



Isle of Wight
**Safeguarding
Children
Partnership**

THRESHOLD PATHWAY GUIDANCE DOCUMENT



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Introduction

This guidance document is for everyone that works with our Island’s children. It should be used to support your use of the [Threshold Chart](#) in identifying and responding to children who may be in need of help and/or protection.

The child

The safeguarding partners for the Isle of Wight have requested the threshold chart is based on the child's experience and this is reflected in the document. It is always important that where we are concerned or becoming concerned about a child, we consider what is the potential or actual impact on the child and share information where that is necessary.

What the document should be used with

This document must be used with the [Threshold Chart](#) which provides an agreed overview of indicators of need for children and families. This is based on the assessment framework which considers three key domains for children, including:

- The child's developmental needs
- Family and environmental factors
- Parenting capacity

How we work with children and families

We agree to work with children and families in a respectful and transparent way, considering their strengths, areas of need and using language that cares. We are mindful of and responsive to children and families with protected characteristics, including recognising and responding to the additional barriers that may be faced by children and families from different global majority ethnic groups, and children with disabilities and complex needs.

Information Sharing

It is important to share information with relevant agencies when we have concerns about the safety and/or welfare of a child. The Children's Wellbeing and Schools Act 2026 introduced a [statutory information sharing duty](#), making clear that organisations and practitioners must share relevant information where it may help another agency assess need, make decisions, provide support or take action to safeguard and promote a child's welfare. The duty applies across the continuum of need, including early help and prevention, and does not require a child to meet a specific statutory threshold before information is shared. Information should be shared proactively where it may contribute to understanding a child's circumstances, risks, needs or welfare, including information that may appear incomplete, historical or held about individuals connected to the child.

While families should be kept informed wherever it is safe and appropriate to do so, consent is not required where information is being shared for safeguarding and promoting the welfare of children. Practitioners should remain transparent with children, young people and families about information sharing decisions, unless doing so would place a child or another person at increased risk of harm. Data protection, confidentiality and privacy legislation should not be viewed as barriers to information sharing; rather, they provide the framework for sharing information lawfully, proportionately and in the child's best interests. Information should be shared proactively where it may contribute to understanding a child's circumstances, risks or needs, with practitioners using professional judgement, curiosity and an anti-discriminatory approach.

The [Seven golden rules of information sharing](#) are also a useful resource for practitioners.

It is also important to recognise that children and young people may have the capacity to provide consent themselves, particularly those aged 16 and over, who are generally presumed to have sufficient understanding to make decisions about their own care. For those aged 12 to 15, practitioners should consider Gillick competence and Fraser guidelines to assess whether the child has enough maturity and understanding to make decisions independently. This assessment should be made on an individual basis, taking into account the complexity of the decision and the child's ability to understand the implications. For more information, see the [NSPCC guidance on Gillick competence and Fraser guidelines](#).

Moving through the different levels of help and protection

A high performing multi agency safeguarding system is flexible and responsive to the children's needs for help and protection changing and will support both prevention and recovery.

