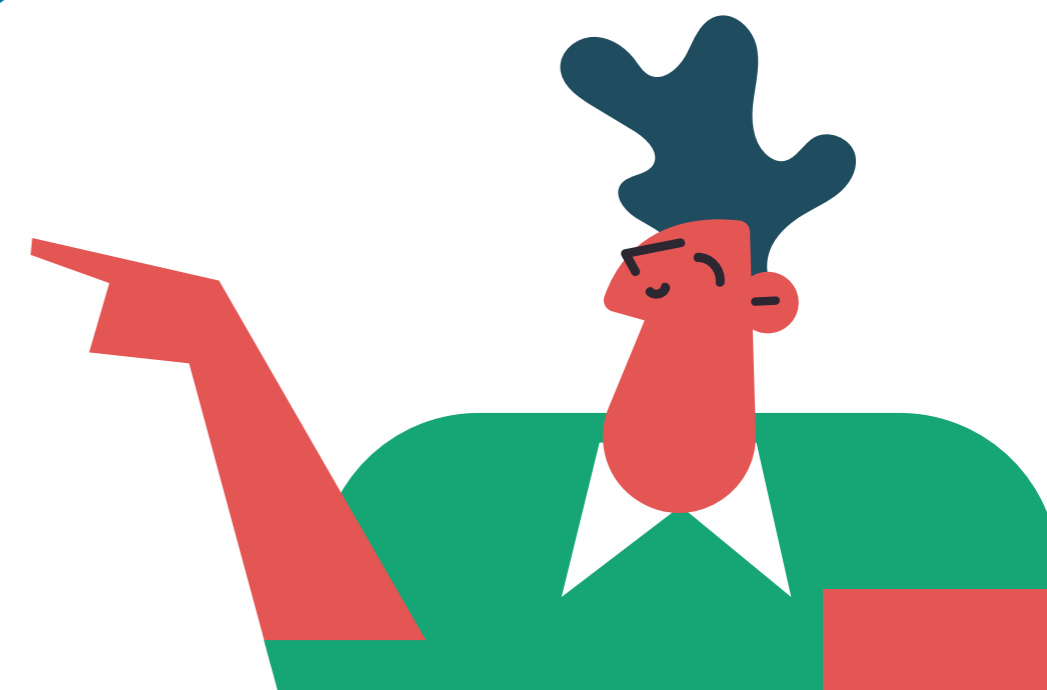
An agreement/plan should be made for the child. The agreement/plan should be recorded and shared with all parties involved.

## Review

Regular review of the effectiveness of the planned/agreed support and interventions put in place for the child and their impact on the child.

## Do

In this step, the agreement/plan is put into practice.



# Indicators of Need – Four Levels

<b>LEVEL 1</b> <b>Universal Needs: Support</b>	<b>LEVEL 2</b> <b>Additional Support: Help</b>	<b>LEVEL 3</b> <b>Complex Needs: Help</b>	<b>LEVEL 4</b> <b>Acute Needs: Protect</b>
Children whose needs are met by universal services or a simple single-agency response.	Children who are at risk of poor outcomes and need extra support from services.	Children who meet the threshold for Early Help or Statutory Assessment.	Children and who are in need of protection and require intensive support.

## 1. Child’s Developmental Needs

### 1.1 Health

Includes growth and development as well as physical, mental and emotional wellbeing. The impact of genetic factors and of any impairment needs to be considered. This involves receiving appropriate health care when ill, an adequate and nutritious diet, exercise, immunisations (where appropriate), screening and developmental reviews, dental and optical care and, for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse.

#### 1.1.1 Physical Activity

The child/young person undertakes regular physical activities and has good physical and mental health. They have access to and make use of health and advice services, including management of any longterm conditions.

The child/young person undertakes little physical activity and has some physical and/or mental health needs or disability which affects their everyday functioning, but support is sought, and these needs are largely met.

The child/young person undertakes no physical activity and there are growing concerns that the child/ young person has not accessed health and advice services, as a result, the child/young person’s day to day life, social, emotional, health and/or wellbeing needs are inconsistently supported and may be negatively impacted.

There is evidence that the child/ young person has not or cannot undertake any physical activities or access health care and advice services. As a result, the child/young person’s day to day life, social, emotional, mental and/or physical health is significantly impacted. Physical or mental health needs are not recognised or overlooked, which has a negative impact on the child/young person’s wellbeing. There is a suspicion of [Fabricated or Induced Illness](#)/perplexing presentation. Children and young people who have had [illness fabricated](#) or induced require coordinated help from a range of agencies.



### 1.1.2 Diet

The child/young person is provided with and eats a varied diet that is appropriate for their age and stage of development and is maintaining an appropriate weight. Child/young person's special dietary requirements are met.

The child/young person is usually provided with and eats a varied diet, but can be overly selective with food which may have a negative impact on their health (including height, weight, or teeth). Child/young person's special dietary requirements are inconsistently met. Parents/carers seek appropriate advice/support if required.

The child/young person is not provided with and/or does not eat a balanced diet, which is affecting their health (such as being under/overweight, be at risk of tooth decay, risk of diabetes, faltering growth and development). Child/young person's special dietary requirements are rarely met. Parents/carers are unaware of the need to seek advice/support.

The child/young person is not provided with, intentionally starved, or does not eat a balanced diet and this is seriously affecting their health (such as severe anorexia or chronic obesity, malnutrition, severe tooth decay, unmanaged diabetes, faltering growth or disordered eating). Child/young person's special dietary requirements are not met, or professionals are unable to assess. Parents/carers are resistant to advice/support provided.

### 1.1.3 Drugs & Alcohol

The child/young person has no history of substance misuse or alcohol dependency.

The child/young person may be using drugs/alcohol socially with the occasional impact on their social and mental wellbeing.

The child/young person's drug and/or alcohol use is affecting their mental and physical health and wellbeing. The child is known to be using drugs and/or alcohol.

The child/young person's drug and/or alcohol misuse is putting the child at such risk that specialist resources are required to reduce and resolve the impact and protect the child in the short, medium and long term.

## 1.2 Education

Covers all areas of a child’s cognitive development which begins from birth. Includes opportunities:

- For play and interaction with other children;
- To have access to books;
- To acquire a range of skills and interests;
- To experience success and achievement.

Involves an adult interested in educational activities, progress and achievements, who takes account of the child’s starting point and any special educational needs.



### 1.2.1 Cognitive Development

The child/young person possesses age-appropriate ability to understand and organise information and solve problems and makes progress in learning.

The child/young person is not consistently able to understand information and solve problems. This impacts on development and learning and there are strategies in place to support this.

The child/young person is unable to understand and organise information and solve problems. The child is adversely under achieving or is making no progress with learning despite support strategies over a period of time. Progress is possible with personalised support.

The child/young person’s inability to understand and organise information and solve problems is seriously impacting on all areas of their development creating risk of significant harm.  
The child/young person requires a high level of specialist support.

### 1.2.2 Learning Opportunities

The child/young person is undertaking age-appropriate learning opportunities, employment or training.

The child/young person has inconsistent engagement in age-appropriate learning opportunities, employment or training, which could have an impact on their behaviour and/or mental health.

The young person is not in age-appropriate education, employment or training (NEET) and is unable to engage, barriers are in place preventing learning or employment opportunities and is increasingly socially isolated. There is concern that this results from or is impacting on their behaviour and/or mental health.

