



Isle of Wight  
**Safeguarding  
Children  
Partnership**

Practitioner Briefing – Local Learning Event  
Learning from serious safeguarding cases

# The Learning and Inquiry Group



The Isle of Wight Learning and Inquiry Group considers serious safeguarding cases where there may be concerns regarding multi-agency working and /or learning for the multi-agency workforce. Where the criteria for a local Child Safeguarding Practice Review are not met, a proportionate multi agency local learning event may be undertaken.

It is important that findings and learning are shared across the workforce, and it is hoped this is a supportive way of sharing learning that agencies and practitioners can use flexibly, within their organisations and settings.

The recommendations have been approved by the Isle of Wight Safeguarding Partnership Executive Group and will be assured for completion on behalf of the Isle of Wight Safeguarding Children Partnership by the Learning and Inquiry Group.

This briefing is to share the system learning to improve overall practice.

“There is learning for all parts of our multi-agency safeguarding system. What is striking is how siloed systems and passive practitioners were in response to the child's lived experience.

We must work together to prevent the neglect of children and from this being hidden in plain sight. Safeguarding children is always about professional curiosity and relationships with the children and families we work with, and each other.”

**Always have the conversation.**

# System Learning

In line with Working Together to Safeguard Children, Child & Family and Early Help assessments should be multi-agency assessments.

- supports the effective sharing of information
- promotes fuller understanding of the child and family's circumstances
- promotes professional curiosity and shared analysis

Multi-agency partners should be aware of all forms of neglect including Educational and Nutritional Neglect.

- Neglect may involve a parent or carer failing to provide suitable education.
- Failure to provide adequate calories or nutritional intake for normal growth would be considered nutritional neglect.

## Understanding the Cumulative Impact of Neglect – Including Physical, Emotional, Educational, Nutritional and Medical Neglect.

- Neglect is a complex harm that requires a great deal of professional skill and vigilance to assess its cumulative impact.
- [Recognising and responding to cumulative harm](#)

## Consider all forms of abuse

- Always apply professional curiosity when there are potential signs or indicators of child sexual abuse or domestic abuse.
- Use available tools and resources effectively, such as the [signs and indicators template](#) and [communicating with children guide](#) and [Domestic Abuse Referral Pathway for Children and Young People](#)

## Importance of professionals accessing safeguarding supervision

- Ensures practitioners are supported, guided, and accountable
- Provides space for reflection, sharing concerns, and receiving advice
- Promotes high standards and early risk identification
- Builds confidence, consistency, and improves child safety and wellbeing.

## Larger sibling groups

- All children must be seen as individuals, especially when in a large sibling group. This should be included within all assessments and plans.
- When plans are updated, the circumstances for each child should be considered individually, including whether the plan is having the necessary impact for each child.

## Attachment and “the meaning of the child”

- Ensure you understand the quality of relationships between all family members.
- Be alert to differences in parental relationships with individual children and consider how this may affect each child’s experience and safety.
- The assessment framework referenced in Working Together to Safeguard Children, supports child and family assessments, and early help assessments. The domains of child, development, parenting capacity and family and environmental factors when taken together offer assessing practitioners a perspective on attachment, family relationships and the child’s position and experience within the family.
- The “meaning of the child” within child protection practice was first noted by Reder and Duncan in 1993 in their research into child deaths. More recently the meaning of the child interview has been developed as a method of understanding parent-child relationships. [Assessing parent-child relationships through understanding how parents think about their child](#)

## Labels and diagnoses

- Avoid over-reliance on labels or diagnoses attributed to children by their parents; Practitioners are reminded to use the phrase ‘parents report that...’ and triangulate this when it is of concern.
- Do not let a narrow focus on one issue (e.g., behaviour or anxiety) overshadow other critical factors such as trauma, attachment, family dynamics, interests, education, and daily lived experiences.

## Virtual appointments

- Whilst parents accounts are important, it is equally important to hear from the child wherever possible
- Where multiple health professionals are involved, there must be appropriate liaison and information sharing relevant to the welfare of the child.

## Transition planning in Education

- Ensure robust transition planning, particularly when a child with additional needs transitions between education settings, including moving from elective home education to school

## Roles and responsibilities in relation to safeguarding children who are elective home educated

- [Elective Home Education \(EHE\) Multi-agency roles and responsibilities](#)
- [Child Safeguarding Practice Review Panel: Safeguarding children in Elective Home Education](#)
- Health professionals have a critical role to play; they may be the only agency that has visibility and knowledge of a child.
- When children are less visible to services, practitioners must consider how to adapt their practice

The safeguarding responsibilities of schools apply to every child on their school roll, regardless of attendance

- There is a clear expectation within statutory guidance that schools must respond to (prolonged) absence and engage relevant services and support, including referring to MASH where indicated. [Working together to improve school attendance](#)

## Professionals' Meeting Guidance

- [Professionals' meetings](#) provide the opportunity or forum for consideration of a child and families' circumstances and allow for effective information sharing and professional curiosity in order to reach a shared understanding of what can be complex issues. This may, in turn, lead to professional being able to challenge and support families more effectively, especially where there is possible disguised compliance, hostility and/or resistance.

## Purpose and role of child protection plans within the island's child protection process

- [Working Together to Safeguard Children](#) (pages 79 – 105) outlines the national multi-agency practice standards for child protection. These are for all practitioners working in services and settings who come into contact with children who may be suffering or have suffered significant harm within or outside the home
- Practitioners should carefully consider when to move a child to a Child in Need or Early Help plan, especially during key transitions like changing schools, to ensure support remains consistent.
- Where health concerns are identified, the appropriate health professional to attend the Review Child Protection Conference (RCPC) and Core Group meetings should be identified during the Initial Child Protection Conference (ICPC).

# System Learning

Schools should collaborate with health professionals when considering authorising medical absences and identify any reasonable adjustments needed to support and enhance a child's educational engagement.

- While it is important that relevant health professionals provide insight into a child's health needs and the impact of these needs, they are not expected to determine whether a child is fit to attend school. The responsibility for determining suitable educational provision rests with education professionals, who must use the health information provided to assess and implement reasonable adjustments that enable the child to access education. This process should be informed by, and in consultation with, health practitioners where appropriate.

# Training and resources to support practice

- [IOWSCP Training page](#)
- [Neglect toolkit](#)
- [Child Sexual Abuse toolkit](#)
- [Neglect Threshold and Indicator Chart](#)
- [Thresholds Chart](#)
- [Day in my life tools](#) – For understanding a child daily lived experience
- [HIPS Escalation Policy for the Resolution of Professional Disagreement](#)
- [Centre of expertise on child sexual abuse - Signs and indicators template](#)
- [Multi Agency Practice Resource – Recognising and responding to the impact of cumulative harm](#)
- [Multi -agency roles and responsibilities around Elective Home Education](#)
- Understanding the links between trauma and neurodiversity in children (pending approval)
- Educational Neglect Advice (pending approval)

