

Practice Standards for Practitioners

Improving Outcomes for

Babies, Children and Young People in Cardiff

Updated: February 2025

Key Timescale:

Decision made within one working day about the type of response that is required:
Help or Harm.

Key Legislation & Procedures

The key legislation informing this practice is:

- [Social Services and Wellbeing \(Wales\) Act 2014 and Codes of Practice](#)
- [Children Act 1989](#)
- [Children Act 2004](#)
- [Working together to safeguard people: code of safeguarding practice](#)
- [Equality Act 2010](#)
- [General Data Protection Regulation and the Data Protection Act 2018](#)

Practice Standards for all Referral Partners

including Triage 1 Police Representatives:

- ✓ I have considered whether or not this baby, child/ren, young person/s and their families could receive support from universal and community services with whom they may already have a relationship, proportionate to their needs.
- ✓ I have used the [CARDIFF Help or Harm Referral Guidance - C&VRSB Site](#) to determine the level of concerns (1, 2, 3 or 4).
- ✓ I have undertaken all the relevant checks as outlined in the [CARDIFF Help or Harm Referral Guidance - C&VRSB Site](#).
- ✓ I have spoken to my Designated Safeguarding Person (DSP) in my organisation.
- ✓ If a crime has/is being committed, the police have been notified either via 999 or 101 (e.g. physical chastisement, Female Genital Mutilation, Honor Based Violence and Forced Marriage, acute sexual trauma with forensic evidence)
- ✓ I have recorded all basic details I am aware of such as dates of birth, full contact details for parents/carers, babies, children and young people, and their language/communication needs, ethnicity, NHS number and all professionals involved.
- ✓ I have recorded the details of all members of the household and all those adults with significant contact with the child/family and the role they play.

- ✓ I have identified any other children living in the household, or connected to it, recorded their details including full name(s) and made sure they are safe by making referrals where Harm has occurred, or Help is needed.
- ✓ I have reviewed and analysed my agencies records for the child/family and provided a summary of this with a history of strengths and concerns including impact on the child.
- ✓ The child's wishes and feelings are included, unless it would make them unsafe to do so.
- ✓ **Information** - Where concerns are lower level (Level 1 or 2), I have supported the family to access help, advice, or information.
- ✓ **Help** - If the matter is Help, not Harm, the family have given informed consent for the referral or discussion.
- ✓ **Help** - I have contacted and considered the views of the parents/carers and the child.
- ✓ **Help** - I have identified the family's strengths and existing safety.
- ✓ **Help** - I have been clear what the child's needs for Help are and what has already been done to support the family within community and universal services.
- ✓ **Harm** - I have discussed with my DSP the issue of consent where there are, or may be, concerns about significant harm.

Practice Standards for Front Door Triage:

- ✓ I have ensured that a decision was made about the type of response required within one working day of the referral.
- ✓ The referral record was completed in:
 - ✓ **Red (Harm)** within **4** hours;
 - ✓ **Amber (Help)** within **24** hours;
 - ✓ **Green (Information & Help)** within **72** hours.
- ✓ Where a contact record was kept open for more than one day, this was agreed by the Family Gateway Team Manager, MASH Team Manager or MASH Principal Social Worker.
- ✓ I have ensured that all elements of risk in the contact were fully explored, using the Cardiff Help and Harm Referral Guidance.
- ✓ **Help or Harm** - I have spoken to all relevant professionals involved with the child and family.
- ✓ The history of relevant agency involvement and/or referrals have informed the chronology and decision making.
- ✓ I have contacted and considered the views of the parents/carers and where of age, the child or young person.
- ✓ I have made clear recommendations on the outcome, and next steps which have been agreed in live time, for PAL discussions.
- ✓ I have conducted thorough checks on any baby, child or young person, who has recently moved to Cardiff from another local authority, and/or reside in

Temporary Accommodation to ensure continuity of care and that any safeguarding concerns are promptly addressed. If there has been any previous Childrens Services or Early Help involvement in another authority area, we seek permission to gain the information and be curious about it with the person reporting.

- ✓ I have referred to the [CARDIFF Help or Harm Referral Guidance - C&VRSB Site](#) if there have been three repeat referrals within a 6-month period, including anonymous referrals.
- ✓ The contact and the referral have been authorised by the Family Gateway Team Manager, MASH Team Manager or MASH Principal Social Worker.
- ✓ I have followed Operation Innerste protocol for presenting unaccompanied asylum-seeking children (UASC).
- ✓ I have ensured that the standard letters have been sent to the referrer and the parents/carer detailing the response and rationale. The referrer has received acknowledgement within 5 working days and on the same day for a S47 enquiry.

Document Control

Approval

<i>Date</i>	<i>Version</i>	<i>Status (Draft/Final)</i>	<i>Name(s) & Role(s)</i>
14/02/2025	2.0	Final	Vanessa Chambers – (Practice Lead) - Childrens Services

Document History

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16/09/2024	1.0	Final	MASH Operational Group – 16 September 2024 <ul style="list-style-type: none">• Suki Bahara-Garrens (Operational Manager) - Childrens Services• Sian Cadwalladr (Engagement Manager) - Education• Avril Hooper-Williams (Operational Manager) - Early Help• Nick Howard (DI – Child Safeguarding) - Public Protection Unit