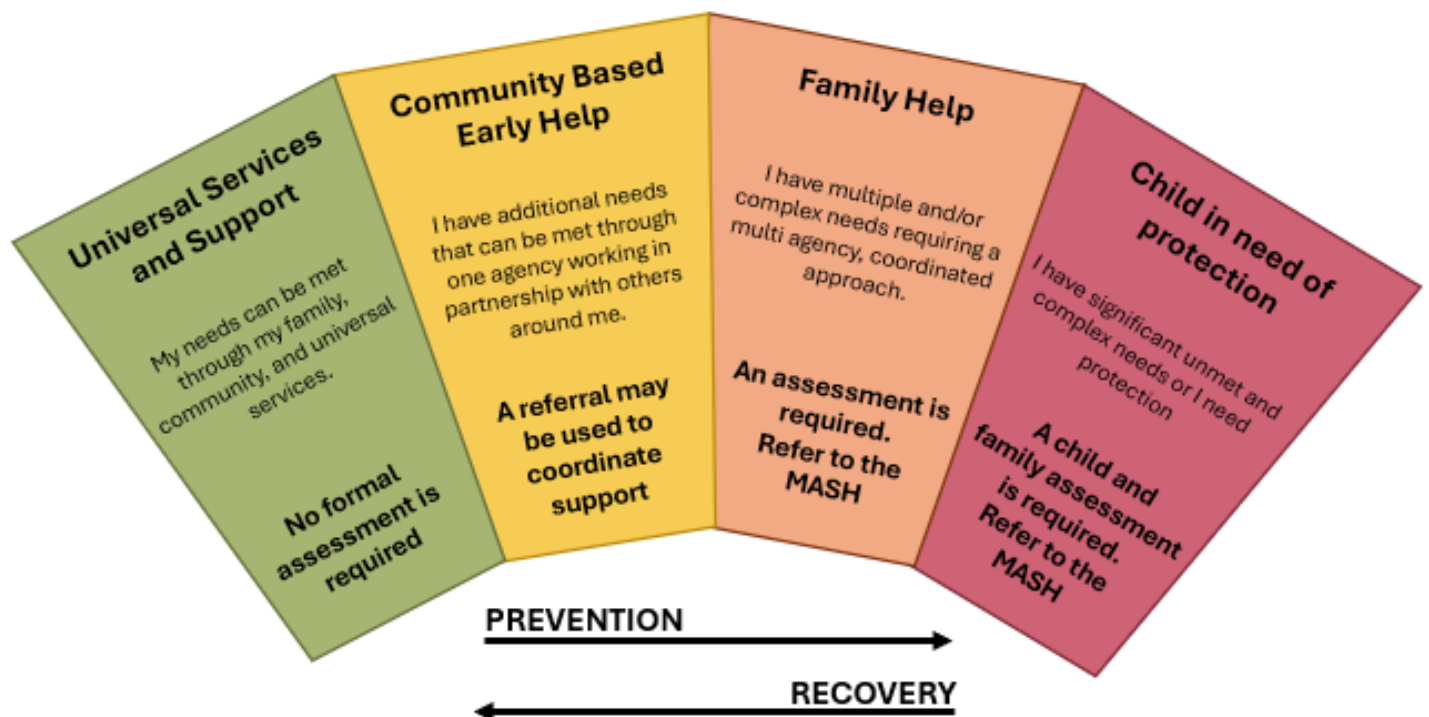
Family Help

Family Help brings together targeted early help and child in need into a more seamless system of support for children and families. It is expected that children and families will be supported to "tell their story" only once and for assessments to grow with the child.

This means an early help assessment should be used to inform a subsequent child and family assessment and plan, and for this to be replicated when a child and family step across to targeted early help.

While the lead worker/practitioner may change, the team around the family should remain the same. This creates continuity for children and families and supports trusted and effective partnerships with children and families being built. This creates the conditions for effective and lasting positive change for children.

Identifying levels of need and response



The [Threshold Chart](#) can be used to support the identification of the level of need of a child, please remember, it is not an exhaustive list and practitioner's professional judgement is always important.

Please Note: Support at any level will involve universal services and may involve services that primarily work with adults, especially where the adult's needs impact the child's safety and/or wellbeing.

For children on the Isle of Wight, we identify four levels of need:



LEVEL 1 – UNIVERSAL SERVICES AND SUPPORT

Children and families whose needs are fully met through the resources of their family, community and everyday services and support available to all.

- These children are meeting developmental milestones, achieving age related expectations in their education, and have good emotional wellbeing
- Families are stable, nurturing, have supportive networks and able to meet their child's needs without additional support from services beyond the universal offer
- Support comes from universal services such as early years settings, schools, health visitors, GPs, and community groups
- No formal assessment is required



LEVEL 2 – COMMUNITY BASED EARLY HELP

Children and families with emerging or additional needs that require some extra support beyond universal services.

- Needs may include the child not yet meeting developmental milestones, some absence from education, having caring responsibilities (Young Carer), or where a child has special educational needs and/or is disabled. A child may have lowered emotional wellbeing. The child may have a parent subject to a community order.
- Families may be experiencing challenges such as low income, poor housing, or inconsistent parenting.
- Support is provided by universal services with input from an additional agency or an enhanced offer (e.g. parenting support, youth services).
- A referral for to an additional service may be used to coordinate support.



