



# CYSUR: THE MID & WEST WALES SAFEGUARDING CHILDREN BOARD

## The Right Help at the Right Time for Children, Young People and their Families

Regional Thresholds & Eligibility  
for Support Document

A MID & WEST WALES COLLABORATION



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# Introduction

Everyone is entitled to well-being, and everyone has responsibility for their own well-being, but some people need extra help to achieve this, giving people a stronger voice and greater control over their lives.

Well-being means a person is happy, healthy and is comfortable with their life and what they do.

## **Fundamental principles of the [Social Services and Well-Being \(Wales\) Act](#):**

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

This document has been developed by CYSUR: The Mid & West Wales Safeguarding Children Board in collaboration with partners across Mid & West Wales on a multi-agency basis. This is version 2 of the original document initially developed in consultation with children, young people and their families in 2017. The document is designed to provide guidance to practitioners to clarify in what circumstances to refer children and their families for support across the spectrum of need, building on families' strengths and personal outcomes. It has been updated to reflect and incorporate the ever-changing landscape of multi-agency safeguarding practice, the latest research that informs interventions known to work with children and families, as well as changes and developments that have occurred at a national level regarding legislation, statutory guidance and policy.

## **This document describes:**

- The different levels of presenting need and strengths across the spectrum from Universal to Protective Support, providing guidance on the thresholds of need acknowledging that children and their family's situations and circumstances can vary across the spectrum of need and professional judgement should always be used in partnership with the family.
- The legal definition of the eligibility criteria to access Care & Support as outlined in the Social Services and Well-Being [Wales] Act 2014 and, where appropriate, protection under the 1989 Children Act.
- A supplementary flow chart on the process for accessing Care & Support as outlined in the Social Services and Well-Being [Wales] Act 2014.
- Supplementary information and guidance in respect of the Assessment Triangle and ACEs Research (Public Health Wales).
- Appendices listing and referencing Regional Safeguarding Board policies and strategies that complement this threshold document, as well as links to the Mid and West Wales Safeguarding Board's website, practitioner resource hub and published child practice reviews page.



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Chair of CYSUR – Mid and West Wales Regional Safeguarding Board for Children

# The Right Help at the Right Time Framework



## UNIVERSAL SUPPORT

Children, young people and families whose needs are met by universal services.



## EARLY HELP

Children, young people and families who have additional needs and may be in need of Early Support from services.



## TARGETED SUPPORT

Children, young people and families are experiencing difficulties and need a coordinated targeted response.



## ASSESSMENT FOR CARE & SUPPORT

Children, young people and families are in need of Care & Support and assessment and, when needed, a plan.



## PROTECTIVE SUPPORT

Children and young people are in need of protection, protective action or urgent need of safeguarding.



# Purpose of this Guide

- A** To support and promote effective, early and consistent identification of needs.
- B** To assist practitioners in deciding how best to help safeguard/protect children, young people and families.
- C** To ensure a timely and proportionate response to the needs of children, young people and families.



# Related Documents

## Regional Policies and Resources

- [Adult Threshold Document – MAWWSB](#)
- [Information Sharing Protocol – Mid and West Wales](#)
- [Resolution of Professional Differences – MAWWSB](#)
- [Exploitation Strategy](#)
- [Professional Curiosity Regional Resource Link](#)

## Website

- [CSA Resources](#)
- [Professional Curiosity Resource](#)
- [Childrens animation](#)
- [Regional Policies and Procedures](#)
- [Learning from Reviews](#)

## National Documents

- [Wales Safeguarding Procedures \(Including Part 5- position of trust\)](#)
- [Working Together to Safeguard People Volume 7, Safeguarding Children from Child Sexual Exploitation](#)
- [Statutory Guidance for Children Electively Home Educated](#)
- [Statutory Guidance to help children and young people from missing education](#)
- Child and Adolescent Mental Health Services Wales Services Specification – *(Copy available on request)*

## Single Agency Policies and Guidance

- Hywel Dda University Health Board – Was Not Brought *(Copy available on request)*
- Powys Teaching Health Board – Was Not Brought *(Copy available on request)*



## UNIVERSAL SUPPORT

No additional support needs.

These are families whose health and developmental needs are met by universal services. Children receive consistent and adequate care from their parents or carers and would not ordinarily need a proportionate assessment for early help services.

The majority of children living in each local authority area require and receive support from universal services alone.



## EARLY HELP

These are children and families with some identified needs who may be vulnerable and may require early help and intervention. This may be from community resources and services, third sector voluntary services and/or single agencies to prevent identified needs escalating to a level where targeted or formal intervention is required. A referral to social care is not required, however, some families may have been referred into or approached social care and been signposted to single agencies and/or non-statutory community services and resources via information, advice and assistance.



## TARGETED SUPPORT

These are children and families with more complex needs where the level of care provided is known to be impacting on their development. A proportionate assessment may have been completed by social care that has concluded their needs can be met in most situations via a targeted and coordinated response from preventative services, without the need for a formal care and support plan. Services can be provided from well-being and community services and/or alongside more formal statutory services if needed. Families who meet the criteria may be families with no prior intervention or support whose needs are more acute or may have been previously in receipt of early help. Practitioners should be mindful of the potential of accumulative and escalating need and risks for families in receipt of targeted support and whilst the fundamental aim is prevention, inevitably some families will progress through the threshold of need to statutory intervention and may require assessment for care and support.



## ASSESSMENT FOR CARE & SUPPORT

These are children and families with complex multiple needs who have been formally assessed as eligible for care and support. A referral to social care will always be required. Children may be at risk of significant harm and families may have needs that require ongoing and coordinated formal intervention from statutory agencies. Needs and risks may be cumulative or immediate.



## PROTECTIVE SUPPORT

These are children and families who are assessed to be experiencing or at risk of significant harm, in need of protective support and/or urgent safeguarding. Risks may be cumulative or immediate. Children and families may be subject to protective care and support plans or legal proceedings and/or require formal or informal alternative accommodation and placements to safeguard them.

# Multi-Agency Conversations and Information Sharing

Professionals should always, where possible, meet to discuss the needs of a child, young person or family at the earliest opportunity.

Multi-agency conversations allow a practitioner who has a concern that a child may need additional support to have a quality discussion:

- **to clarify the nature of the concerns**
- **to explore the needs of the child, young person or family**
- **to identify the most appropriate ways to respond to these concerns and needs**

The approach strengthens and improves decision-making in relation to early help to ensure the right help at the right time.

This approach does not change the way in which concerns about significant harm are handled at the front door at the point of referral.

## The advantages of this approach are as follows:

- ✓ Based upon collaboration and dialogue
- ✓ Promotes shared responsibility and flexibility
- ✓ Recognises complexity and the unique needs of each individual child and family
- ✓ Reduces bias of individual professional and agency decisions through debate

In recent years, a number of published Child Practice Reviews in Wales and safeguarding reviews across the UK have highlighted failures to share information between agencies in a timely and proportionate way when children are at risk of harm or living in risky situations. There can be no justification for failing to share information that will allow action to be taken to protect children.

The consistent theme throughout all information sharing guidance and legislation is that the duty to safeguard children must be paramount and supersedes any barriers linked to GDPR legislation. A video promoting information sharing across agencies produced by the Mid and West Wales Safeguarding Board can be [found here](#).



# The Seven Golden Rules for Information Sharing



**1. Remember that the Data Protection act is not a barrier** to sharing information but provides a framework to ensure that personal information is shared appropriately.



**2. Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will or could be shared, and seek their agreements, unless it is unsafe or inappropriate to do so.



**3. Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.



**4. Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest.

You will need to base your judgement on the facts of the case. This will often require professional judgement be exercised however the safety of a child must always be the primary consideration.



