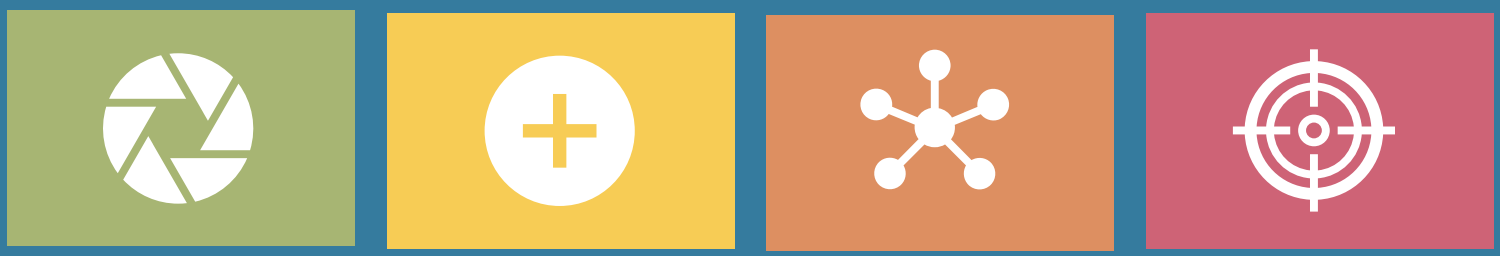
Isle of Wight Safeguarding Children Partnership

# THRESHOLD PATHWAY GUIDANCE DOCUMENT



September 2025

## 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.

## 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 and areas of need, 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 for 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 DfE Information Sharing: Advice for Practitioners in Safeguarding Services is clear that consent should not be relied on for this purpose recognising we have an obligation to make families aware of what information we are sharing and with whom, if it safe to do so. The Seven golden rules of information sharing are also a useful resource for practitioners.

Seven golden rules of information sharing

While the provision of early help services is by consent, and based on voluntary engagement, it is acknowledged that lack of consent from parents/carers may impact negatively on the child's needs. This may lead to a necessary re-evaluation of what services may be required, if the child's needs are becoming complex or escalating (see Threshold Chart). Practitioners should always actively engage with families, addressing their concerns around consent while maintaining transparency about both the potential

and actual impact on the child. This can result in parents and carers reconsidering their decision.

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 a case-by-case 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.

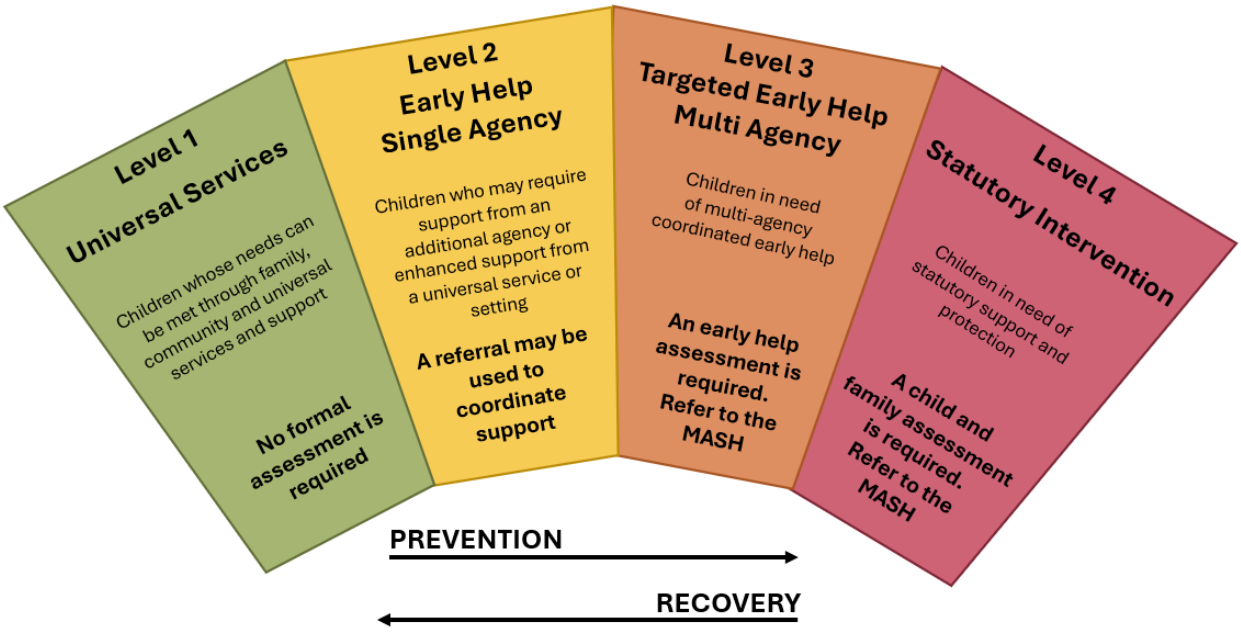
## Moving through the different levels of help and protection

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

## 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.

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



**Note:** Support at any level may involve services that primarily work with adults, especially where adult needs impact the child's wellbeing.