The child/young person does not engage with age-appropriate learning or employment opportunities, is socially isolated and is more susceptible to risks outside the home.  
There is concern that this is having a significant impact on the child/young person’s behaviour and/or mental health.

### 1.2.3 Learning Environment

The child/young person's home environment positively supports learning opportunities.

The child/young person's home environment generally provides support to access learning opportunities, but engagement with learning is not always consistent.

The child/young person's home environment provides inconsistent and/or limited support to access learning opportunities, with little engagement with learning.

Factors within the family and/or risks outside the home prevent the child/ young person from accessing age- appropriate learning opportunities.

The child/young person's home environment does not support learning opportunities. There is a significant lack of engagement with appropriate learning opportunities.

Factors within the family and/ or risks outside the home make it impossible for the child/ young person to access age-appropriate learning opportunities.

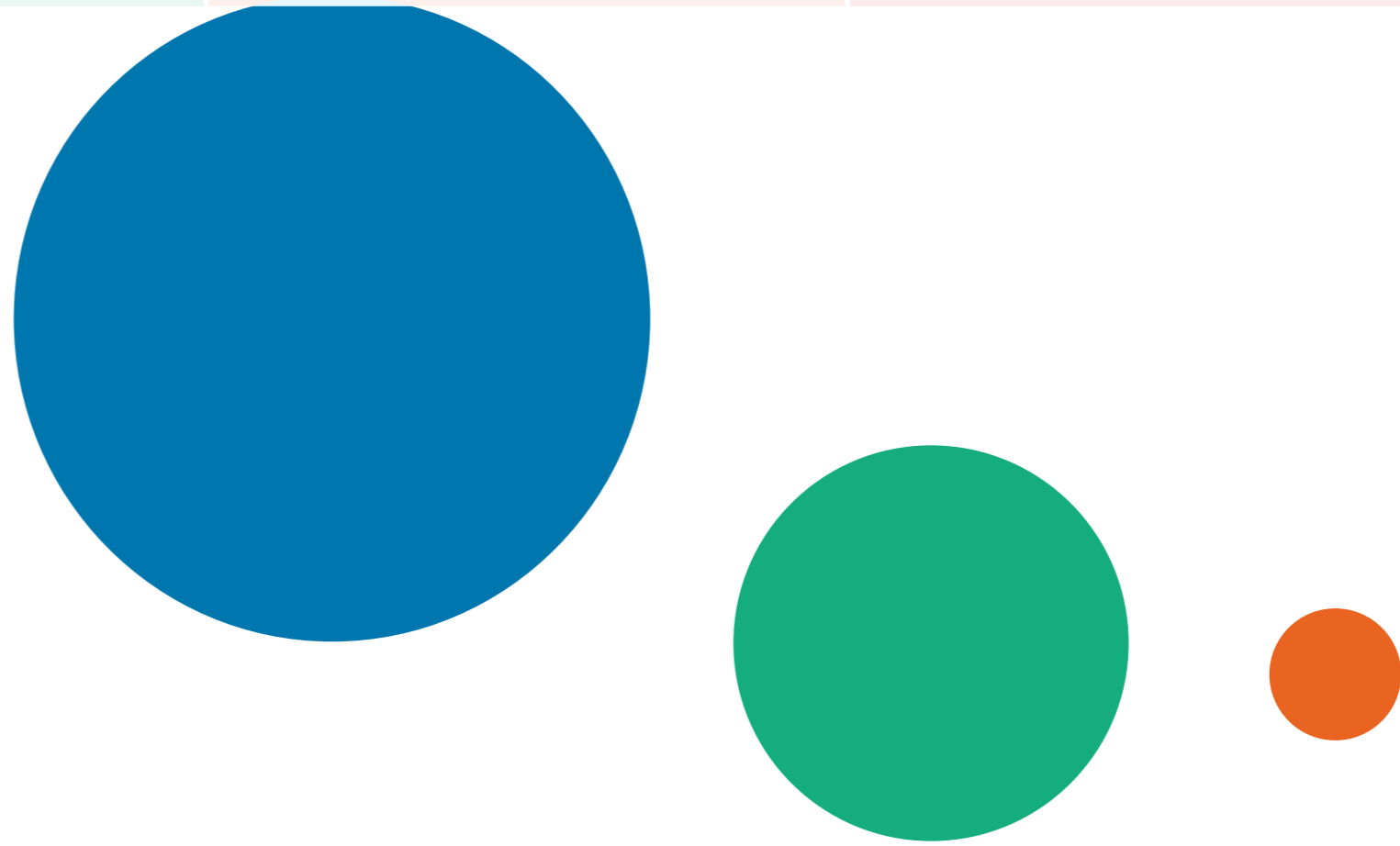
### 1.2.4 Engagement & Achievement

Child/young person does not require any additional support and are meeting expected outcomes or seeks support appropriately when required.

Child/young person does not require any additional support and are meeting expected outcomes or seeks support appropriately when required.

Child/young person does not require any additional support and are meeting expected outcomes or seeks support appropriately when required.

The child/young person may be permanently excluded or not in education which puts them at greater risk of exploitation and/or offending behaviour.



### 1.3 Emotional & Behavioural Development

Concerns the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and care givers and, as the child grows older, to others beyond the family. Includes nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self-control.

#### 1.3.1 Emotional Development

<p>The child/young person is following an appropriate pattern of development.</p>	<p>Some areas of the child/young person's development are not in line with their peers and is delayed and appropriate support is being received.</p>	<p>The child/young person's development is delayed but appropriate support is not always being accessed.</p>	<p>The child/young person's development is being significantly impaired. Appropriate support not being accessed indicating an inability to engage by parents/ carers.</p>
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#### 1.3.2 Crime & Anti-Social Behaviour

<p>The child/young person's activities are legal.</p>	<p>The child/young person has from time to time been involved in anti- social behaviour.</p>	<p>The child/young person is involved in anti-social behaviour and may be at risk of exploitation.  Alternatively, the child/young person may be engaging in offending behaviour and been subject to arrest.</p>	<p>The child/young person is currently involved in persistent or serious criminal activity and/or is being exploited.</p>
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#### 1.3.3 Behavioural Development

<p>The child/young person's behaviour is age-appropriate, and the child engages in age-appropriate activities, e.g. tantrums which are part of normal behaviour for young children.</p>	<p>The child/young person's behaviour is dissimilar to that which would be expected of a child of their age or stage of development and can be difficult to manage e.g. challenging at home, settled at nursery.</p>	<p>The child/young person's behaviour is consistently challenging and causing significant disruption to the family's home life and child's ability to engage in learning opportunities, e.g. this could include persistent, aggressive and destructive behaviour in a range of settings and environments.</p>	<p>The child/young person's behaviour places them or others at risk of significant harm, e.g. assault of others or self which causes significant physical harm.</p>
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#### 1.3.4 Displayed Behaviours

<p>The child/young person demonstrates acceptable behaviour and tolerance towards their peers and others. Where on occasion this is not the case, this is managed through effective parenting, good adult guidance and universal support.</p>	<p>The child/young person exhibits some aggressive or destructive behaviour which impacts on others and interferes with their normal development. The child/ young person may be a victim of discrimination or bullying.</p>	<p>The child/young person is involved in harmful behaviours or exhibits persistent aggressive, bullying or destructive behaviours which impact on others and places them at risk of exclusion from mainstream services or criminality.</p>	<p>The child/young person exhibits harmful behaviours, persistently aggressive, bullying or destructive behaviour which places themselves or others at risk of significant harm and impacts on the health/safety of others.</p>
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## 1.4 Identity