**5. Consider safety and well-being:** base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.



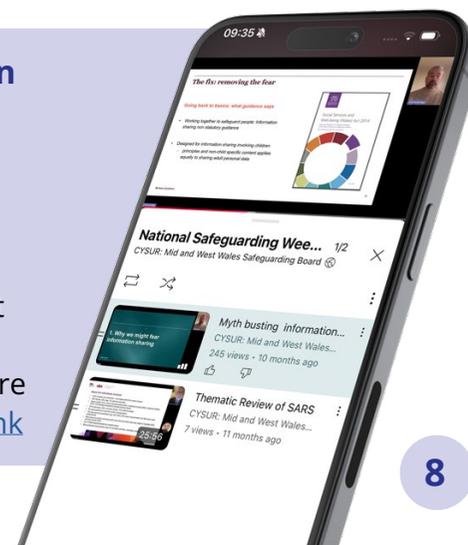
**6. Necessary, proportionate, relevant, accurate, timely and secure:** ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.



**7. Keep a record** of your decision and reasons for it.

## Mid and West Wales Information Sharing Supporting Resource

Please see the link below to a supporting/training resource developed by the Mid and West Wales Safeguarding Board to support and help practitioners to have confidence to share information where appropriate in safeguarding work - [link](#)



# Parenting

(Needs of parents/carers and how this may impact care of child)

## Indicators of need

The listed indicators are not exhaustive but should be used as a guide to help practitioners make an informed decision about levels of need and risks and the appropriate response. Indicators of need and risks should be considered in the wider context of a child's family life. Professional judgement should be used to determine the level of need and risk.

**Needs and risks can be immediate and acute or can be cumulative and escalate over a period of time.**

# PARENTAL / CARER HEALTH NEEDS

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services



- No identified parental/carer emotional needs following birth.
- Any needs being met via access to universal support service.



- No identified parental/carer mental health needs.
- Parental ability to manage own mental health with no impact on care of child.



- Indicators parents/carers struggling to adapt to parenthood.
- Early signs of potential depression.



- Low level mental health needs of parents/carers impact on care of the child.
- Protective factors in place.



- Parent/carer struggling to adjust to parenthood/ limited support networks.
- Identified postnatal depression directly affecting/impacting parenting.



- Mental health needs of parents/carers impact care of child.
- Limited support networks.

## STATUTORY SERVICES

Care and Support/Protection – MARF Needed



- Escalating/cumulative need/risk/targeted support ineffective.
- Parental/carer postnatal depression directly impacting baby's health and development.



- Mental health needs of parents/carers significant; ongoing treatment plan in place, care and support for child needed.
- Mental health needs of parents/carers acute/significant, placing child at risk of significant harm.



- Severe parental/carer postnatal depression causing serious risk to themselves and child.
- Child at high risk of /experiencing significant harm.



- Mental health needs of the parents/carers acute/significant.
- Child experiencing/at high risk of significant harm.





- No identified parental/ carer disabilities.
- Parental ability to manage own disability needs with no impact on care of child.



- Parental disability identified.
- Requires some support to meet child's needs.



- Identified/diagnosed disability directly impacting parenting.



- Escalating/cumulative need/risk/targeted support ineffective.
- Significant parental/ carer disability requiring coordinated plan/Care and Support for child needed.
- Identified/diagnosed parental/carer disabilities; at risk of impacting child's health and development/risk of significant harm.



- Identified diagnosed disability severely impacting care of child.
- Child is at high risk of experiencing significant harm.

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services

## STATUTORY SERVICES

Care and Support/Protection – MARF Needed



# PARENTAL / CARER RELATIONSHIPS AND BEHAVIOUR

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services



- No identified parental/carer relationship difficulties.

- Low-level relationship difficulties – no evidence of this impacting the child.

- Domestic Abuse/ Stalking and Honour Based Violence Risk Assessment (DASH RIC) - standard risk.

- Alcohol and substance misuse - no evidence of this impacting the child.



## STATUTORY SERVICES

Care and Support/Protection – MARF Needed



- Escalating/cumulative need/risk- Domestic Abuse/emotional abuse /controlling/coercive behaviour/targeted support ineffective.

- Ongoing serious Domestic Abuse / emotional abuse/ coercive control/stalking.

- Domestic Abuse Stalking and Honour Based Violence Risk Assessment (DASH RIC) - medium/high risk.

- Chronic substance misuse.

- Child at risk of significant harm.

- Ongoing serious Domestic Abuse / emotional abuse/ coercive control/stalking.

- Domestic Abuse Stalking and Honour Based Violence Risk Assessment (DASH RIC) - high risk.

- Chronic substance misuse.

- Child is at high risk of/ experiencing significant harm.

# PHYSICAL CARE AND NEGLECT

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services



- Child's needs met in a clean, safe and secure environment.



- Low-level support needed with hygiene standards, diet, supervision, stimulation.



- Identified support needed with home conditions, diet/nutrition and stimulation.
- Issues regarding parental supervision.
- Accidents/non-suspicious injuries.



## STATUTORY SERVICES

Care and Support/Protection – MARF Needed



- Escalating/cumulative need/risk/targeted support ineffective.
- Evidence of neglect including consistent lack of food, warmth, consistent poor hygiene and other basics.
- Serious injuries from inadequate supervision.
- Unexplained injury to non-mobile child.
- At risk of significant harm.



- Significant ongoing neglect impacting global development.
- Young child home alone with no adult supervision experiencing/at risk of significant harm.
- Cumulative effect of long-standing neglect not improved with coordinated multi-agency intervention.





- Safe supervision/care arrangements in place for child.



- Child is left with multiple unknown adults.



- Concern child may be exposed to contact with individuals who pose a risk of physical or sexual harm to children.



- Child exposed to contact with individuals who pose a risk of physical or sexual harm, but no known harm caused to the child.



- Parent unable to restrict access to home by adults known to pose a high risk of physical and sexual harm to children.
- Child left in the care of an adult known or suspected to pose a high of physical and sexual harm to children.
- Child left alone with no supervision.
- Child at high risk of/ experiencing significant harm.

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services

## STATUTORY SERVICES

Care and Support/Protection – MARF Needed



# DISCIPLINE, PHYSICAL PUNISHMENT AND ABUSE

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services



- Age-appropriate discipline within the law.



- Support needed to provide appropriate parenting/discipline/boundaries to manage child's behaviour.



- Inappropriate discipline methods e.g. physical punishment - significant harm did not occur.
- Out of court disposal scheme utilised - The Children (Abolition of Defence of Reasonable Punishment) (Wales) Act 2020.



## STATUTORY SERVICES

Care and Support/Protection - MARF Needed



- Escalating/cumulative risk regarding use of physical punishment to manage behaviour /targeted support ineffective.
- Ongoing use of physical punishment/risk of significant harm.
- Physical abuse/significant harm occurred/adequate risk management in place.
- Unexplained injury to non-mobile child.



- Physical abuse to child causing serious injury.
- Ongoing physical abuse/child experiencing/at high risk of significant harm.
- Serious unexplained or non-accidental injury.
- Food withheld from child as method of punishment to manage child's behaviour by parents/carers.



# SEXUAL ABUSE

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services



- Parents/carers have appropriate knowledge of healthy relationships/sexual health to support the child.



- Parents/carers - single instance of sexually inappropriate behaviour assessed as not presenting ongoing risk to child.
- Child under 16 is accessing sexual health and contraceptive services (no identified abuse of power).



- Unsubstantiated concerns regarding sexually inappropriate behaviour.
- Blurred family boundaries regarding sexual/healthy relationships/dynamics.
- Environment impacting healthy/normal sexual development.



## STATUTORY SERVICES

Care and Support/Protection – MARF Needed



- Cumulative/ongoing risk indicators of sexual abuse without direct disclosure/allegation.
- Suspicion of child sexual abuse/exploitation.
- Suspicion of peer-on-peer sexual activity in a child over 13 years old.
- Child under 16 is accessing sexual health and contraceptive services. (Concerns re abuse of power/relationship dynamics). Circumstances indicate risk of significant harm.



- Direct disclosure/allegation of sexual abuse/assault by child.
- Evidence of child sexual abuse/exploitation.
- Registered sex/violent offender under Multi-Agency Public Protection Arrangements (MAPPA) living in household.
- Child under the age of 13 engaged in sexual activity.
- Child under 13 - sexually transmitted infection.

# GUIDANCE AND BOUNDARIES

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services



- Child receives appropriate guidance and boundaries.



- Child does not have caring responsibilities.