## LEVEL 1 – UNIVERSAL SERVICES

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 – EARLY HELP SINGLE AGENCY

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

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

## LEVEL 3 – TARGETED EARLY HELP MULTI-AGENCY

Children and families with multiple or escalating needs that require a coordinated multi-agency response.

- Needs may include persistent school absence, at risk of permanent exclusion/without a school place, poor emotional or mental health, risk of child exploitation, or poor attachments. Developmental milestones may not be met due to persistent issues in parenting capacity.
- Families may be affected by domestic abuse, substance misuse, or mental health concerns.
- An **Early Help Assessment** is used to identify needs and develop a coordinated support plan.
- A **Lead Worker** is appointed to co-ordinate the plan (not deliver services) and can be from any relevant agency. Anyone in the multi–agency workforce can and should undertake an early help assessment if they have received appropriate training.
- Support is provided by targeted services alongside universal services.
- Advice can be sought from the Isle of Wight Early Help Team or Multi Agency Safeguarding Hub (MASH).

## LEVEL 4 – STATUTORY INTERVENTION

Children and families with significant or complex needs that require statutory intervention by Children's Social Care. Statutory intervention is the highest level of support and should be less common if earlier levels are effective.

- Children may be at risk of significant harm or suffering from neglect, abuse, or exploitation and their needs cannot be met without the provision of services.
- They may be persistently or severely absent from education.
- The child may have complex mental health needs that are impacting their developmental needs, including self-harm.
- The child may be at risk of entry to the care system.
- Families may be experiencing domestic abuse, homelessness, or there may be persistent parental non-engagement.
- A multi-agency **Child and Family Assessment** is led by Children's Social Care, and this may result in a **Child Protection Plan** (Section 47, Children Act 1989) or a **Child in Need Plan** (Section 17, Children Act 1989).

## 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 a prevention and recovery approach.

## Think Prevention

This means:

- ✓ children are identified early when they need help and their needs for help are met swiftly. Where multiple needs are identified at an early help level, an early help assessment and plan are used to ensure services work together and with families to ensure the child's needs are met.
- ✓ a shared 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 and co-ordinating an early help plan where that is needed.

Helping 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 health issues 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 custody
- 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 excluded

## Think Recovery

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

Where children's social care involvement is coming to an end and a 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 an 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.

## 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 about consent for referrals.

## 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

## 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.

## 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:**
What is making me feel uncomfortable or concerned?

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

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

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

**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 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 may have gathered as part of their enquiries and will make a recommendation for what should happen next, this may mean a child and family being offered Early Help or an assessment under section 47 or section 17 Children Act 1989, or it may be considered that support from universal services is sufficient.

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 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. The MASH process does not include every child and family's information being checked with all agencies within the MASH such as the police or health, 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 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.*

If you are a professional and have concerns because you think that a child might be 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

Note: If there is an **urgent** concern out of hours, please call the out of hours number instead of submitting an IARF.

# Feedback

Professionals referring children to MASH can expect to receive feedback on the outcome or action in respect of a 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

- 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.

**PLEASE 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. INCORRECT THRESHOLDS FOR REFERRAL

Referrals are sometimes made that clearly do not meet the threshold for statutory intervention.

Concerns that could be addressed through level 2 Early Help are escalated prematurely, leading to unnecessary involvement of social care.

### 2. INSUFFICIENT INFORMATION, WHERE IT IS KNOWN

Referrals lacking key details such as:

- The nature and severity of the concern
- Key details of the child, other family and other significant adults
- Chronology of events, including dates and times
- Previous interventions or support provided / other agencies currently involved with the family
- Lack of reference to the child's lived experience – their voice, behaviour and presentation
- Sufficient detail regarding the concerns and what the impact/likely impact is on the child.
- Not using supporting tools/resources such as the Child Exploitation Risk Assessment Framework (CERAF) or Signs and Indicators of Child Sexual Abuse template, Neglect Toolkit, Neglect Threshold and Indicator Chart

This can delay decision-making and risk assessment.