Concerns the child's growing sense of self as a separate and valued person. Includes the child's view of self and abilities, self-image and self-esteem, and having a positive sense of individuality. Race, religion, age, gender, sexuality, and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

### 1.4.1 Self-Esteem & Confidence

<p>The child/young person is supported to develop a positive belief in their self and their abilities.</p>	<p>The child/young person displays some low self-esteem/confidence which can make them anxious and vulnerable to negative influence by peers and/or adults.</p>	<p>The child/young person's negative sense of self, low confidence/ self-esteem has contributed to them experiencing anxiety and/or behaviour that is being negatively influenced by peers and/or adults placing them at risk of, for example, school non-attendance, school exclusion, exploitation by adults, and/or self-harm.</p>	<p>The child/young person's negative sense of self, confidence and low self-esteem results in them frequently exhibiting high anxiety and/or challenging behaviour, and/or self-harm that places them or others at risk of significant harm.</p>
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### 1.4.2 Radicalisation

<p>The child does not express any sympathy for ideologies linked to violent extremism and there are no concerns relating to radicalisation.</p>	<p>The child expresses an interest and/or sympathy with an extremist/terrorist ideology or has susceptibilities which means they are vulnerable to being drawn into violent extremism or terrorism, this can include their risk-taking choices in the online and/or offline space. They do possess critical thinking/counter narrative skills, however, there remains the potential for the child to be radicalised.</p>	<p>The child has increased susceptibility to being radicalised and/or is evidencing behaviour which is suggesting radicalisation.</p> <p>They are further drawn towards extremist/terrorist ideologies and are now intolerant of people who do not share their beliefs &amp; values. They have significantly reduced critical thinking/counter narrative skills and almost entirely fixated on their ideology.</p> <p>Concerns may have been raised via PREVENT or Channel Panel regarding their verbally expressed beliefs, or their activity (online or otherwise) suggests they believe extremist violence should be used as a resolution to upset.</p>	<p>The child is radicalised, they are actively engaging and are fully immersed in an extremist/terrorist ideology both online and/or offline. They have no critical thinking/counter narrative skills. There are at significant risk of committing a terrorist and or violent offence.</p>
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### 1.4.3 Identity

<p>The child/young person has a positive sense of self and identity, which is supported by their family, peer group and the wider community.</p>	<p>The child/young person experiences some difficulties around their identity or views being accepted by their family, peer group or the wider community. There is a risk that their mental health may be adversely impacted.</p>	<p>The child/young person is treated negatively due to their identity or views by their family, peer group or wider community. They may not feel safe to express their views.</p> <p>Their mental health and wellbeing is significantly affected.</p>	<p>The child/young person is bullied or abused because of their identity and does not feel safe to express their views or explore support.</p> <p>Their mental health and wellbeing is significantly harmed.</p>
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## 1.5 Family & Social Relationships

Development of empathy and the capacity to place self in someone else's shoes. Includes a stable and affectionate relationship with parents or care givers, good relationships with siblings, increasing importance of age-appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships.



### 1.5.1 Friendships

The child/young person has friendships and positive social interaction with a range of peers.

The child/young person has limited friendships and limited social interaction with their peers which is impacting on their development.

The child/young person does not have access to social activities which results in social isolation, difficulties in communicating, interacting and maintaining relationships with others that their development is being impaired.

The child/young person experiences social isolation to the extent that their development is significantly impaired.

### 1.5.2 Family

The child/young person has positive and consistent relationships with their parents/ carers/family.

The child/young person experiences some difficulty or inconsistency in their relationships with their parents/ carers/family.

The child/young person experiences difficulty and inconsistency in their relationships with their parents/carers/ family which results in emotional/ physical harm or anxiety.

The child/young person's relationships with their parents/ carers/family causes frequent domestic incidents, lacks stability with interruptions in care, severe anxiety and/or significant emotional harm.

### 1.5.3 Relationships

The child/young person is in a healthy and mutual relationship appropriate to their age.

There are isolated incidents of physical and or emotional abuse or violence in the child/young person's relationship which is beginning to impact on one or both parties.

One or both children or young people is/are in a physically, emotionally abusive or coercive and controlling relationship. The perpetrator/s show limited or no commitment to changing their behaviour and little or no understanding of the impact of their violence/abuse on the other person.

One or both children or young people is/are a perpetrator/s of persistent and/or serious physical or sexual violence or coercive and controlling behaviour which may also be increasing in severity, frequency, or duration. This places either one or both parties at risk of significant harm.

### 1.5.4 Unlawful Chastisement

When Section 1 of the Children Wales Act came into force, it removed the defence of reasonable punishment. From this time all physical punishment of children has been illegal in Wales, including by parents, carers and anyone acting in loco parentis in any setting in Wales. Partners have a Duty to Report Children at Risk (Section 130) under Part 7 of the Social Services and Well-being (Wales) Act.

A third-party allegation is made regarding a child.

Further questions have been asked to establish a timeline and context and the child has been spoken to directly. No further concerns were raised, nor a history of concerns.

An allegation is made that physical chastisement is used by parents/ carers/ others.

Further questions have been asked to establish a timeline and context. The parent/ carer admits the use of low-level physical chastisement (e.g. slap on the bottom) as a means of discipline. The parent is seeking support around behaviour management.

There is no history of safeguarding concerns.

An allegation is made that physical chastisement is used by parents/ carers/ others.

The child could be vulnerable (e.g. additional learning needs or physical health needs).

The child alleges this is an ongoing occurrence but there is no indication of injury or significant fear.

Further questions were asked to establish a timeline and context. There is a history of safeguarding concerns and/or other social risk factors.

The child/young person has an injury (e.g. mark, bruise, scratch) and alleges physical harm.

The child could be vulnerable (e.g. additional learning needs or physical health needs)

The child alleges physical harm with an implement (e.g. cable, belt, stick).

The child may appear frightened in the care of (or the thought of being in the care of) the parent/ carer/other.

**Bruising in non-mobile babies and children is unusual and is highly suggestive of non-accidental injuries.**



## 1.6 Social Presentation

Concerns child's growing understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression being created. This includes the availability of advice from parents or care givers about presentation in different settings and appropriateness of dress (e.g. weather appropriate); cleanliness and personal hygiene.

### 1.6.1 Social Presentation

The child/young person wears clothing appropriate to the social or environmental condition and has a good level of cleanliness and personal hygiene.

The child/young person has the skills which enable them to interact effectively with a range of peers and adults, across a range of contexts, including respect and consideration for gender, culture, race, sexuality, ability or disability.

The child/young person may wear clothing inappropriate to the social or environmental conditions. They may have poor hygiene leading a risk of alienation from peers.

The child/young person usually has the skills to enable them to interact effectively with a range of peers and adults, but may have discomfort with aspects of others due to their gender, culture, race, sexuality, ability or disability.

The child/young person's appearance frequently reflects poor cleanliness, personal hygiene and/or social awareness, which results in some isolation/alienation from peers.

The child/young person struggles to understand emotions or develop age and context appropriate responses to peers/adults and lacks social awareness which increases their vulnerability.