- Early help needed with behaviour management/ boundaries/routine.
- Anti-social behaviour/ peer associations.



- Child has caring responsibilities for family members with identified needs - no significant impact on development.



- Inconsistent boundaries.
- Chaotic routine/ poor household management impacting on child's development.



- Age-inappropriate caring expectations of child or young carer which require support.

## STATUTORY SERVICES

Care and Support/Protection - MARF Needed



- Lack of appropriate care and supervision - child at risk of significant harm.



- Age-inappropriate responsibilities significantly impacting development of child or young carer.



- Lack of appropriate boundaries and supervision resulting in child experiencing/ at high risk of significant harm.



- Child is expected to provide age-inappropriate responsibilities to children/adults in household/family placing them at high risk of/experiencing significant harm.



# CULTURAL PRACTICES AND BELIEFS

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services



- No needs/concerns regarding cultural practices and beliefs.



- Family links to country where Female Genital Mutilation (FGM) is practised.
- Child with family links to FGM missing from education without approval.
- All Wales Mandatory Reporting to be followed.



- Mother identified as victim of Female Genital Mutilation (FGM) - has female child.
- History of Female Genital Mutilation (FGM) in family/female children.
- Parents/carers known to identify with harmful cultural practices e.g. black magic, exorcism, spirit possession, unsafe male circumcision.
- All Wales Mandatory Reporting to be followed.



## STATUTORY SERVICES

Care and Support/Protection – MARF Needed



- Known family links to Female Genital Mutilation (FGM) - reports will go out of the country for a prolonged period with the child.
- Risk of illegal practices e.g. breast ironing/forced marriage.
- Risk of harmful cultural practices e.g. black magic, exorcism, spirit possession, unsafe male circumcision.
- Child has returned from a county where Female Genital Mutilation (FGM) is practised after long absence - change in behaviour/presentation.
- Potential risk of honour-based abuse/violence.



- Report child will be/has been taken out of county for Female Genital Mutilation (FGM).
- Evidence of exposure/imminent risk of illegal practices e.g. Female Genital Mutilation (FGM) /breast ironing/forced marriage.
- Evidence of exposure to harmful cultural practices e.g. black magic, exorcism, spirit possession, or unsafe male circumcision.
- Child is at high risk of/victim of honour-based abuse/violence.



# Health

## Indicators of need

The listed indicators are not exhaustive but should be used as a guide to help practitioners make an informed decision about levels of need and risks and the appropriate response. Indicators of need and risks should be considered in the wider context of a child's family life. Professional judgement should be used to determine the level of need and risk.

**Needs and risks can be immediate and acute or can be cumulative and escalate over a period of time.**

# HEALTH NEEDS

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services



- Child healthy/ accesses universal health services.
- Informed decisions made on immunisations/ medical assessments for the child.



- Support to promote healthy lifestyle e.g. exercise and physical activity/access to universal health care.
- Was Not Brought/ No access health practitioners/Services (single agency health monitoring in place).



- Repeat accidental injuries requiring hospital attendance/ admission/Poor Supervision.
- "Was Not Brought" Access denied to health practitioners/ services (meets trigger for safeguarding report).



## STATUTORY SERVICES

Care and Support/Protection – MARF Needed



- Escalating/cumulative need/risk regarding repeat non-accidental injuries/poor supervision.
- Was Not Brought - cumulative/escalating risk (disengagement from health services) impacting child's health and development.
- Child at risk of significant harm.



- Serious unexplained injuries.
- Persistent failure to access medical care / services.
- Complex health problems attributable to lack of access to health services.
- Child at high risk of/ experiencing significant harm as a result.



- Anxious parents/carers seeking high levels of support around child's health and development.

- Perplexing presentation.
- Parent/carer displays high levels of anxiety regarding the child's health and development.



- Escalating/cumulative need/risk/perplexing presentation impacting child's health and development.
- Fabricated/induced illness suspected.

- Evidence of fabricated or induced illness.
- Child is experiencing/ at high risk of harm.





- Child achieving all developmental milestones.
- No identified needs/disability.
- Disability managed through universal services.



- Delays reaching developmental milestones.
- Persistent minor health needs impacting development.
- Support to promote needs arising from disability.



- Not engaging with health services - impacting development.
- Offers of early help rejected.
- Support needed to meet the additional needs of a child with a disability.



- Identified significant disability requiring a coordinated multi-agency plan.
- Persistent failure to engage with specialist services to meet needs/disability significantly impacting development - experiencing/at risk of significant harm.



- Parents or carers refusing offers of support/persistently failing to meet a child's complex needs and disability resulting in significant harm.
- Child experiencing/at high risk of significant harm.



- Child has adequate/nutritious diet and maintains a healthy weight.



- Diet and nutritional advice needed to support healthy growth, weight and development.



- Poor/restricted diet impacting on healthy growth, weight and development.
- Unexplained significant increase or decrease in centile range for weight - early help refused.
- Eating disorder.
- Obesity.



- Unexplained non-organic failure to thrive.
- Eating disorder/obesity significantly impacting development/at risk of significant harm.



- Non-organic failure to thrive due to neglect.
- Eating disorder/obesity where significant harm is occurring or risk to life.
- Child is experiencing/at high risk of significant harm.

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services



## STATUTORY SERVICES

Care and Support/Protection – MARF Needed





- Pregnancy – accessing universal services.



- Concerns around engagement with pre- and postnatal care/ missed appointments.



- Poor engagement with ante/postnatal care/ frequent missed appointments.
- Pregnancy in a child with vulnerabilities over 13.
- Homelessness/ substance misuse, domestic abuse, mental or physical health issues.
- Previous history of substance misuse.



- Persistent/ongoing poor engagement with ante/ postnatal care.
- Significant concerns regarding lifestyle/ parenting. Escalating/ cumulative risk regarding parental risky behaviour i.e. substance misuse/ domestic abuse, placing unborn child at risk of significant harm.
- Pre-birth assessment required.



- Pregnant mother neglects to access antenatal care - cumulative/escalating risk regarding lifestyle indicating high likelihood of significant harm at birth.
- Pre-birth assessment indicates unborn child is at risk of significant harm.
- Serious physical harm/assault during pregnancy.

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services

## STATUTORY SERVICES

Care and Support/Protection – MARF Needed



# Emotional Health

## Indicators of need

The listed indicators are not exhaustive but should be used as a guide to help practitioners make an informed decision about levels of need and risks and the appropriate response. Indicators of need and risks should be considered in the wider context of a child's family life. Professional judgement should be used to determine the level of need and risk.

**Needs and risks can be immediate and acute or can be cumulative and escalate over a period of time.**

# EMOTIONAL NEEDS AND WELL-BEING

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services



- Child has stable family environment/ healthy attachments.



- Positive affirmation/praise from parent/carer to child needs to be encouraged.
- Child has low self-esteem.
- Child is victim of bullying and/or is bullying others.



- Poor attachments.
- Parent/carer emotionally unavailable.
- Little positive praise or affirmation.
- Inconsistent care provided.



## STATUTORY SERVICES

Care and Support/Protection – MARF Needed



- Escalating/cumulative need/risk/targeted services ineffective.
- Low warmth, high criticism parenting/environment significantly impacting child's emotional health and development.
- Attachment difficulties having profound impact on child's development and relationships.



- Relationships/family breakdown/child experiencing significant harm or development significantly impaired.
- Deliberate/ongoing cruelty or emotional ill treatment resulting in significant harm.
- Continuous persistent low warmth/high criticism environment/scapegoating having profound impact on development.



- Consistent boundaries and guidance provided in appropriate environment.



- Support needed to provide age-appropriate boundaries to promote positive behaviour.



- Appropriate boundaries in a safe/secure environment not consistently provided.
- Parent's/carer's own needs/lifestyle prioritised above child's needs.
- Inconsistent care and boundaries affecting child's development and behaviour.
- Some incidents of risky behaviour.



- Parent/carer continually unable to judge dangerous situations/ set appropriate boundaries.
- Parent/carer continually placing their own needs above those of the child placing the child at risk of significant harm.
- Frequent episodes escalating risk of risky behaviour/at risk of significant harm.