### 3. LACK OF PRIOR EARLY HELP ENGAGEMENT

Early Help should be considered when a child or family needs support but does not meet the threshold for statutory services as outlined in the Threshold Chart

### 4. 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.

### 5. 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.

### 6. 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.

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 early help it is important to meet regularly to ensure progress of actions and that support is having the impact that the child and family needs.

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 we might over focus on consent.** As long as we have explained the process positively and clearly to families, the primary purpose of helping a child and family, and shared our agency's privacy notice that should 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

## 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. This may be within school support; single or multi-agency early help or statutory safeguarding 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. Rather than being grouped solely by diagnosis, attention should be paid to identifying and ensuring a response 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 for individual children with special educational needs and/or disabilities. This role involves collaborating with specialists to make sure the child's 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.*
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- ★ 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**

## Key resources

To report concerns about a child's welfare, complete the Inter-Agency Referral Form

HIPS Working Together to Resolve Professional Differences

Child Exploitation Risk Assessment Framework (CERAF) and associated guidance on completing a CERAF

The IOWSCP offers a comprehensive Free, multi-agency, learning and development programme to all practitioners, including the voluntary and community sector

There are a range of safeguarding themed toolkits to support practitioners

Resources for working with children and families

Children with additional needs (including complex needs and disabilities)

Professionals' Meetings guidance to support routine planning meetings, when it may not be appropriate to involve children or families directly.

**KEY TOOLS**

* Chronologies of significant events
* Day in my life tools
* Educational neglect guidance
* Communication support and practical ideas for engaging with children
* Interactive Neglect Threshold and Indicator Chart
* Domestic Abuse Pathway Guidance for children
* Signs and indicators: A template for identifying and recording concerns of CSA
* Communicating with children: A guide for those working with children who have or may have been sexually abused
* Supporting parents and carers: A guide for those working with families affected by child sexual abuse
* Helping education settings identify and respond to concerns – CSA Centre
* Supporting practice in tackling child sexual abuse – CSA Centre

# Appendix 1

## Hampshire and Isle of Wight Safeguarding Children Partnership and Children's Trust Thresholds Chart
## Update February 2025 (contact details)

| Threshold: | 1. Universal | 2. Early Help | 3. Targeted Early Help | 4. Children's Social Care (child in need/child in need of protection) |
|---|---|---|---|---|
| The Child or Young Person (maybe unborn): | Has needs met within universal provision. May need limited intervention within the setting to avoid needs arising. | Has additional needs identified within the setting that can be met within identified resources through a single-agency response and partnership working. | Has multiple needs requiring a multi-agency coordinated response. | Has a high level of unmet and complex needs or is in need of protection. |
| | **The following circumstances and key indicators are for guidance and should always be considered in respect of the impact on the child or young person including unborn and newborn infants. Each child's case will be individually considered taking into account the child's circumstances and the strengths of the family.** | | | |
| Circumstances and Key Features: | **Developmental Needs of child**<br>• Achieving age related expectations in education<br>• Good attendance at school<br>• Meeting developmental milestones<br>• Has psychological wellbeing<br>• Socially interactive and skilled<br>• Ability to protect self and be protected | **Developmental Needs of Child**<br>• Absence/truancy from education<br>• Incidence of absence/missing from home<br>• Has special educational needs (whether or not they have a statutory Education, Health and Care Plan)<br>• Is disabled and has specific additional needs<br>• Is a young carer<br>• Is showing signs of being drawn into antisocial or criminal behaviour including gang involvement and association with organised crime groups<br>• Is misusing drugs or alcohol<br>• Has previously been in care/returned home to their family from care<br>• Subject to fixed-period suspensions<br>• At risk of social exclusion<br>• Has poor attachments<br>• Language and communication difficulties<br>• Reduced access to core services<br>• Potential for becoming NEET (not in education, employment or training)<br>• Potential not to attain<br>• Slow in meeting developmental milestones<br>• Child appears underweight and there are concerns about nutrition[1]<br>• Child appears overweight or obese[2]<br>• Missing health checks/immunisations<br>• Minor health problems<br>• Poor self-esteem<br>• Low level emotional/mental health issues<br>• Inappropriate use of social media (e.g., use of inappropriate images) | **Developmental Needs of Child**<br>• Persistent absence from education<br>• Missing from school/home regularly<br>• Has special educational needs (whether or not they have a statutory Education, Health and Care Plan)<br>• No access to core services<br>• Social exclusion<br>• Poor attachments<br>• Is disabled and has specific additional needs<br>• Is subject to permanent exclusions/no school place/no education<br>• Not in education, employment or training (NEET)<br>• Has returned home to their family from care<br>• Developmental milestones not being met due to persistent parental failure/inability<br>• Child is underweight and there is significant concern about lack of nutrition/potential consequences to their health and wellbeing or lack of parent/carer engagement<br>• Child appears overweight/obese, and health professional confirms that intervention over time is not impacting and there is concern about consistent engagement of parents/carers in support given.<br>• Chronic/recurring health problems<br>• Regular missed appointments affecting developmental progress<br>• Teenage pregnancy<br>• Is misusing drugs or alcohol | **Developmental Needs of Child**<br>• Chronic persistent or severe absence from education, permanent exclusions or no school place/no education that risks entry to the care system<br>• Is frequently missing/goes missing from care or from home<br>• Persistent social exclusion<br>• Poor attachments<br>• Complex/multiple disabilities<br>• Has special educational needs (whether or not they have a statutory Education, Health and Care Plan)<br>• Actual or suspected bruising or other injury in an infant who is not independently mobile<br>• A child of any age, who is not independently mobile with bruising or unexplained marks.<br>• Complex mental health issues affecting developmental needs including self-harm<br>• High level emotional health issues and very low self-esteem<br>• Has recently returned home to their family from care<br>• Unexplained (Non-organic) failure to thrive<br>• Lack of food or very poor diet linked to neglect (please see Hampshire and Isle of Wight Neglect toolkit and Indicators chart)<br>• Child appears overweight/obese and there is imminent severe health risk due to obesity (medical conditions and psychosocial risks such as difficulties with physical function, self-esteem or a |