The child/young person lacks skills to enable them to interact effectively with a range of peers and adults and has an intolerance of others due to their gender, culture, race, sexuality, ability or disability.

The child/young person's appearance reflects poor cleanliness, personal hygiene and social awareness, which results in isolation/alienation. As a consequence of their actions and behaviours, the child/young person struggles to maintain peer relationships and acquire social skills.

The child/young person has an inability to understand emotions and develop age and context appropriate responses and/or unable to differentially respond to adults taking into account issues such as relationship and context and holds a lack of awareness of their vulnerability which places them at risk.

The child/young person actively discriminates against others due to their gender, culture, race, sexuality, ability or disability.

## 1.7 Self-Care Skills

Concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence. Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children. Includes encouragement to acquire social problem-solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in the development of self-care skills.

### 1.7.1 Self-Care Skills

Child/young person is supported to develop self-care and independent living skills appropriate to their ability, age and stage of development.

Child/young person is generally supported to develop self-care and independent living skills appropriate to their ability, age and stage of development, however this can at times be inconsistent.

Child/young person is inconsistently supported to develop self-care and independent living skills appropriate to their ability, age and stage of development, resulting in not possessing or unable to use these skills.

Child/young person has been unable to develop behaviour and independent living skills in line with their ability, age and stage of development and this is likely to result in significant self-neglect, impairment or harm.

<b>LEVEL 1</b> <b>Universal Needs: Support</b>	<b>LEVEL 2</b> <b>Additional Support: Help</b>	<b>LEVEL 3</b> <b>Complex Needs: Help</b>	<b>LEVEL 4</b> <b>Acute Needs: Protect</b>
Children whose needs are met by universal services or a simple single-agency response.	Children who are at risk of poor outcomes and need extra support from services.	Children who meet the threshold for Early Help or Statutory Assessment.	Children and who are in need of protection and require intensive support.

## 2. Parenting Capacity

### 2.1 Basic Care

Providing for the child’s physical needs, and appropriate medical and dental care. Includes provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.

#### 2.1.1 Health & Hygiene

<p>Parents/carers take an active interest in the child/young person’s appearance.</p> <p>The child/young person is clean and is either given a bath/washed regularly and teeth cleaned or encouraged to do so in an age appropriate way.</p> <p>Head lice, skin conditions (including nappy rash) and other medical needs are treated promptly and appropriately, using correct Medication if required.</p>	<p>Parents/carers take some interest in the child/young person’s appearance and the importance of hygiene to the child/young person’s wellbeing.</p> <p>The child/young person is reasonably clean, but the parents/carers do not bath or wash them regularly and/or consistently encouraged to wash and brush teeth in an age-appropriate way.</p> <p>Head lice and skin conditions (including nappy rash) and other medical needs are inconsistently treated, and correct medication is not always used, but parents/carers treat it if given encouragement and advice.</p>	<p>Parents/carers are unable to or do not take an interest in child/young person’s appearance and do not acknowledge the importance of hygiene to the child/young person’s wellbeing.</p> <p>The child/young person presents as unclean and is only occasionally bathed/washed or encouraged to wash and brush teeth in an age-appropriate way, with evidence that they do not brush their teeth on a regular basis.</p> <p>Head lice and skin conditions (including nappy rash) and other medical needs are not treated appropriately, and parents/carers are indifferent to concerns expressed by others.</p>	<p>Parents/carers are unable to or do not take an interest in child/young person’s appearance resistant to acknowledge the importance of hygiene to the child/young person’s wellbeing.</p> <p>The child/young person routinely presents as being dirty and is not bathed or washed or encouraged wash or brush their teeth, with evidence that they infrequently brush their teeth.</p> <p>Head lice and skin conditions (including nappy rash) and other medical needs are not treated are not treated and become chronic and parents/carers are resistant to concerns expressed by others.</p>
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#### 2.1.2 Nutrition

Child/young person is provided with necessary quantity and quality of food and drink, which is healthy, varied appropriate to their age and stage of development – including in the antenatal period	Child/young person is provided with an adequate quantity of food and drink for their needs, which is of reasonable quality and adequate for their age and stage of development.	Child/young person receives insufficient quantity of food and drink and appears hungry. Food provided is of low quality, which is often not appropriate to their age and stage of development.	Child/young person does not receive an adequate quantity of food and drink and is observed to be hungry. The food provided is of a consistently low quality with a predominance of sugar, sweets, crisps and chips etc.
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### 2.1.3 Pre-birth

Pregnant woman and/or father/partner seek support for any difficulties they may have which could negatively impact on the unborn baby.

Parents/carers prepare for the birth of the baby and have the appropriate clothing, equipment, and cot prior to birth.

Pregnant woman and/or father/partner are aware of but can be inconsistent in seeking support for any difficulties they may have which could negatively impact on the unborn baby.

Parents/carers have undertaken some preparation for the birth of the baby but have not considered everything needed or sought advice on this.

Parents/carers are unaware or indifferent to the impact of their own difficulties or activities on the unborn child and do not seek support to prevent it negatively impacting on the unborn baby.

Parents/carers are unprepared for the birth of the baby and have only considered the most basic requirements.

Pregnant woman and/or father/partner cannot or do not engage with interventions to address this.

Parents are ambivalent about the baby and are considering adoption or alternative arrangements.

Pregnant woman and/or father/partner do not address difficulties and engage in activities that could hinder the development, safety and welfare, or actively seek to inflict harm on the unborn baby.

Parents/carers have very little, or nothing, prepared for the birth of the baby.

There are concerns that parents are concealing the pregnancy from Professionals.

There have been previous care proceedings for siblings.

There are significant risk factors such as domestic violence, sexual abuse or substance misuse.

### 2.1.4 Caring For Baby

Parents/carers are nurturing and responsive to the baby's needs and are careful whilst handling and laying the baby down, and frequently check if baby is unattended.

Parents/carers spend time with baby, interacting, holding, and showing warmth and affection.

The parents/carer are coping well emotionally following the birth of their baby.

Parents/carers are not always consistent in their responses to the baby's needs, due to their own personal circumstances.

Parents/carers can at times be precarious in handling and are inconsistent in supervision.

The parents/carer are generally coping emotionally following the birth of their baby and seek support for their mental health and wellbeing if required.

Parents/carers cannot or do not recognise the importance of responding consistently to the needs of the baby.

Handling can be precarious, and baby is left unsupervised with potential risks (e.g. choking risk if bottle left in the mouth, left in car seat for prolonged period of time).

The parents/carer are unable to cope with their mental health and wellbeing following the birth of their baby and require support to meet the needs of themselves and their baby.

Parents/carers do not respond to the needs of the baby and only address issues when they choose to do so or when felt it to be a necessity (e.g. due to sustained crying due to hunger).

There is consistent unsafe handling, and the baby is left dangerously unsupervised.

The parents/carer have significant mental health and wellbeing needs following the birth of their baby and cannot or do not accept support to meet the needs of themselves or their baby.

There are concerns that the child's birth is not registered, 'hidden child' (see [Cardiff Hidden Child Guidance - C&VRSB Site](#)), and/ or parents are not considering the potential health needs of the baby, or allowing access to services to support them when they are unwell.

## 2.2 Ensuring Safety

Ensuring the child is adequately protected from harm or danger. Includes protection from significant harm or danger, and from contact with unsafe adults/other children and from self-harm. Recognition of hazards and danger both in the home and elsewhere.