- Child is beyond parental control and presents a serious risk of harm to themselves and others due to dangerous behaviours.
- Child requires immediate protection due to escalating and immediate risk of significant harm.



- Child has access to consistent and positive activities - healthy.
- Emotional development supported via peer/ social activities.



- Support needed to support child's access to age-appropriate activities, community resources, social and peer network.



- Child has low self-esteem/vulnerable to exploitation.
- Unable to access appropriate social activities and resources.



- Child has negative sense of self and abilities/low self-esteem/negative behaviour.
- Concern regarding exploitation/grooming/ risk of significant harm.
- Child prevented from accessing appropriate social activities and resources significantly impacting development/ risk of significant harm.



- Child experiencing/ victim of exploitation.
- Child frequently exhibits negative behaviour/ activities that place self or others at imminent risk.

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services



## STATUTORY SERVICES

Care and Support/Protection – MARF Needed





- Child has positive mental health and well-being.
- Low-level mental health/ well-being needs met via universal services.



- Child mental health concern/well-being needs affecting everyday functioning.
- Child Adolescent Mental Health Services (CAMHS) School in reach service.
- Parents/carers engaged with school/ health support services to meet mental health/well-being needs.
- Child Adolescent Mental Health Services (CAMHS) assessment/ intervention Code E - low risk of harm.



- Mental health concerns/ well-being needs requiring referral to Child Adolescent Mental Health Services (CAMHS).
- Child Adolescent Mental Health Services (CAMHS) assessment/ intervention code D - moderate risk of harm.
- Child has expressed thoughts of self-harm but no evidence of acting on these.
- Child self-harms causing minor/ moderate injury and parent/carer responds appropriately.



- Child has a significant ongoing mental health need requiring specialist intervention in the community.
- Child Adolescent Mental Health Services (CAMHS) assessment/ intervention code C - high risk of harm to self and others.
- Parents/carers not engaging in mental health treatment, increasing risk/ deterioration and significant harm.
- Child has expressed suicidal ideation with no known plan of intent.



- Child Adolescent Mental Health Services (CAMHS) assessment/ intervention code A/B -emergency/high risk of harm.
- Child refusing medical care or is in hospital following life threatening episode of self-harm or suicide attempt.
- Escalating/cumulative risk regarding child's behaviours related to mental health resulting in significant harm/danger to life.
- Child has expressed suicidal ideation with plan of intent.
- Child has ongoing suicidal ideation following suicide attempt.
- Child is in hospital following episode of significant self-harm or suicide attempt.

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services



## STATUTORY SERVICES

Care and Support/Protection – MARF Needed





- Age-appropriate access/ use of internet/social media sites.



- Child accessing concerning/harmful content/materials linked to internet/social media sites.
- No evidence of harm to self/risk to others.



- Child accessing concerning/harmful material/content linked to internet/social media sites.
- No evidence of acting on these or direct risk of harm to self or others.
- Parental/carer engagement with services.



- Child is known to be accessing concerning/harmful internet/social media sites to facilitate harm to self or others.
- Poor carer/parental engagement with agencies to reduce risk of harm.
- Potential risk of harm to self/others identified.



- Child acting on access to concerning/harmful internet/social media sites with identified high risk of significant harm to self/ others.
- Child has suffered significant harm/caused serious harm to another as a direct result of accessing harmful internet/social media sites.

**PREVENTION**

Information, Advice and Assistance, and/or Non-Statutory Services

**STATUTORY SERVICES**

Care and Support/Protection – MARF Needed



# SELF-CARE AND INDEPENDENCE

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services



- Child displays age-appropriate self-care, presentation and personal hygiene.



- Support needed to promote age-appropriate self-care and personal hygiene.



- Child's poor self-care/ personal hygiene is impacting on well-being.
- Child's poor self-care/ personal hygiene impacting peer relationships.
- Child's self-care/ personal hygiene results in social isolation/ exclusion from peers.



## STATUTORY SERVICES

Care and Support/Protection – MARF Needed



- Child's consistent poor and unkempt presentation/poor hygiene/self-care skills significantly impacting on peer and social relationships.
- Child's level of vulnerability significantly increased due to high levels of social exclusion and isolation.
- Child is at risk of significant harm.





- Child has age-appropriate knowledge about healthy relationships.
- Child is able to discriminate between 'safe' and 'unsafe' contacts.



- Consensual early onset of sexual activity.
- Consenting sexually active young person with some risk-taking behaviours, e.g. inconsistent use of contraception and risk of pregnancy.



- Consenting sexually active young person with frequent risk-taking behaviours, e.g. inconsistent use of contraception and risk of pregnancy.
- Concerns regarding coercive and controlling nature of sexual relationship.



- Child has unexplained and inappropriate sexualised behaviour.
- Sexually active young person with frequent risk-taking behaviours resulting in pregnancy.
- Concerns sexual relationship is non-consensual, and/or indicators of coercive control.
- Child engaged in or is a victim of negative and harmful sexual behaviours associated with internet and social media use.
- Evidence of sexual material being shared without consent.



- Child under 13 engaged in sexual activity.
- Young person is being sexually exploited.
- Child/young person alleges rape/sexual assault.
- Child is regularly coerced to send/receive indecent images.
- Child is coerced to meet in person for sexual activity.
- Child's devices need to be removed, and access restricted at all times.

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services



## STATUTORY SERVICES

Care and Support/Protection – MARF Needed





- Age-appropriate response to feelings, actions and resilience.
- No incidents of crime and/or anti-social behaviour.
- Child's behaviour is age appropriate within expected parameters.



- Emerging anti-social behaviour and/or low-level offending.
- Disruptive/challenging behaviour at school or in neighbourhood.
- Prevention of Offending Intervention - low-level pre-court diversion.



- Known and ongoing incidents of anti-social behaviour requiring professional intervention.
- Known/reported incidents of cruelty/harm to animals.
- Criminal behaviour resulting in charges.
- Anti-Social Behaviour Order (ASBO) in place.
- Pre-Court Diversion and /or targeted intervention.
- Short to medium court-ordered Youth Justice intervention.



- Behaviour/offending escalating/cumulative risk of significant harm to self and others.
- Continuous breaches of curfew high risk-taking behaviours to self and others.
- Child on bail for serious criminal offence.
- Remanded to the care of the local authority by a criminal court pending trial.
- Youth Justice Supervision - moderate to high level.



- Child/young person's behaviour places self or others at imminent risk of serious harm.
- Child is known to be engaging in gang activities resulting in injury caused by weapons.
- Child requires secure accommodation via court order.
- Youth Justice intensive community/custodial intervention/oversight.
- Beyond parental control and presents risk of harm to self and others.



- Child has no history of missing episodes.



- Child is expressing thoughts of running away - parental/carer advice /support needed.
- Isolated missing episode.



- Several reported missing episodes requiring practitioner support and intervention.



- Frequent/prolonged missing episodes.
- Concerns regarding physical and emotional safety and well-being.
- Risk of significant harm.



- Child is beyond parental control/frequent/prolonged missing episodes.
- At high risk of/experiencing significant harm.

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services



## STATUTORY SERVICES

Care and Support/Protection – MARF Needed





- Child has no history of substance misuse.



- Low-level alcohol/substance misuse by the child.



- Ongoing known illegal substance misuse impacting well-being/welfare.
- Risky behaviour resulting from known substance misuse.
- Evidence of substance/alcohol misuse during pregnancy.



- Escalating/cumulative risk - substance misuse/risk of significant harm.
- Ongoing chaotic illegal substances misuse significantly impacting on development and well-being/risk of significant harm.
- Child presents at hospital due to substance/alcohol misuse.
- Evidence of substance/alcohol misuse during pregnancy.



- Chronic and chaotic use of substances/overdose - immediate significant harm and/or risk to life.

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services

## STATUTORY SERVICES

Care and Support/Protection - MARF Needed



# Social & Environmental Factors

## Indicators of need

The listed indicators are not exhaustive but should be used as a guide to help practitioners make an informed decision about levels of need and risks and the appropriate response. Indicators of need and risks should be considered in the wider context of a child's family life. Professional judgement should be used to determine the level of need and risk.