[1] Children who appear under or overweight should be referred to a health professional for assessment.
[2] Children who may be overweight or obese should be referred to a health professional for assessment.

| | | | | |
|---|---|---|---|---|
| | | | • Problematic sexual behaviour/underage sexual activity<br>• Offending/antisocial behaviour resulting in risk of entering the Youth Justice System<br>• Emotional/mental health issues including self-harm<br>• Is showing signs of being drawn into antisocial or criminal behaviour including gang involvement and association with organised crime groups<br>• Inappropriate/problematic use of social media (e.g., sexting/use of inappropriate images)<br>• Is at risk of exploitation | lack of progress at level 3 and parents/carers are consistently failing to engage with support given.<br>• Problematic/harmful sexual behaviour<br>• Sexually aggressive behaviour<br>• Teenage parent or pregnancy under the age of 13<br>• Drug/alcohol use severely impairing development<br>• Relationship breakdown between child and parent/carer that risks entry to the care system<br>• Offending/antisocial behaviour and in the Youth Justice System<br>• Refugee children – defined as separated children seeking asylum or having been granted asylum in the UK.<br>• Is at risk of modern slavery, trafficking, missing or exploitation is evidenced<br>• Is at risk of being radicalised (PREVENT) or exploited<br>• Is a privately fostered child<br>• Inappropriate/problematic use of social media (e.g., sexting/use of inappropriate images)<br>• Sexual exploitation/abuse (including online) |
| | **Family and Environment**<br><br>• Supportive relationships<br>• Housed, good diet and kept healthy<br>• Supportive networks<br>• Access to positive activities | **Family and Environment**<br><br>• Family or household member relies on child for some care<br>• Poor parent/child relationships<br>• Children of prisoners/parent subject to community order(s)<br>• Child exposed to bullying environment<br>• Poor housing, poor home environment or poor/limited diet impacting on child's health<br>• Community harassment/discrimination<br>• Low income affects achievement<br>• Parenting advice needed to prevent needs escalating<br>• Poor access to core services<br>• Risk of relationship breakdown<br>• Concerns about possible domestic abuse | **Family and Environment**<br><br>• Housing tenancy at risk<br>• Imminent risk of homelessness<br>• Community harassment/discrimination<br>• Domestic abuse<br>• Relationship breakdown<br>• Transient family<br>• Is in a family circumstance presenting challenges for the child such as drug and alcohol misuse, adult mental health issues and domestic abuse<br>• Community harassment/discrimination<br>• Child and adolescent to parent, violence and abuse (CAPVA). Repeated abusive behaviour, that may include physical violence, emotional, economic or sexual abuse and coercive control. Risk of family breakdown and/or siblings at risk due to exposure to the abuse.<br>• Poverty and financial hardship affecting child's wellbeing | **Family and Environment**<br><br>• Suspicion of physical, emotional or sexual abuse, or neglect<br>• Domestic abuse resulting in child being at risk of significant harm<br>• Homeless child/young person<br>• Family intentionally homeless<br>• Extreme poverty significantly affecting child's wellbeing<br>• Forced marriage, Honour-Based Violence, Female Genital Mutilation, Fabricated or Induced Illness (FII)<br>• Child and adolescent to parent, violence and abuse (CAPVA). Significant repeated abusive behaviour, that may include physical violence, emotional, economic or sexual abuse and coercive control. Risk of immediate family breakdown and/or siblings at risk of continued physical harm due to the abuse |
| | **Parents and Carers**<br><br>• Protected by carers<br>• Secure and caring home<br>• Receive and act on information, advice and guidance<br>• Appropriate boundaries maintained | **Parents and Carers**<br><br>• Inconsistent care arrangements<br>• Poor supervision by parent/carer<br>• Inconsistent parenting<br>• Poor response to emerging needs<br>• Historic context of parents/carers own childhood | **Parents and Carers**<br><br>• Parental learning or physical disability, substance misuse or mental health issues impact on parenting<br>• Inconsistent care arrangements<br>• Poor supervision by parent/carer | **Parents and Carers**<br><br>• Previous history of child/ren of one or more adult in the household being in care or subject to child protection plans<br>• Parental encouragement of abusive/offending behaviour |