### 2.2.1 Baby Safety *(In all areas of need, the risk of harm is known to be higher for babies and infants under 2 years old.)*

Parents/carers seek and respond to safe baby care messages.  
Parents/carers have information on safe sleeping and follow the advice and guidelines.

Parents/carers are generally responsive and alert to safe sleep practices and baby care messages, but these can sometimes be inconsistent, especially when there is a change to routine such as family sickness or staying over at a different address.

Parents/carers are not responsive and alert to safe sleep practice when out of routine but are willing to engage in understanding the risk and demonstrate the intention of safe sleep practice.  
Parents/carers are not responsive to or do not follow baby care messages around, for example safe handling, coping with crying and/or feeding.

Parents/carers are indifferent or resistant towards safe sleeping advice and guidance and may see advice given as interference.  
Parents/carers are resistant to or do not follow baby care messages and this places the baby at risk of significant harm or injury.

### 2.2.2 Supervision & Boundaries

Effective supervision is provided in line with age and stage of development and parents/carers recognise the importance of appropriate supervision for the child/young person's well-being.  
Parents/carers ensure the child/ young person does not have access to inappropriate material (including online).

Variable supervision is provided but Parents/carers intervene effectively where there is danger.  
Parents/carers are mostly aware of the need to monitor the child/young person to ensure they do not watch inappropriate material (including online).

Parents/carers provide limited supervision or boundaries, and Parents/carers do not always respond quickly to dangers. There is limited concern about where child/ young person is, or who they are with.  
Parents/carers do not monitor the child/ young person to ensure they do not access inappropriate material (including online).

Parents/carers are unable to or indifferent to providing supervision or boundaries, and often do not know where child/young person is, or who they are with and are oblivious to any dangers.  
Parents/carers allow the child/young person to access inappropriate material (including online) and do not recognize the potential impact on the child/young person's wellbeing.

### 2.2.3 Protection From Harm

The child is not affected by crime, discrimination, extremist/terrorist ideologies or antisocial behaviour. The child's online footprint is known and appropriate safeguarding measures are in place.

The child is affected by or there are growing concerns that the child may be affected by discrimination and/or low level anti-social behaviour.

When the child is away from home the parents/carers do not always know where the child is and have inconsistent awareness of safety issues.

Parents/carers show concern about when the child should be home and takes proportionate action (e.g. a phone call) if not home on time.

Parents/carers are aware of the child's online footprint, filtering tools are in place and if the child is accessing inappropriate sites/apps action is taken (e.g. discussion around these sites & added to the blocked list).

The child is affected by discrimination and/or anti-social behaviour, crime or extremist extremist/terrorist ideologies which affects the child.

The child has missing episodes and is at increased risk of exploitation. The parents/carers are unable or unwilling to keep the child within a safe environment. Parents/carers are unaware of the child's online footprint and are unable or unwilling to protect against accessing inappropriate sites in the online space.

The child is radicalised, supports extremist/terrorist ideologies, they are prepared to commit acts of violence or are encouraging others to do so.

The child expresses a generalised nonspecific intent to commit acts of harm and/or have connections to an individual/family member who is themselves prepared to commit criminal/violent acts or is immersed in extremist/terrorist ideologies.

### 2.2.4 Physical Injuries

The child has no injuries of concern and the child is supported by their family, peer group and the wider community.

Or the child has marks which are birth marks and/or [Congenital Dermal Melanocytosis](#) (Mongolian Blue Spot).

The child/young person has occasional minor injuries which are caused by occasional poor supervision.

The parents/carers seek out or accept advice on how to avoid accidental injury.

The child/young person has injuries, for example bruising, scalds, burns and scratches, as a result of poor supervision.

Injuries are more frequent than would be expected for a child of a similar age.

The child/young person has injuries, for example bruising, scalds, burns, bites and scratches, which are

non-accidental or resulting from persistently poor Supervision.

Parents/carers' explanation of the injury is inconsistent with the injury or child's account.

Explanation, origins, characteristics, and history should be explored and considered in a multi-agency strategy discussion.

Bruising in non-mobile babies and children is unusual and is highly suggestive of non-accidental injuries.

Further Reading: [CARDIFF CP Medical Process - C&VRSB Site](#)

[CARDIFF Unlawful Chastisement Guidance - C&VRSB Site](#)

### 2.2.5 Adult Drug & Alcohol Use

Members of the household do not use drugs or alcohol, or drug and alcohol use does not impact on the child/young person (including during the pre-birth period).

Drug and/or alcohol use of household members is impacting on the child/young person, but adequate provision is made to ensure the child/young person's safety (including during the pre-birth period).

Drug/alcohol use has escalated to the point where it includes binge- drinking and/or drug paraphernalia in the home, which is overshadowing the care of the child/young person and adversely impacts the child/ young person (including during the pre-birth period).

Parental/member of the household drug and/or alcohol use is at a problematic level, having significant adverse impact on the child/young person (including during the pre- birth period) and/or the parents/ carers cannot carry out daily parenting.

This could include blackouts, confusion, severe mood swings, drug paraphernalia not stored or disposed of safely, using drugs/ alcohol when their child is present, involving the child in procuring illegal substances, and dangers of overdose. Risky adults may attend the home or have access to or care of a child inappropriately.

### 2.2.6 Child Sexual Abuse & Exploitation

The parents/carers protect their family from danger or harm. There is no evidence of sexual abuse.

There are potential risk factors within the family such as parents/carers not understanding sexual risk or being vulnerable to exploitation (including online).

There are concerns that the child person is exposed to inappropriate sexual behaviour (including online).

There are concerns that the child is being groomed and parents/carers do not understand the risks or are not being protective.

An allegation (this could be current or historic) that the child has been sexually abused by a parents/ carers/member of the extended family which requires investigation under Section 47 of the Children Act.

There are concerns of peer on peer sexual abuse in the child sexual abuse also explicit sexualised behaviour which is not falling into normal child development curiosity.

The family home is used for drug taking and or dealing, prostitution and illegal activities.

The child is being sexually abused/exploited.

A known sexual offender who is a serious risk is in contact with the family.

Parents/carers has expressed thoughts that they may sexually abuse their child.

Further Reading: [Centre of Expertise on Child Sexual Abuse \(CSA\)](#)

### 2.2.7 Domestic Abuse

There are no incidents of violence or abuse in the family and no history or previous assaults by family members.

There are isolated incidents of physical and/or emotional abuse or violence in the family.

The harmful impact of such incidents is mitigated by other protective factors within the family.

The parents/carers is a victim of abuse assessed as low risk.

One or more adult members of the family is physically and emotionally abusive or is coercive and controlling to another adult member/s of the family, or there are concerns of child to parent violence.

The perpetrator/s show limited or no commitment to changing their behaviour and little or no understanding of the impact their violence and abuse has on the child/ young person/unborn child.

The parent/carer has recently (within last 12 months) been a victim of domestic abuse and is a victim of abuse assessed as medium risk.

One or more adult members of the family is a perpetrator of persistent and/or serious physical or sexual violence or coercive and controlling behaviour which may also be increasing in severity, frequency, or duration. There are serious concerns about significant child to parent violence.

The perpetrator is emotionally harming child/young person/ unborn child who are experiencing domestic abuse.