**Needs and risks can be immediate and acute or can be cumulative and escalate over a period of time.**

# HOUSING, EMPLOYMENT AND FINANCE

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services



- Adequate housing/accommodation.
- No needs from housing/accommodation/living environment.



- Child and family legally entitled to live in the country indefinitely and have full rights to employment and public funds.



- At risk of eviction/homelessness.
- Temporary accommodation.
- Housing in poor state of repair and/or overcrowded.



- Temporary right to remain and/or restricted access to public funds and/or the right to work requiring support.



- Poor and/or overcrowded conditions.
- Homelessness.
- Temporary accommodation (16-17yr olds).
- Identified health and safety risks in child's home.



- At risk of involuntary removal from the country/deportation.
- Limited financial resources/no recourse to public funds.

## STATUTORY SERVICES

Care and Support/Protection – MARF Needed



- Escalating/cumulative need/risk regarding poor home conditions present a risk of significant harm to child.
- Health and safety risks within the home environment pose a direct risk to the child.



- Child is at risk of significant harm due to immigration status.
- No recourse to public funds.



- Escalating/cumulative long-term/ ongoing dangerous home conditions causing significant physical and emotional harm.
- Dangerous home conditions present a serious and/or immediate environmental/health risk to child.
- Dangerous home conditions present current high risk of serious harm/ risk to life.



- Child is detained.
- At risk of deportation.
- Unaccompanied asylum-seeker.

# SOCIAL AND COMMUNITY RESOURCES

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services



- At risk of being targeted and/or groomed for criminal exploitation.
- Indicators of possible exploitation, trafficking and modern slavery.

## STATUTORY SERVICES

Care and Support/Protection – MARF Needed



- Child actively targeted/coerced with the intention of exploitation.
- Risk of exploitation, trafficking modern slavery, and/or criminal/sexual exploitation.

- Victim of exploitation, trafficking and/or modern slavery.
- High/continuing risk of significant harm.



- Child is not involved/has no links with prescribed organisations.
- No extremist views.
- Appropriate use of internet/social media.



- Child talks about family's extreme views.
- At risk of becoming exposed to extremist ideology via internet/social media.
- Referral to Channel Panel to be considered.



- Child is expressing support for extremist/violent views.
- Refusing to engage with activities in school that challenge their religious or political views.
- Aggressive and intimidating to others who do not share the same beliefs.
- Referral to Channel Panel needed.



- Escalating/cumulative risk regarding extremist/violent views/behaviour.
- Identified risk of radicalisation or involvement in extremism.
- Has viewed extremist websites and shares some of the views.
- Child supported by Channel Panel and/or referral needed.



- Child known to be engaging/groomed into radical or extremist activities and expresses beliefs that violence/killing should be used.
- Attending demonstrations where violent, extremist behaviours are used.
- Member of organisations promoting the actions of violent extremists.
- Saying they will carry out violence in support of extremist views and/or circulating violent extremist images.
- Has viewed extremist websites and is concealing internet and social media activities.

# Education

(Includes attendance and absence)

## Indicators of need

The listed indicators are not exhaustive but should be used as a guide to help practitioners make an informed decision about levels of need and risks and the appropriate response. Indicators of need and risks should be considered in the wider context of a child's family life. Professional judgement should be used to determine the level of need and risk.

**Needs and risks can be immediate and acute or can be cumulative and escalate over a period of time.**

# ACCESS TO EDUCATION

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services



- Child routinely accessing educational provision with no barriers to learning.
- Planned progression through/ beyond school/college.
- Child has moved between educational provisions at natural transition points or as a result of a change in family circumstances (e.g. a house move).



- Child is in education but is experiencing some minor barriers to learning.
- Plans for progression through and beyond school/college are not well developed.
- Child has had several moves between educational provisions.



- Child is in education/training but is experiencing barriers to learning.
- Plans for progression through and beyond school/college are not in place.
- Child is experiencing frequent moves between educational provisions, and there are concerns for their care or safety.
- Child is at risk of becoming NEET (Not in Education, Employment or Training – Post 16).



## STATUTORY SERVICES

Care and Support/Protection – MARF Needed



- Child is in education/training, but is experiencing significant barriers to education, which are now impacting on their safety.
- There are no plans for progression through and beyond school/college, alongside concerns for the child's future well-being and life chances.
- Child is experiencing frequent moves between educational provisions, and there are concerns for their care or safety.
- Child is NEET (Not in Education, Employment or Training – Post 16).



- Child is on roll in education or with a training provider, but has minimal or no engagement with education, and there are significant concerns for their care or safety.
- Child is experiencing or has experienced frequent moves between educational provisions, and there are significant concerns for their care or safety.
- The child is at risk of harm, including neglect, as a result of non-engagement with education.



# ATTENDANCE

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services



- Child attends school very regularly.
- Any absences are minimal, appropriate and are not impacting on the child's educational progress (i.e. dental appointment, short period of seasonal illness) and have been appropriately reported to the school by parents/carers.



- Child has some absences from school for repeated issues and/or has issues with punctuality, but these are generally reported to the school by parents/carers.
- There are some concerns that absence/lateness may begin to impact on the child's educational progress.
- Parents/carers usually engage with school to address attendance concerns.



- Child is persistently absent from school (attendance below 90%) and/or frequently late to school.
- Child often avoids lessons and/or leaves school before the end of the school day.
- Reasons for absence are repeated, identical to siblings, vague, fabricated or not provided.
- A repeated pattern of days of absence is identified.
- Parental/carer engagement with school absence monitoring and attendance improvement interventions is limited.
- School have begun formal absence processes.
- Supportive interventions and formal absence management processes have been agreed.



## STATUTORY SERVICES

Care and Support/Protection – MARF Needed



- Child is severely absent from school (attendance below 50%) and there are concerns for their care or safety.
- Parental/carer engagement with the school is very limited.
- The child has not been seen by the school or any other professional for 5 school days, and the family has been uncontactable over that time.
- School have exhausted all reasonable avenues of support and have made a formal referral to the Education Welfare Service.
- Supportive interventions and formal absence management processes (including Educational Welfare Service interventions) have shown limited progress.



- Child is not attending school and there are significant concerns for their care or safety.
- The child has not been seen by the school or any other professional for 10 school days, and their family has been uncontactable over that time.
- The child is a Child Missing Education (CME).
- Supportive interventions and formal absence management processes (including Educational Welfare Service interventions) have not been successful.
- Local Authority is making use of legal interventions (prosecution, School Attendance Orders, Education Supervision Orders) and there are significant concerns for the child's care or safety.



# BEHAVIOUR

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services



- Child's behaviour, emotional and social development is in line with expectations for their age, development or circumstances.



- Child has some low-level behavioural, emotional and social needs which are managed successfully within the school's behavioural policy and procedures.
- There are some peer-to-peer relationship concerns but these are managed by the school.



- Child has behavioural, emotional and social needs which require targeted support and intervention.
- Supportive interventions and appropriate behaviour management techniques have been identified and agreed as part of an agreed formal or informal plan.
- The behaviour of the child sometimes impacts negatively on their peers and staff.
- The behaviour of the child requires careful planning to safely include them in some extended educational activities.
- Child has received several fixed-term exclusions in the previous 12 months and there are concerns for their care or safety.



## STATUTORY SERVICES

Care and Support/Protection – MARF Needed



- Child has significant behavioural, emotional and social needs which require an agreed formal individual plan to respond to and support them.
- Supportive interventions and appropriate behaviour management techniques are showing limited progress.
- The behaviour of the child is regularly impacting negatively on their peers and staff.
- The behaviour of the child is beginning to limit the educational offer they are able to access.
- Child has received multiple fixed term exclusions in the previous 12 months and/or is at risk of permanent exclusion, and there are significant concerns for their care or safety.



- Child has significant behavioural, emotional and social needs, and the agreed individual plan is not successfully addressing those needs.
- The behaviour of the child is impacting negatively on the whole school.
- The behaviour of the child limits the educational offer they are able to access (e.g. unable to be safely included in school visits).
- Child has been permanently excluded and there are significant concerns for their care or safety.



# DEVELOPMENT

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services



- Child's developmental milestones are met in line with expectations for their age, development or circumstances.
- Child is reaching their individual potential.