LEVEL 3 – FAMILY HELP (targeted Early Help and Child in Need)

Children and families with multiple or escalating needs that require a coordinated multi-agency response either through targeted early help or through section 17 of The Children Act, 1989 as a Child in Need.

- The child needs may be such they are persistently absent from school, at risk of permanent exclusion or without a school place. The child may experience lowered emotional wellbeing over time or mental ill health. There may be concerns regarding the quality of the parent/carer and child's attachments and

the negative impact of this. There may be concerns relating to child exploitation or online safety/online harm. The child's developmental milestones may not be met due to consistent/persistent issues in parenting capacity. The child may have a parent in prison.

- Families may be affected by domestic abuse, substance use, or mental health concerns and this is consistently/significantly impacting the child's development or wellbeing.
- An **Early Help Assessment/Child in Need (child and family) Assessment** is used to identify needs and develop a coordinated support plan.
- A **Lead Worker/Practitioner** is appointed to co-ordinate the plan (they are not responsible for the delivery of all services) and can be from a relevant agency. Anyone in the multi-agency workforce can and should undertake an early help assessment and be the Targeted Early Help Lead Practitioner if they have received appropriate training. Please note where a child in need, child and family assessment is undertaken this will be undertaken by a children's social care practitioner. Where a Child in Need plan is necessary, a children's social care practitioner will be the lead practitioner.
- Support is provided by targeted and statutory services alongside universal services.
- Advice can be sought from the [Isle of Wight Early Help Team](#) or [Multi Agency Safeguarding Hub \(MASH\)](#).
- A referral to the Multi Agency Safeguarding Hub is necessary, using an [Inter-Agency Referral Form \(IARF\)](#)



LEVEL 4 – CHILD IN NEED OF PROTECTION

Children and families who are likely to be or are suffering significant harm. This is a statutory level of intervention and should be less common if earlier levels are effective in supporting children and families' needs.

- The child may be at risk of significant harm from neglect, abuse, or exploitation.
- The child may be severely absent from education that is placing them at risk of significant harm.
- The child may have complex mental health needs that are placing them at risk of significant harm.
- The child may be at risk of entering the care system.

- The child and their family may be experiencing domestic abuse, homelessness, or there may be persistent parental non-engagement which is placing the child at risk of significant harm.
- Section 47 child protection enquiry may be undertaken by a children's social care social worker, sometimes this may be jointly with the Police where there is a potential criminal investigation, and this may result in a **Child Protection Plan**. The Lead Practitioner for a child and family where there is a child protection enquiry or plan will always be a social worker.

Child in Need of Protection (significant harm)

Child protection is part of safeguarding and promoting the welfare of children and is defined as activity that is undertaken to protect specific children who are suspected to be suffering, or likely to suffer, significant harm. This includes harm that occurs inside or outside the home, including online.

“Harm” is the “ill treatment or the impairment of the health or development of the child” (Section 31, [Children Act 1989](#)). Seeing or hearing the ill-treatment of another person is also a form of harm (Section 120, [Adoption and Children Act 2002](#)). Harm can be determined “significant” by “comparing a child’s health and development with what might be reasonably expected of a similar child”. Although there is no absolute criteria for determining whether or not harm is “significant”, local authorities such as children’s social care, police, education and health agencies work with family members to assess the child, and a decision is made based on their professional judgement using the gathered evidence.

For safeguarding purposes the threshold is, a child is suffering or likely to suffer significant harm.

Think Prevention

This means:

- ✓ the child and family are identified early when they need help and their needs for help are met swiftly. Where multiple needs are identified an assessment at Family Help level (targeted early help) is used to ensure services work together and with families to ensure the child’s needs are met.
- ✓ a shared multi agency approach to proactively identifying children and families who may require help and support. When it is noticed all is not well with a child

and family, it is important to have a conversation about what may be happening and if help may be needed

- ✓ children and families are supported at the earliest point to ensure a child's needs are met.