The parent/carer is a victim of domestic abuse which has taken place recently on a number of occasions and is assessed as high risk.

The Dash Risk Checklist and related [Dash Resources](#) help practitioners provide a consistent approach to domestic abuse risk assessment across the UK.

### 2.2.8 Harmful Cultural Practices

There is no concern that the child/ young person may be subject to (or exposed to) harmful cultural practices such as female genital mutilation (FGM), honour-based violence (HBV), forced marriage and belief in spirit possession.

There are developing concerns that the child/ young person is in a culture where harmful practices are known to have been performed.

There is concern that the child/young person may be at risk of becoming subject to (or exposed to) harmful cultural practices.

There is evidence that the child/ young person is subject (or exposed to) to harmful cultural practices or is at risk of being sent outside the UK to be subject to these.

The family have beliefs about areas such as diet or receiving healthcare which is increasing the risk of serious harm to the child, or death. Police have completed a HBV Risk assessment and have high risk concerns.

#### Supporting Information:

- [National FGM Centre Site](#)
- [FGM Risk Assessment Tool](#)
- [Honour Based Violence, Female Genital Mutilation and Forced Marriage Guidance](#)



## 2.3 Emotional Warmth

Ensuring the child’s emotional needs are met giving the child a sense of being valued, with a positive sense of own racial and cultural identity. Includes ensuring the child has secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child’s needs. Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement.

### 2.3.1 Emotional Needs

Parents/carers have a warm and supportive relationship with the child/young person which supports emotional, behavioural and social development of the child/young person.

Parents/carers lack emotional warmth and/or can be critical and/ or inconsistent, which could impact the child/young person’s emotional, behavioural and social development.

The family environment is volatile and unstable. For example, parents/ carers are intolerant, have unrealistic expectations, critical, inconsistent, harsh or rejecting and this is having an adverse effect on the child/ young person’s emotional, behavioural and social development, and may increase their vulnerability to risk.

Parents/carers expose the child/ young person to persistent emotional maltreatment which causes severe adverse effects on their emotional development, for example conveying to the child that they are worthless, unloved, inadequate, humiliated or valued only because they meet the needs of another person.  
Parents/carers impose developmentally inappropriate expectations on the child/young person or expose them to the ill- treatment of another.

### 2.3.2 Pre-Birth Attachment

Pregnant woman and/or father/ partner are reporting warmth and love for unborn baby and are positively anticipating parenting a newborn.

Pregnant woman and/or father/ partner are reporting ambivalence towards the unborn baby and are actively seeking and responding to support and interventions to address this.

Pregnant woman and/or father/ partner are demonstrating ambivalence towards the unborn baby and despite engagement and interventions cannot or are unable to articulate/demonstrate a bond with the unborn baby.

Pregnant woman and/or father/ partner are not able to demonstrate attachment with the unborn baby and are resistant to engaging with interventions to address this.

## 2.4 Stimulation

Promoting child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities. Includes facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining the child's play, and promoting educational opportunities. Enabling the child to experience success and ensuring school attendance or equivalent opportunity. Facilitating child to meet challenges of life.

### 2.4.1 Stimulation & Development

The parents/carers provide effective stimulation and encouragement to develop independence, and ensure adequate safety and supervision.

The parents/carers provide inconsistent stimulation for the child/young person's age/ stage of development, and this may impact on the child/young person's development.

The parents/carers provide limited stimulation to the child/young person, and this impacts on the child/young person's development. Parents/carers needs take precedence at times over the child/ young person's needs.

The parents/carers provide minimal stimulation, which is contributing to significant developmental delay in the child/young person or impeding the child/young person's development. Parents/carers needs take precedence over the child/young person's needs.

### 2.4.2 Engagement & Interaction

The parents/carers provide positive interaction and stimulation for the child/young person and encourage participation in and benefit from play and learning opportunities which support development.

Parents/carers understand the importance of play and learning for the child/young person development and wellbeing and provide play and learning opportunities but sometimes their own circumstances and other demands made on their time get in the way and they may have difficulty in prioritising the child's needs over their own.

Parents/carers do not recognise the importance of play and learning opportunities this for the child. The child lacks key play and learning opportunities – not because of financial issues, but a lack of understanding, interest or recognition of the child's needs.

Parents/carers are unable or unwilling to recognise the importance of play and learning on child development and resistant to child's needs or advice from others about the importance of stimulation. The child may be left unsupervised for extended periods of time while parents/carers go out locally, e.g. to socialise with friends.

### 2.4.3 Promoting Opportunities

Parents/carers show an active interest in age-appropriate learning or employment opportunities.

Parents/carers are inconsistent in supporting the child to access learning or employment opportunities.

Parents/carers do not recognise the importance of supporting the child to access learning or employment opportunities.

Parents/carers are unable or unwilling to support learning or employment opportunities.

## 2.5 Guidance & Boundaries

Enabling the child to regulate their own emotions and behaviour. The key parental tasks are demonstrating and modelling appropriate behaviour and control of emotions and interactions with others, and guidance which involves setting boundaries, so that the child is able to develop an internal model of moral values and conscience, and social behaviour appropriate for the society within which they will grow up. The aim is to enable the child to grow into an autonomous adult, holding their own values, and able to demonstrate appropriate behaviour with others rather than having to be dependent on rules outside themselves. This includes not overprotecting children from exploratory and learning experiences. Includes social problem solving, anger management, consideration for others, and effective discipline and shaping of behaviour.

### 2.5.1 Guidance & Boundaries

Parents/carers set consistent age-appropriate boundaries and provide guidance, including online.

The parents/carers can struggle to set age-appropriate boundaries and has difficulties maintaining the child/ young person's routine.  
The parents/carers have the ability to set appropriate boundaries, including online, however the child/young person cannot always adhere to this.

The parents/carers are unable or unwilling to judge dangerous situations and/or is unable to set appropriate boundaries despite significant support.  
The parents/carers have the ability to set appropriate boundaries, including online, however the child/young person is refusing to adhere to this.

The parents/carers are unable or unwilling to judge dangerous situations and/or is unable or unwilling to set appropriate boundaries.  
Their child/young person is frequently exposed to dangerous situations in the home and/or community, including online.  
The parents/carers have the ability to set appropriate boundaries, however the child/ young person is refusing to adhere to this and placing themselves at significant risk of harm.

## 2.6 Stability

Concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence. Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children. Includes encouragement to acquire social problem-solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in the development of self-care skills.

### 2.6.1 Accommodation

The family's accommodation is stable.

The family's accommodation is stable, but the child/young person may have experienced frequent moves which has had some impact on the child's development.

The family have unstable accommodation, resulting in frequent moving (or the threat of this) which has had a detrimental impact on the child's development or relationships.

There are ongoing hazards within the home which have a detrimental impact on the child's health or safety.

The family have highly unstable accommodation, or experience homelessness, which has significant detrimental impact on the child's development.

The family's accommodation does not provide basic necessities such as running water, and this is creating significant risk or harm to the child.

### 2.6.2 Family Stability

The child/young person has stable relationships and experiences.

They have regular contact with any family members that they wish to see.

The child/young person's relationships and experiences are not always consistent.

Parents/carers sometimes argue in front of child/young person, but there is no threatening behaviour from either party.

They generally have contact with family members that they wish to see.

The child/young person's relationships and experiences are inconsistent, which impacts on their emotional wellbeing.