- Some developmental milestones are not being met and will be supported with enhanced support.
- Child is demonstrating some developmental or health issues which impact on their participation in learning, and the parents have not informed the school of these.
- Universal Learning Provision has been identified by the school and is in place.



- Some developmental milestones are not being met which will require targeted support services.
- Child has known developmental or health issues which impact on their participation in learning/school, and there are some concerns for their care and safety.
- An agreed School-Level Individual Development Plan (School IDP) and/or Individual Healthcare Plan (IHP) is in place.
- The parents/carers' ability to recognise, understand and provide for the needs – including educational needs – of their child is limited.



## STATUTORY SERVICES

Care and Support/Protection – MARF Needed



- Child's developmental milestones are delayed or impacted, causing concerns about possible neglect and risk of future harm.
- Child has known developmental or health issues adversely impacting on all areas of development, and there are increasing concerns for their care and safety.
- An agreed Local Authority Individual Development Plan (LA IDP) in place.
- An agreed IHP is in place but there are some concerns about whether it can be appropriately delivered in school.
- The parents/carers' ability to recognise, understand and provide for the needs – including educational needs – of their child is severely limited.



- Child's developmental milestones are significantly delayed or impacted causing concerns about ongoing neglect and risk of current harm.
- The parents/carers lack the ability to recognise, understand and provide for the needs – including educational needs – of their child.
- Child requires or is living in a specialist residential setting with education provision for protection and safety.
- Child requires or is living in education as part of a secure accommodation order for protection (welfare and criminal provision 1989 CA).



# ELECTIVE HOME EDUCATION (EHE)

## PREVENTION

Information, Advice and Assistance, and/or Non-Statutory Services



- The local authority Education Department can evidence that the education provided is suitable to the age and ability of the child.



- There are low-level concerns about the care or safety of the child and/or the suitability of the education being provided.



- The local authority has significant concerns about the care or safety of the child and/or the suitability of the education being provided.
- Child is withdrawn from school to be electively home educated when there are existing interventions to support welfare/well-being.



## STATUTORY SERVICES

Care and Support/Protection – MARF Needed



- The local authority has been unable to evidence that a suitable education is being provided. Concerns about the care or safety of the child may also extend beyond the lack of a suitable education.
- Child subject to statutory intervention for welfare/well-being is withdrawn from school to be electively home educated and concerns about parents'/carers' wider engagement with services and support plan.



- Professional concerns or verified evidence of the complete absence of a suitable education being provided. Concerns or evidence of significant harm may also extend beyond the lack of a suitable education.
- Child is electively home educated and identified to be at risk of/experiencing significant harm/complete lack of parental/carer engagement with protection plan.



# Appendix 1: Eligibility Criteria for Care and Support

## The Social Services and Well-Being [Wales] Act 2014 states:

A proportionate assessment of need is conducted which considers:

### 1 Personal outcomes (children):

- Ability to carry out domestic routines
- Ability to communicate
- Protection from abuse and neglect
- Involvement in work, education, learning and leisure
- Maintenance or development of family or other significant relationships
- Development and maintenance of personal relationships and involvement in the community
- Achieving developmental goals

### 2 Barriers to achieving personal outcomes

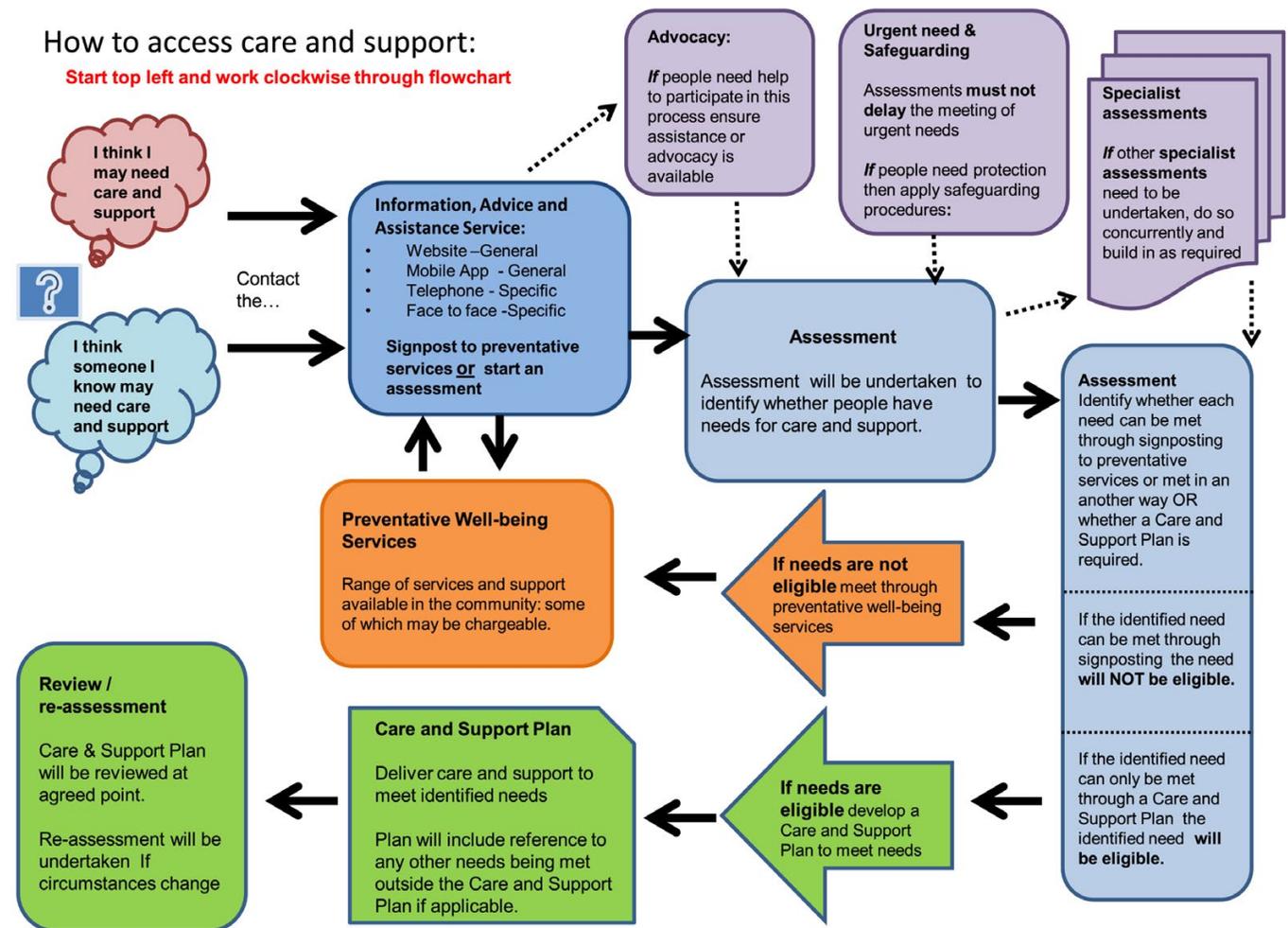
### 3 Risks to meeting personal outcomes

### 4 Strengths and capabilities

Can the identified need be met via signposting to preventative services or in another way?

- If yes, child is not eligible.
- If no or child is in need of protection, they are eligible.