The safeguarding partners agree that early help and prevention are key to ensuring effective early identification and response to children's emerging needs and expect colleagues in universal services to play their fullest part in identifying concerns, referring children and families to services (community based early help) and co-ordinating a family help (targeted early help) plan where that is needed. It is important to children's outcomes to help children and families before a crisis happens or problems become entrenched and a referral to children's social care is required.

Practitioners should be alert to the potential need for early help for a child who:

- is disabled
- has special educational needs (whether or not they have a statutory education, health and care (EHC) plan)
- is a young carer
- is bereaved
- is showing signs of being drawn into anti-social or criminal behaviour, including being affected by gangs and county lines and organised crime groups and/or serious violence, including knife crime
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking, sexual and/or criminal exploitation
- is at risk of being radicalised
- is viewing problematic and/or inappropriate online content (for example, linked to violence), or developing inappropriate relationships online
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental ill health and domestic abuse
- is misusing drugs or alcohol themselves
- is suffering from mental ill health
- has returned home to their family from care
- is a privately fostered child
- has a parent or carer in prison
- is missing education, or persistently absent from school, or not in receipt of fulltime education
- has experienced multiple suspensions and is at risk of, or has been permanently excluded¹

¹ Working Together to Safeguard Children and Keeping Children Safe in Education statutory guidance

Think Recovery

Where a child has been supported and protected through a multi-agency Child Protection Plan and where this is coming to an end as concerns have reduced, it is expected that a multi-agency Child in Need (CiN) plan will be put in place to ensure change is embedded and sustained for the child. It is expected that the Child in Need plan will be in place for a minimum of three months.

Where children's social care involvement is coming to an end and a multi-agency Child in Need plan is ceasing, it is expected it will be fully considered if a child and family may benefit from continued support at a targeted early help level. This supports the family to remain confident in and sustain the positive changes they have made.

Where any plan including an early help plan is ceasing it is expected the continued role of universal services and support to the child and family will be fully considered and engaged.

'Five R' approach to safeguarding children



Recognise

- Be familiar with the signs and indicators of abuse, neglect, and exploitation.
- Consider the child's lived experience and any patterns in their history.
- Consider whether you have all the relevant information available.
- Reflect on your level of concern and where this sits within the Threshold Chart.

Ask yourself:
What is making me feel uncomfortable or concerned?



Respond

- Identify what immediate steps are needed to ensure the child's safety.
- Seek advice from your safeguarding lead.
- Speak to the child in calm, age-appropriate, and non-leading way.
- Speak to parents/carers where appropriate, including informing parents of the need to share information where that is necessary.

Ask yourself:
What does the child need from me right now?



Record

- Record what was seen, heard, or disclosed - use the child's own words where possible.
- Include dates, times, and who was present.
- Note what action you took or plan to take.
- Ensure records are accessible to the appropriate staff and stored securely.
- Keep records updated with outcomes and follow-up actions.

Ask yourself:
Would this make sense to someone reading it in six months' time?



Refer

- Consider whether a referral to Early Help or Children's Social Care is needed.
- Review the Threshold Chart to guide your decision-making.
- Make a referral to the multi agency safeguarding hub using the inter agency referral form
- Make referrals to other services as appropriate.

Ask yourself:
Have I done everything I can to ensure this child is safe?



Review

- Ensure you receive confirmation and outcomes from any referrals made.
- Follow up if no response is received within expected timeframes.
- Record outcomes and any further actions taken.
- Reflect on the effectiveness of your response and whether further support is needed.
- Escalate if you believe the response is not proportionate to the risk.

Ask yourself:
Has the situation improved for the child? What else might be needed?

The role of the Multi-Agency Safeguarding Hub (MASH)

WHAT IS THE MULTI-AGENCY SAFEGUARDING HUB?