Parents/carers frequently argue aggressively in front of the child/ young person and this may at times lead to abuse and/or threatening behaviour.

They are unable to have contact with family member(s) that they wish to see.

The child/young person experiences significant instability in their home life and relationships which has a detrimental impact on their emotional wellbeing.

Parents/carers frequently argue aggressively in front of the child/young person and this leads to frequent violent and threatening behaviour.

One or more parent/carer is in prison, and this is significantly impacting on the family.

Family members are being detained and at risk of deportation or the child is an unaccompanied asylum seeker.

Universal Services

Additional Support

Complex Needs

Acute Needs

### LEVEL 1 Universal Needs:

Children whose needs are met by universal services or a simple single-agency response.

### LEVEL 2 Additional Support:

Children who are at risk of poor outcomes and need extra support from services.

### LEVEL 3 Complex Needs:

Children who meet the threshold for Early Help or Statutory Assessment.

### LEVEL 4 Acute Needs:

Children and who are in need of protection and require intensive support.

## 3. Family & Environmental Factor

### 3.1 Community Resources

Describes all facilities and services in a neighbourhood, including universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities. Includes availability, accessibility and standard of resources and impact on the family, including members with disabilities.

#### 3.1.1 Accessing Services

The family is able to access all key services, social activities and learning opportunities.

The family is usually able to access key services, however this means that there are some missed opportunities for the child/ young person, such as education or medical appointments.

The family has inconsistent access key services, meaning that there is negative impact on the child/young person.

The family is unable to access key services which causes significant impairment to the child/young person's diet, education, social development, or emotional wellbeing.

### 3.2 Family's Social Integration

Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents. Includes the degree of the family's integration or isolation, their peer groups, friendship and social networks and the importance attached to them.

#### 3.2.1 Social Integration

The family experience positive friendships and networks locally.

The family can experience social isolation on occasions and/or there is an absence of supportive community networks.

The family is largely socially excluded and isolated to the extent that it has an adverse impact on the child/ young person.

The family is socially excluded, and the child/ young person is seriously affected but the family actively resists all attempts to achieve inclusion and isolates themselves from sources of support or declines support which aims to reduce harm to the child or meet their health needs.

### 3.3 Income

Income available over a sustained period of time. Is the family in receipt of all its benefit entitlements? Sufficiency of income to meet the family's needs. The way resources available to the family are used. Are there financial difficulties which affect the child?

#### 3.3.1 Finance

Parents/carers use financial resources to meet the family's needs and is aware of how to access support at times of financial difficulty.

Parents/carers can struggle to budget effectively or have insufficient income and as a result the child/young person occasionally does not have adequate food, warmth, or essential clothing.

The family seek support and advice relating to financial difficulties when required. Income maximisation support is utilised.

Parents/carers do not use financial resources in the best interests of the child/young person who frequently does not have adequate food, warmth, or essential clothing, e.g., expenditure on drugs, alcohol, gambling or other addictive behaviours and/or a perpetrator of domestic abuse means that there are frequently insufficient funds to meet the child's basic needs.

Parents/carers are indifferent to support and advice relating to financial difficulties.

Parents/carers do not use financial resources in the best interests of the child/young person who consistently does not have adequate food, warmth or essential clothing and is at risk of physical or developmental harm, including death, as a consequence. The family may be at risk of homelessness.

Parents/carers are indifferent to support and advice relating to financial difficulties.

### 3.4 Employment

Who is working in the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by family members? How does it affect their relationship with the child? Includes children's experience of work and its impact on them.

#### 3.4.1 Employment

Parents/carers are in regular stable employment which provides financial assurance.

The work undertaken does not impact upon the child/young person and education, training and employment are viewed positively as part of the family culture.

Parents/carers would like to work but are unable to find regular or stable employment, leading to financial impact or negative impact on the child/young person's emotional wellbeing.

The demands of the work of parents/carers is creating some occasional instability or difficulty for the child/young person.

Parents/carers are not in work, and this is causing moderate financial or emotional difficulty for the family/child/young person.

The demands of the work of parents/carers is creating regular instability or disruption for the child/young person and this may affect the care they receive.

Parents/carers are not in work, and this is causing significant financial or emotional difficulty for the family/child/person.

The demands of the work of parents/carers is creating severe instability or disruption for the child/young person and this is significantly affecting the care and supervision they receive.

### 3.5 Housing

Does the accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members? Is the housing accessible and suitable for the needs of family members with disabilities? Includes the interior and exterior of the accommodation and immediate surroundings. Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the child's upbringing.



#### 3.5.1 Housing

The family home is clean and warm, and without hazards which could impact the safety or wellbeing of the child.

The accommodation has all essential amenities such as heating, washing/bathing facilities, cooking facilities, adequate beds and bedding and a toilet and is in a reasonable state of repair and decoration.

Parents/carers take appropriate action when there are defects with the property e.g. undertake repairs or contact the landlord to request repairs carried out.

The family home is not consistently clean and is not always free of hazards which could impact on the safety and wellbeing of the child.

The accommodation has some essential amenities but is in need of repair.

Parents/carers can be inconsistent in taking appropriate action when there are defects with the property.

The family's home is consistently dirty, in a state of disrepair and/ or unsafe to the extent that it impacts on the child's safety and wellbeing including their ability to sustain engagement with learning opportunities.

There are inadequate amenities such as beds and bedding, a dirty toilet, lack of clean washing facilities and the environment is dirty and cluttered.

Parents/carers are indifferent or unable to recognise the impact of the home conditions on the child/young person's sense of wellbeing and often don't take appropriate action when necessary.

The family's home is in a dangerous state of disrepair such that it represents an immediate risk to the safety and wellbeing of the child and parents/carers fail to take appropriate action when there are defects with the property.

There is a lack of essential amenities such as a working toilet, washing/bathing facilities, inappropriate and dirty bed and bedding and poor facilities for the preparation of food.

Parents/carers are unable to make changes or unwilling to take advice about the impact of the home circumstances on child/young person's welfare or well-being.

### 3.6 Wider Family

Who are considered to be members of the wider family by the child and the parents? This includes related and non-related persons and wider family. What is their role and importance to the child and parents and in precisely what way?

#### 3.6.1 Support Networks

The parents/carers, child/young person have positive relationships with their wider family and support networks.

The parents/carers, child/young person's relationship with the wider family and support network is inconsistent and can be limited.

The parents/carers, child/young person's relationship with the wider family and support network is limited, unstable and may be detrimental to the child/young person.

The parents/carers, child/young person's relationship with the wider family and/or support network has broken down and is having a detrimental impact and pose a risk of harm to the child/young person.

### 3.7 Family History & Functioning

Family history includes both genetic and psycho-social factors. Family functioning is influenced by who is living in the household and how they are related to the child; significant changes in family/ household composition; history of childhood experiences of parents; chronology of significant life events and their meaning to family members; nature of family functioning, including sibling relationships and its impact on the child; parental strengths and difficulties, including those of an absent parent; the relationship between separated parents.

#### 3.7.1 Additional Parental Needs

Parents/carers do not have physical, mental health or disabilities needs which impact the care of the child/ young person.

Parents/carers have some physical, mental health or disability needs, creating an adult focus which at times may impact the child/ young person.

Parents/carers physical, mental health or disability needs take precedence over the needs of the child/young person which is having a detrimental impact on their care and may place them at an increased risk of harm.