## Social Services & Well-Being Act Flow Chart<sup>1</sup> related to the Legislation:



<sup>1</sup> [socialcare.wales/cms\\_assets/hub-downloads/Flowchart\\_\\_\\_How\\_to\\_access\\_care\\_and\\_support.pdf](https://socialcare.wales/cms_assets/hub-downloads/Flowchart___How_to_access_care_and_support.pdf)

# Appendix 2: Assessment Framework Triangle

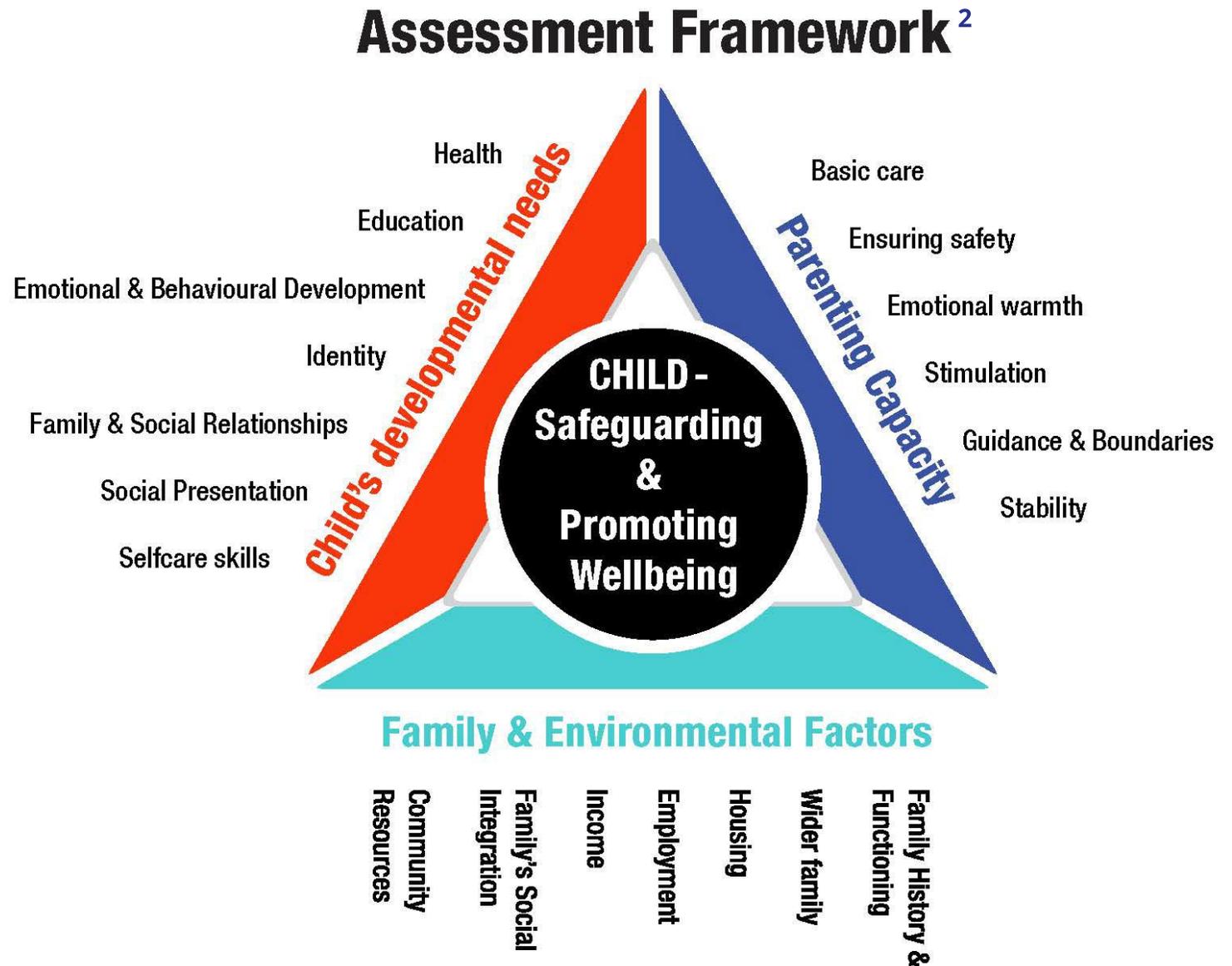
All children change and develop over time.

Parents have a responsibility to respond to the child's needs.

The purpose of this assessment triangle is to help you to identify areas of strength and areas of developmental need, in order to assist you to determine whether this child/young person requires information, advice or assistance and/or care and support to achieve a reasonable standard of development or to prevent significant impairment of their health and development.

Although the previous statements may not be concerning in isolation, the combination of factors needs to be considered in a holistic assessment.

It is important to consider strengths as well as difficulties.



<sup>2</sup> [gwentsafeguarding.org.uk/assets/document-library/Protocols-and-Procedures/Childrens-DTR-Continuum-of-Support-and-Threshold-Guidance-March-2024.pdf](https://gwentsafeguarding.org.uk/assets/document-library/Protocols-and-Procedures/Childrens-DTR-Continuum-of-Support-and-Threshold-Guidance-March-2024.pdf)

# Appendix 3: Extract from Public Health Wales<sup>3</sup> - ACEs Research



## Adverse Childhood Experiences and Adult Mental Well-Being in Wales

Adverse Childhood Experiences (ACEs) have harmful impacts on health and well-being across the life course. The Welsh ACE Study measured exposure to nine ACEs in the Welsh population and their effect on mental well-being in adulthood.

**47% of adults in Wales suffered at least one ACE during their childhood and 14% suffered 4 or more.**

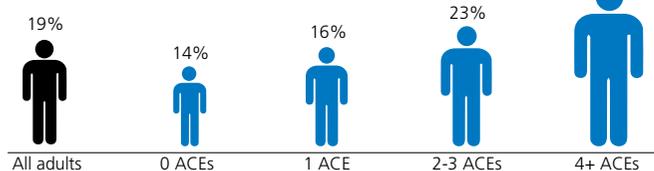
**How many adults in Wales have been exposed to each ACE?**



**The prevalence of low mental well-being in adults increased with the number of ACEs suffered in childhood**

Mental well-being was measured using the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS) which includes seven questions to assess mental wellbeing over the last two weeks. Scores for these questions are combined to provide an overall mental well-being score ranging from 7 to 35. Individuals scoring below 20 were categorised as having low mental well-being.\*

**Prevalence of low mental well-being in adults by the number of ACEs suffered in childhood**



\*Low mental well-being was classified as >1 standard deviation below the mean overall mental well-being SWEMWBS score of all respondents (mean = 24.47, SD = 4.57, low <20).

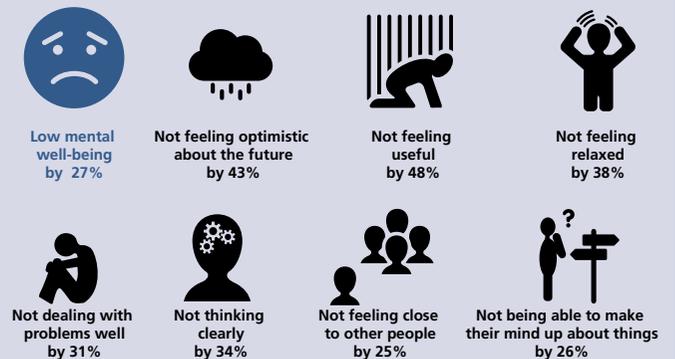


**Adults with 4+ ACEs were five times<sup>§</sup> more likely to have low mental well-being than those with no ACEs**

**Over the past two weeks, compared to people with no ACEs, those with 4+ ACEs were also:**

- 3 times more likely** to have never or rarely felt relaxed
- 3 times more likely** to have never or rarely felt close to other people
- 4 times more likely** to have never or rarely been thinking clearly
- 5 times more likely** to have never or rarely been able to deal with problems well
- 5 times more likely** to have never or rarely been able to make up their own mind about things
- 6 times more likely** to have never or rarely felt optimistic about the future
- 6 times more likely** to have never or rarely felt useful

**Preventing ACEs in future generations could reduce levels of:**



The national survey of Adverse Childhood Experiences in Wales interviewed approximately 2000 people (aged 18-69 years) from across Wales at their homes in 2015. Of those eligible to participate, just under half agreed to take part and we are grateful to all those who freely gave their time.

<sup>§</sup> After taking demographic factors (age, sex, ethnicity and residential deprivation) into account

<sup>3</sup> <https://phw.nhs.wales/files/aces/ace-and-their-association-with-mental-well-being-in-the-welsh-adult-population-pdf/>

# Appendix 4: Multi-agency Protocol for the Resolution of Professional Differences

The Mid and West Wales Regional Safeguarding Board is committed to the continuous improvement of multi-agency safeguarding practice.