The Isle of Wight Childrens MASH provides triage and multi-agency assessment of all safeguarding concerns in respect of children. The MASH is the first point of contact within Children's Social Care where their staff will triage the information referred, where risk and protective factors will be considered, and next steps identified. MASH colleagues will analyse all the information they have decided to gather as part of their enquiries and will make a recommendation for what should happen next. It may be considered that support from universal services is sufficient, it may mean a child and family being offered Family Help support either through Targeted Early Help or Child in Need, or it may be decided that a child protection enquiry is required.

MASH responds to all safeguarding referrals for children from a range of individuals, including professionals, families and carers and members of the public.

MASH staff will use the Threshold Chart to determine what help, support and protection a child and family may need. For every contact into MASH, a decision will be made, based on the information provided, as to what further agency information will be sought (this includes information from health partners and from Hampshire and Isle of Wight Constabulary). The MASH process does not include every child and family's information being checked with all agencies within the MASH, as this would be neither an appropriate nor a proportionate response.

HOW DO I CONTACT THE ISLE OF WIGHT MASH?

The [Inter-Agency Referral Form \(IARF\)](#) should be used for all safeguarding referrals for a child or family and for making child protection referrals. **Please be sure to use the professionals 'Inter-Agency Referral Form' link rather than the 'Report a child safeguarding concern' link as this is for members of the public only.*

If you are a professional and have concerns because you think that a child might be in need of help and/or protection, and you want to talk to someone, you should contact MASH using:

- **01983 823436** during office hours 8.30am to 5.00pm Monday to Thursday, 8.30am to 4.30pm on Friday.
- Out of Hours service: **0300 555 1373** at all other times
- mash@iow.gov.uk

Feedback

Professionals referring children to MASH can expect to receive feedback on the outcome or action in respect of their referral. This is normally in the form of a conversation.

If you haven't heard from MASH colleagues within 2 working days of submitting a referral, please do get in touch with the team.

Effective Inter-Agency Referrals for children

DO:

- Include the names and dates of birth of child(ren) you're concerned about. Ensure you don't use nicknames, that may not be widely known to other agencies.
- Include names and dates of birth (if known) of family members and/or other adults living in the same home. If you don't know them, provide an estimate age. This helps agencies in information gathering processes.
- Detail what has happened to prompt the referral and the nature of your concerns. Be specific where possible – include dates and times of significant events.
- Reference the Isle of Wight Threshold Chart
- Child's Voice – Do include what the child/young person said, using their words, also include what you understand of the child through their presentation and/or behaviour and your reflections from any observations of the child. This can be particularly important for children with additional needs.
- Include what the (potential) impact on the child is from the concerns you have.
- Share what you know about the child and family's history, do not assume it is already known.
- Include information about any other services you know the child and family are involved with and include the name of the practitioner in the agency, if known.
- If you are making a referral to MASH where the child has been referred to your agency/service, include why you are involved with the child and family. i.e. The child has been referred to me because..."
- Include your professional views in your response. What is your professional perspective or concern? Is the purpose of this referral primarily for information sharing? Do you have a specific concern about one or more incidents? Is there something that has made you feel uncomfortable? If so, please explain how and why.
- If you are a health professional, ensure that NHS Numbers are included as part of the key information.
- Avoid using language or terms that are specific to your own agency, especially when their meaning or impact would not be easily understood by others.

DON'T:

- Don't use acronyms! These might be common to you in your agency, but other agencies often do not know what they mean and colleagues in MASH may not.

Common Issues in Referrals to Children's Social Care via MASH

Referrals to Children's Social Care through the Multi-Agency Safeguarding Hub (MASH) are vital for protecting children at risk. However, several recurring issues can hinder the effectiveness of these referrals:

1. CONSIDERATION OF EARLY HELP BEFORE MAKING A REFERRAL

Some referrals are made where concerns could be addressed more appropriately through Early Help or Targeted Early Help, rather than statutory Children's Social Care.

Partner agencies are encouraged to:

- Use this guidance and the Threshold Chart to identify the appropriate level of need
- Explore Early Help support options with families wherever safe and appropriate
- Discuss emerging concerns with Early Help services prior to referral
- Using Early Help at the right stage supports families earlier, prevents escalation, and ensures that statutory intervention is reserved for children who meet the threshold for social care involvement.