Parents/carers physical, mental health or disability is significantly affecting the care of their child/ young person placing them at risk of harm.

#### 3.7.2 Young Carer

The child/young person does not have caring responsibilities or the child's caring role does not adversely affect their health, wellbeing and/or attainment.

The child/young person has some caring responsibilities, which can adversely affect their health, wellbeing and/or attainment.

The child/young person has regular caring responsibilities, and these have an impact upon their health, wellbeing and/or attainment, for example missing learning opportunities, loneliness and/or risk of poor mental health.

The child/young person has long term caring responsibilities which are excessive or inappropriate for the age and ability of the child.  
The child/young person's health, wellbeing and/or attainment are being significantly impacted, including (but not limited to) being unable to access learning opportunities, social isolation, poor mental health and/or hygiene.

See [Young Carers Protocol](#) for More Information

### 3.7.3 Criminal Activity

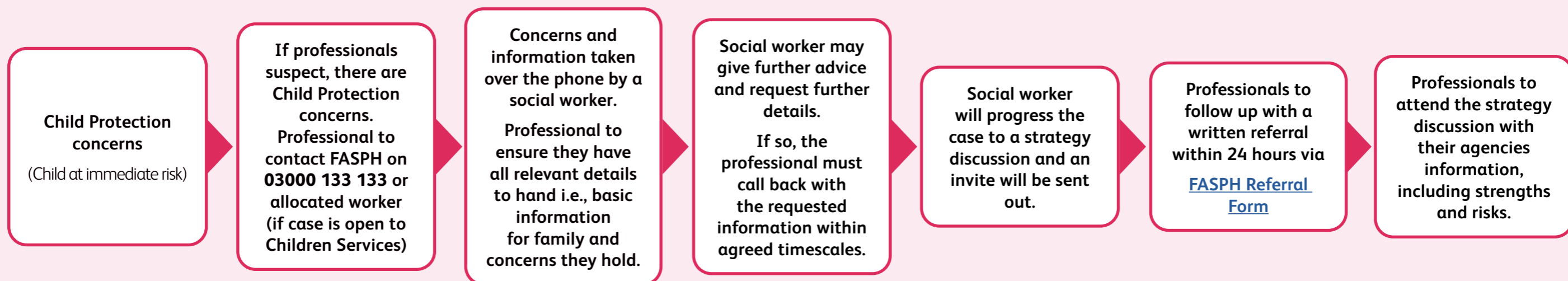
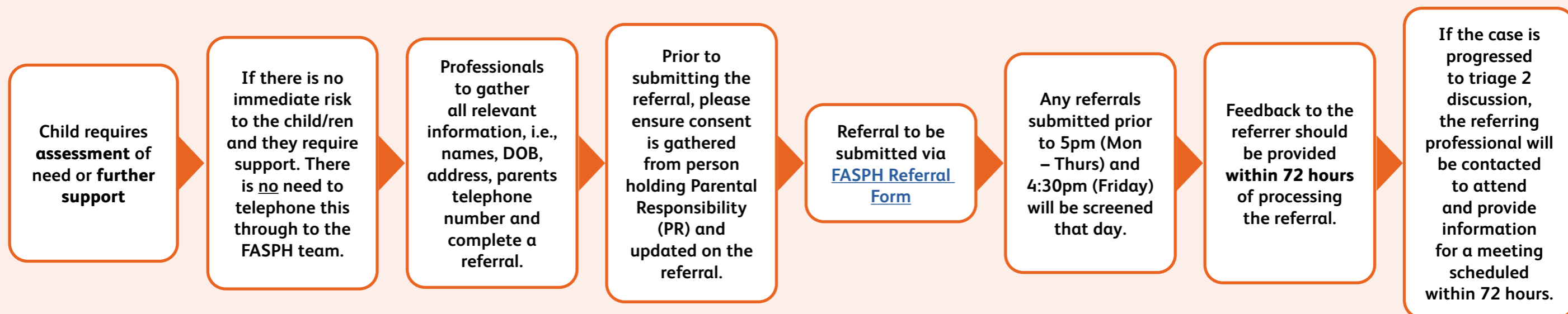
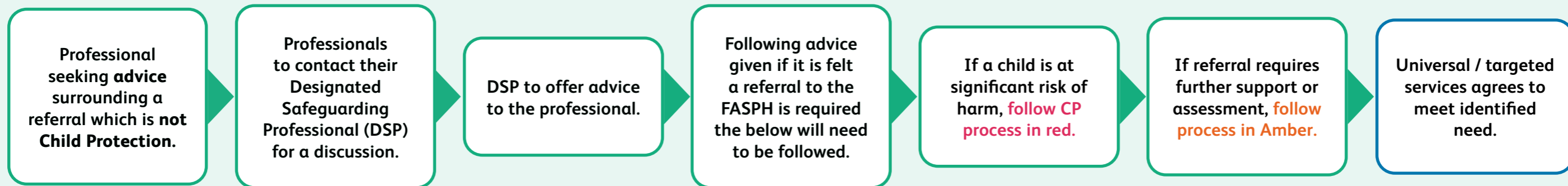
There is no history of criminal or anti-social behaviour which would impact on the family.

There is suspicion or evidence of criminal, anti-social or extremist activity, or parental imprisonment within the family where intervention may be needed to reduce the impact on the child/young person.

There is a known involvement in gang or other criminal activity relating to serious or violent crime, prolific offending, or extremist/ terrorist activity by a member of the family. This is impacting on the safety, health or wellbeing of the child/young person.

Evidence that an adult who is less than 12 months from their release or who is subject to license/supervision arrangements and will have parenting responsibilities on release which indicates and poses a risk to the well-being of the child/young person.

Substantiated evidence of involvement in gang activity, organised crime or extremist groups or sexual offences against adults or children by a member of the family which indicates there is an immediate risk to the safety, health or well-being of the child/young person.





# Babies, Children, Young People and Families Moving Across Local Authority Boundaries

It is best practice for babies, children, young people and their families to receive services from agencies who are local to where they live. This particularly applies to health, education and social care services.

At any stage in the process of working with a child and their family, the parents/carers and/or the child may move from one household to another. This may include a planned or unplanned move to a different local authority area.

It is important that professionals from all agencies know what to do when this happens. The effective co-ordination and robust transfer of information to local agencies is critical to safeguard and promote the welfare of children.

Please refer to **Moving Across Local Authority Borders Guide** [See [C&VRSB Site](#)]

## Document Control

### Approval

Date	Version	Status (Draft/Final)	Name(s) & Role(s)
12/02/2025	2.2	Draft	
06/01/2025	2.0	Final	<b>MASH Operational Management Group:</b> <b>Jade Harrison</b> (Operational Manager) - MASH (CS) <b>Avril Hooper-Williams</b> (Operational Manager) - Early Help (CS) <b>Matthew Osborne</b> (Operational Manager) – Safeguarding & Reviewing (CS) <b>Sian Cadwalladr</b> (Engagement Manager) – Education <b>Nick Howard</b> (DI – Child Safeguarding) – Police Public Protection Unit

### Document History

Date	Version	Status (Draft/Final)	Name(s) & Role(s)
April 2023	1.0	Final	<b>Suki Bahara Garrens</b> (Operational Manager) Central Services, Cardiff Childrens Services [Agreed by partners at MASH Operational Group]