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| | | • Parent or other family member involved in offending behaviour/subject to supervision within the criminal justice system | • Inconsistent parenting<br>• Poor response to identified needs<br>• Historic context of parents/carers own childhood<br>• Parent or other family member involved in offending behaviour/subject to supervision within the criminal justice system | • Continuing poor supervision in the home resulting in significant harm or risk of significant harm<br>• Parental non-compliance/disguised compliance or cooperation<br>• Inconsistent parenting affects child's developmental progress |
| **What Do I Do Next?** | Go direct to the family information site:<br>IOW Family Information Hub<br>Hampshire Family Information and Services Hub | Consider Early Help checklist. Referral to agency for support to meet identified needs. For further advice or guidance in respect of Early Help, contact your local Family Support Service. | Early Help assessment to be considered. If you require advice or guidance in respect of the child or young person's needs, submit an Inter-Agency Referral Form to the Children's Reception Team. | Use the Inter-Agency Referral Form to refer to the Children's Reception Team or phone on **0300 555 1384** (Hampshire) **01983 823436** (Isle of Wight) if the matter is an urgent safeguarding issue. Alternatively, ring police on **999** if at immediate risk. |
| **Level of Assessment:** | **No formal assessment** | **IOW Early Help Information**<br>**Hampshire Early Help Information** | **Early Help assessment** | **Child and Family assessment / child protection (S47) investigation** |

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| **Refer via:**<br>**Hampshire Inter-Agency Referral Form (IARF)**<br>**Isle of Wight Inter-Agency Referral Form (IARF)** | **Hampshire Professionals Number: 01329 225379** | **Isle of Wight Professionals Number: 01983 823436** | **Emergencies: 999** |
| | **Hampshire Public Number: 0300 555 1384** | **Isle of Wight Public Number: 01983 823435** | |

**Further Resources**

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| HIPS Child Sexual Abuse Toolkit | HSCP and IOWSCP Neglect Toolkit including the Neglect Indicators Chart and Educational Neglect Advice for Practitioners |
| HSCP and IOWSCP Safeguarding Adolescents Toolkit | HIPS Adopting a Family Approach Toolkit |
| HSCP and IOWSCP Safeguarding Infants Toolkit<br>3.16 Unborn/Newborn Baby Safeguarding Protocol \| Hampshire, Isle of Wight, Portsmouth and Southampton (hipsprocedures.org.uk) | HIPS Child Exploitation Toolkit |
| HSCP Strengthening Parental Relationships Toolkit | IOW Council Supporting Parental Relationships for Professionals |
| IOWSCP Recognising and Responding to Cumulative-Harm Multi-Agency Practice Resource | HSCP Multi-Agency Practice Resource - Cumulative Harm |
| Child on Child Abuse: Addressing-child-on-child-abuse.pdf (farrer.co.uk) as noted in KCSIE 2022<br>HIPS Child Sexual Abuse Toolkit: Harmful Sexual Behaviour<br>HSCP and IOWSCP Child on Child Abuse Toolkit | Child and Adolescent to Parent Violence and Abuse: CAPVA \| Respect |

# Appendix 2

## 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 observes 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.