2. INSUFFICIENT INFORMATION, WHERE IT IS KNOWN

Some referrals do not include the level of detail needed to support timely screening and risk assessment. Where information is known, it is important to include:

- The nature, severity and context of the concern
- Key details of the child, family members and other significant adults
- Chronology of events, including dates, times and patterns
- Previous interventions or support provided / other agencies currently involved with the family
- The child's lived experience – their voice, behaviour and presentation
- A clear explanation of the actual or likely impact on the child
- Relevant supporting tools such as:
 - [Child Exploitation Risk Assessment Framework \(CERAF\)](#)
 - [Signs and Indicators of Child Sexual Abuse template](#)
 - [Neglect Toolkit](#)
 - [Neglect Threshold and Indicator Chart](#)

Providing high-quality information enables MASH to make timely, accurate and well-informed decisions.

3. DELAYED REFERRALS

Concerns are sometimes held for too long before being referred, especially when professionals are unsure about thresholds. This can increase risk to the child and may reduce the effectiveness of intervention. Please call the Multi-Agency Safeguarding Hub for advice.

4. USING INTER-AGENCY REFERRAL FORMS (IARF) APPROPRIATELY

Inter-Agency Referral Forms (IARFs) should not be completed to find out the outcome of a previous referral, please call the MASH.

5. DISAGREEMENT WITH THE OUTCOME OF A REFERRAL TO MASH

Sometimes we may not agree with a decision made by colleagues in relation to safeguarding a child. This may include a decision by colleagues in MASH. Please do remember professional challenge is a healthy part of the multi-agency safeguarding system. Where practitioners disagree with the outcome of a referral to MASH, they should contact MASH in the first instance to discuss this. If the disagreement remains, they should use the [Working Together to Resolve Professional Differences procedure and guidance](#) rather than submitting the same referral again.

The role of early help

Early help services on the Isle of Wight are designed to support children and families to thrive by addressing needs early and preventing problems from escalating. These services are offered through a multi-agency approach.

What services form part of the Early Help system?

The early help that is available to children and families are made up of two types of services:

- Universal services – i.e. school nurses, GP surgeries, health visitors, schools and nurseries, maternity service, school, family hubs,
- Targeted services – i.e. Mental health services, speech and language services, housing and homelessness services, special educational needs services, targeted family support, prison and probation providers, alcohol and substance misuse services

Where required agencies must work together in a team around the child with one practitioner identified as taking the role of lead worker. The lead worker is responsible for co-ordinating support to the family; they are not responsible for the delivery of all actions. This is known as targeted early help, part of the family help offer to children and families on the Isle of Wight.

The aim is to work with the family to identify the things they want to change and the support they need. The most effective support is tailored to the family's needs and provided at the minimum level necessary to ensure the desirable outcomes are achieved, with as little disruption to family life as possible.

When children and families are receiving help and support at any level, it is important to regularly consider with children and families the progress of actions and that support is having the impact that the child and family needs. This meeting should be formally recorded where that is required.

It is important to keep the Isle of Wight Council Early Help team updated of changes in the plan and lead worker. This provides an overview of children and families actively involved in early help and assurance of the effectiveness of the island's offer to children and families.

What are the common issues in Early Help?

- **Practitioners may be unsure what early help means or entails?** Sometimes this confusion can extend to their discussions with families.
- **Sometimes there can be an overemphasis on seeking consent before sharing information.** Where families have been provided with clear information about why information may need to be shared, understand that the purpose is to support and safeguard children, and have been given access to the agency's privacy notice, this will often be sufficient. Families often assume we are sharing information in their child's best interests.
- **A belief held sometimes that early help is not part of the "day job" and somehow additional to our roles.** Early help processes generally offer a clear and constructive framework to our early intervention and prevention work with families.
- **The early help process (meetings and paperwork) is not kept up to date.** Where a family meets the threshold for co-ordinated support, and they are in agreement with this, it is important that recording systems - including sentinel - are kept up to date. This means that professionals who may need to be aware of early help plans for children can be informed and practitioners are not mistakenly believing (for example) that early help is or isn't in place.