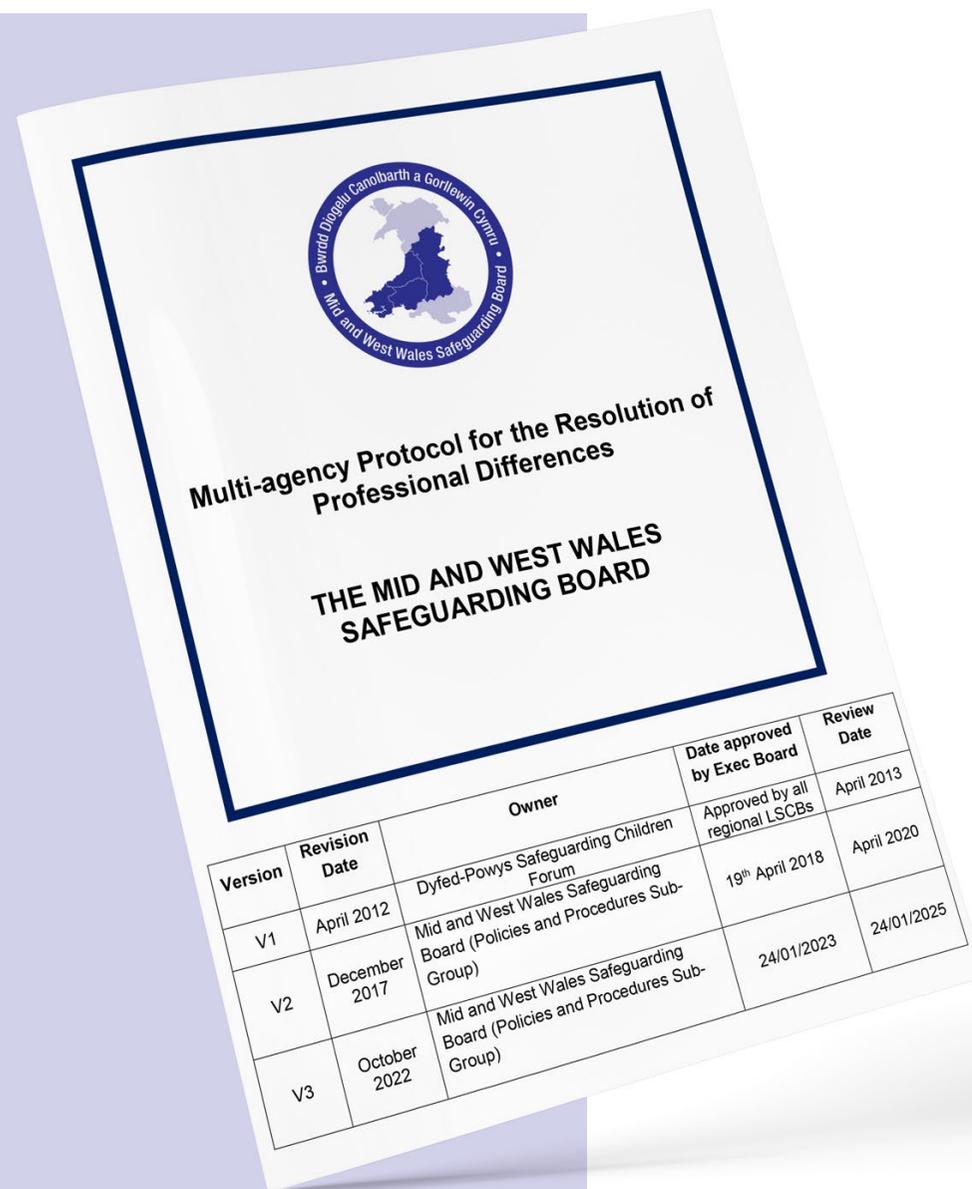
Generally, there is a good working relationship between partner agencies across the Mid and West Wales region. Differences and healthy debates are encouraged and considered to be integral to safe multi-agency working and safeguarding practice.

If there are serious differences of views that are likely to impede on professionals' ability to manage risk, safeguard and protect vulnerable children and young people that cannot be resolved informally as part of day-to-day work, local fora and communication, then escalation policies can provide a useful framework for exploring and resolving professional disagreements.

The Mid and West Wales Regional Safeguarding Board encourages agencies to speak up and debate different views on practice issues. Any agency can request a multi-agency meeting where there are unresolved professional differences.

In exceptional circumstances, the RSB Executive Board and Chair can act as an arbitrator/mediator in the case of protracted or intractable disagreements.

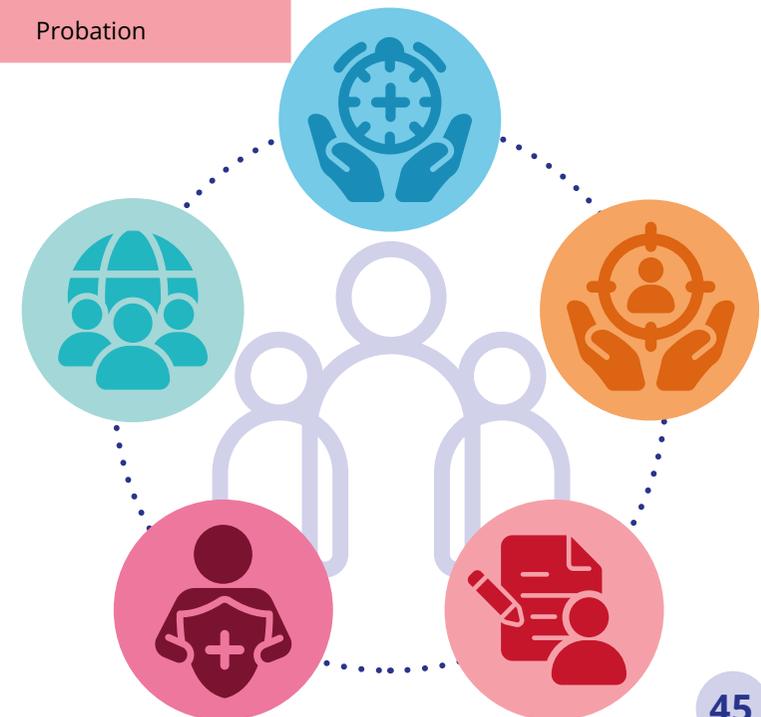
The MAWWSB Resolution of Professional Differences Protocol can be accessed [here](#).



# Appendix 5: Local Area Arrangements & Service Mapping

The below example proforma is to be completed by Safeguarding Teams with their Local Authority Area arrangements and service mapping:

UNIVERSAL SERVICES	EARLY HELP	TARGETED SUPPORT	ASSESSMENT FOR CARE & SUPPORT	PROTECTIVE SUPPORT
GPs	Flying Start	Specialist Safeguarding Health Visitor Flying Start	Tier 3 Services for Substance Misuse	Social Care Safeguarding & Child Protection Teams
Midwifery	Substance Misuse Services	Specialist Safeguarding Health Teams	Looked After Children Service	Accident and Emergency Departments (A&E)
Health Visitors	Children and Family Services	Specialist Safeguarding Midwife	Social Care – Children’s Services	Police
Community Nursing	Team Around the Family (TAF)	Team Around the Family (TAF)	Safeguarding Leads in School	Probation
Hospitals	Family Intervention Team (FIT)	Child & Adolescent Mental Health Services (CAMHS)	Youth Justice Teams	
Dentists	New Pathways/Workways – Employment assistance	Substance Misuse Services	Protecting Vulnerable People, Police Units	
Childcare	Independent Domestic Violence Adviser (IDVA)	Refuge / Safe Accommodation	Probation	
Family Centres	Homelessness Options	Counselling Services		
Benefits, Financial Services	Victim Support	Safeguarding Leads in School		
Housing	Youth Services	Youth Services		
Victim Support	Police	Police		
Citizens Advice	Families First Services	Advocacy Services		
Education	Generic Community Support Services	Young Carers		
Youth Services	Disability Services	Additional Learning Needs Support		
Police	Advocacy Services	Education Welfare Service		
Community Social Groups	Supporting People – tenancy support			
School Nursing				





# CYSUR:

## THE MID & WEST WALES SAFEGUARDING CHILDREN BOARD



[www.cysur.wales](http://www.cysur.wales)



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