Contextual safeguarding – what do we mean?

This is an approach to child protection that recognises young people may face significant harm in environments beyond their family, such as schools, peer groups,

communities and online spaces. Rather than focusing solely on the individual child and family, contextual safeguarding considers the broader social and geographical contexts that impact safety and wellbeing. It requires collaborative working across agencies, families, and community members to understand and intervene in the places and spaces where harm - such as grooming, exploitation, bullying, or violence - may occur.

- [Child Exploitation Risk Assessment Framework \(CERAF\)](#) and [CERAF practitioner guidance](#)
- Child Exploitation toolkit [professionals](#) / [parents and carers](#)
- [Safeguarding Adolescents toolkit](#)
- [Preventing online harm](#)

Children with reduced educational engagement

Children may have reduced school attendance for a variety of reasons, including suspensions, exclusions, reduced hours provision, medical needs, or being electively home educated. Each of these situations presents unique challenges that can impact a child's learning, wellbeing, and social development.

School can be a critical protective factor in a child's life, offering stability, routine, safeguarding oversight, and access to trusted adults. When a child is not regularly engaging in education, it is essential that practitioners do not view this in isolation but assess it in the wider context of the child's circumstances.

Multi-agency collaboration is key in identifying thresholds for support or intervention, ensuring that tailored and graduated responses are put in place and that these are effective. Positive experiences of education make a significant difference to children's outcomes. Help and support may come from within school provision; the support of an additional agency or multi-agency early help plan or statutory child in need or child protection plans.

Children with disabilities/complex needs

Children with disabilities, significant health concerns, or special educational needs (SEND) should be understood through the lens of how these factors affect their overall wellbeing and their family's quality of life. Attention should be paid to identifying and ensuring a response (multi agency where indicated) to any unmet needs. It is important to remember that there are a number of potential additional barriers to seeking help that increase the vulnerabilities of children with additional needs. For further guidance: [Children with additional needs \(including complex needs and disabilities\)](#)

Most children needing support can access it through universal services available in their community. This principle applies equally to those children with special educational needs and/or disabilities or complex health conditions.

If there are any concerns about the safety and/or welfare of a child with special educational needs and/or disabilities or health needs, it's essential to make a referral to the Multi-Agency Safeguarding Hub (MASH).

If the child already has a social worker allocated to them, that professional should be informed immediately.

All early years providers and schools have a staff member - either a Special Educational Needs Coordinator (SENCO) or Inclusion Manager - who oversees support strategies within school for individual children with special educational needs and/or disabilities. This role involves collaborating with specialists to make sure the child's educational needs are fully addressed, including through an Education, Health and Care Plan (EHCP) if necessary.

An Education, Health and Care Plan (EHCP) is a legally binding document that outlines:

- ✓ The child's educational, healthcare, and social needs
- ✓ The intended outcomes
- ✓ The specific support services required to help the child achieve those goals

For many children their needs are met through a graduated response led by the school or education setting, such as a preschool. A child with special educational needs and/or disabilities may also have an early help or statutory Child in Need or Child Protection plan in place where their needs indicate this.

Key contacts

IOW MULTI-AGENCY SAFEGUARDING HUB (MASH):

- ★ The [Inter-Agency Referral Form \(IARF\)](#) should be used for all enquiries about a child or family and for making child protection referrals. **Please be sure to use the professionals 'Inter-Agency Referral Form' link rather than the 'Report a child safeguarding concern' link as this is for members of the public only.*
- ★ **01983 823436** during office hours 8.30am to 5.00pm Monday to Thursday, 8.30am to 4.30pm on Friday.
- ★ Out of Hours service: **0300 555 1373** at all other times
- ★ mash@iow.gov.uk

[Multi Agency Early Help and Prevention hub](#)

[IW Family Information Hub](#)

[Family Hubs Isle of Wight – Early Help](#)

[Family support and Early Help – Isle of Wight Council](#)

Appendix

A DECISIVE CHILD PROTECTION SYSTEM

Where children are identified as in need of protection, a child protection response and plan is in place with all the required agencies playing their part alongside the child and family. The police and children's social care may work together in a joint investigation, a social worker will always be the lead practitioner for the child and family, coordinating the child protection plan.

The Isle of Wight Safeguarding Partners expect all agencies to ensure compliance with the Child Protection Standards, [Working Together to Safeguard Children](#).

PART A: Recognising actual or likely significant harm for all practitioners

- Practitioners are alert to potential indicators of abuse, neglect, and exploitation, and listen carefully to what a child says, how they behave, and observe how they communicate if non-verbal (due to age, special needs and/or disabilities, or if unwilling to communicate). Practitioners will try to understand the child's personal experiences and observe and record any concerns.
- Practitioners communicate in a way that is appropriate to the child's age and level of understanding and use evidence-based practice tools for engaging with children, including those with special educational needs and disabilities.
- When practitioners have concerns or information about a child that may indicate a child is suffering or likely to suffer significant harm, they share them with relevant practitioners and escalate them if necessary, using the referral or escalation procedure in place within their local multi-agency safeguarding arrangements. They update colleagues when they receive relevant new information.
- Practitioners never assume that information has already been shared by another professional or family member and always remain open to changing their views about the likelihood of significant harm.

PART B: Targeted at those directly involved in child protection work, including Section 47 enquiries, child protection conferences and child protection plans

- Practitioners are aware of the limits and strengths of their personal expertise and agency remit. They work collaboratively and proactively with multi-agency practitioners to build an accurate and comprehensive understanding of the daily life of a child and their family to establish the likelihood of significant harm and any ongoing risks. Practitioners respect the opinions, knowledge and skills of multi-agency colleagues and engage constructively in their challenge.
- Practitioners have an applied understanding of what constitutes a child suffering actual or likely significant harm. They consider the severity, duration and frequency of any abuse, degree of threat, coercion, or cruelty, the significance of others in the child's world, including all adults and children in contact with the child (this can

include those within the immediate and wider family and those in contexts beyond the family, including online), and the cumulative impact of adverse events.

- Practitioners take care to ensure that children know what is being discussed about them and their family where this is appropriate. They ask children what they would like to happen and what they think would help them and their family to reduce the likelihood of significant harm, including where harm is taking place in contexts beyond the family home. Practitioners listen to what children tell them.
- Practitioners engage parents and the family network, as appropriate, in the discussions, recognising previous involvement with agencies and services may influence how they engage. Practitioners encourage parents and families to express what support would help them to reduce significant harm.
- Practitioners thoroughly explore the significance of the adults in contact with the child and their family or individual histories. They should pay particular attention to any serious criminal convictions, previous allegations of child abuse, domestic abuse or impulsive violent behaviour, restrictions on contact with children or involvement with children subject to child protection plans or care proceedings.
- Practitioners satisfy themselves that conclusions about the likelihood of significant harm give sufficient weight to the views, experiences, and concerns of those who know the child and/or parents well, including relatives who are protective of the child, and other relevant practitioners.
- Practitioners share their thinking and proposed recommendations with other practitioners who hold relevant information and insight into the child and adults involved with the child. Practitioners comment, challenge, and jointly deliberate, before making a final decision about the likelihood of significant harm.
- Together with other agencies, practitioners clarify what family help from multi-agency partners is necessary to reduce the likelihood of significant harm and maintain reasonable care for the children. They seek assurance that this resource is available and of sufficient skill and intensity.
- Practitioners explain clearly to parents and the family network the implications of the threshold that has been reached for section 47 enquiries, the initial child protection conference, and any ongoing child protection plan (including that this threshold may lead to pre-proceedings, should the likelihood of significant harm not reduce). Practitioners do everything they can to ensure that parents and the family network understand and can engage purposefully with the enquiries and any protection plan.
- Practitioners remain alert to changes in circumstances for the child and family and respond as new information comes to light that needs to be reflected in the child protection plan.
- Practitioners reflect on the proposed protection plan and consider adjustments to strengthen the protection plan. The protection plan is specific, achievable, and relevant to the likelihood of significant harm and the context in which it is occurring.