



Isle of Wight Children and Young People's Services

Thresholds for Interventions

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1. Introduction

- 1.1 The majority of children and young people in each local authority area have a number of basic needs that can be met through a range of universal services. These services include education, early years, health, housing, youth services, leisure facilities and services provided by voluntary organisations. The Isle of Wight Council's 'Family Information Zone' (<http://www.wightchyys.org.uk/chyys/>; Tel: (01983) 821999) provides information about services available to all families on the island. Some children go through periods of time where they are identified as having additional needs which mean that 2 or more agencies may become involved and develop a 'Team around the Family' plan. Often this results in the child's needs being met and no more need for additional services. A minority of children have more complex needs that require the involvement of Children's Social Care teams or Youth Offending teams.
- 1.2 Information about indicators for child protection responses are included in the 4lscb Safeguarding Children procedures (these can be accessed at <http://www.4lscb.org.uk>)

2. Who is the document for?

- 2.1 This document is produced by the Isle of Wight Local Safeguarding Children Board. It is primarily written for professionals who come into regular or daily contact with children or families and may have a concern about a child, young person or unborn child. This document does not replace the Best Practice Guidance which is already in place to inform effective and timely responses and intervention by social care staff, when and where required.

3. Contacts

- 3.1 A contact is any contact or notification from any agency or individual to children's social care indicating that a child may be in need.
- 3.2 Some contacts may (within 24 hours) be determined to be referrals, in which case an initial assessment will be carried out. An initial assessment is a statutory tool as identified within the *Framework for the Assessment of children in need and their families (Department of Health 1999)*. It should be completed within 10 working days and identifies whether the child or young person is a child in need of services provided by children's social care, and the services and interventions that are required to respond to those needs.
- 3.3 Where there have been three or more contacts received about the same family over the course of 12 months the relevant Consultant Social Worker (CSW), within the First Response Unit must either

commission an initial assessment, undertake a home visit and offer the family a CAF or consult with his/her group manager and then record why an assessment is not required.

4. Common Assessment Framework (CAF)

The Common Assessment Framework (CAF) is a totally voluntary process that provides a holistic assessment of a child's needs for services. It is a system for recognising signs that a child may have needs that a single universal service cannot meet.

At the centre of the development of the CAF is the principle that it is child/young person centred, and can be shared across agencies and between professionals – as appropriate, and with the family/young person's permission.

The CAF provides a common method of assessment across children's services and local areas. It facilitates early identification of needs, leading to co-ordinated provision of services, involving a lead professional, and sharing information to avoid duplication of assessments.

The common assessment is designed for when a child has **additional needs** ie:

- There are concerns about how well a child is progressing in terms of their health, welfare, behaviour, progress in learning or any other aspect of their well-being.
- The child's needs are unclear or broader than a single universal service can address, and a 'Team around the family' is needed.

A common assessment should be completed when a professional in any agency has concerns that a child has additional needs. Alternatively, parents may also request a CAF to be completed. All CAFs should be logged with the First Response Unit, whose role is also to offer advice, quality assure and progress-chase CAFs.

If there is an immediate need to protect a child, professionals must contact First Response and/or the police directly and make a referral, rather than completing a common assessment.

How to Decide Whether to Make a Referral

Professionals should make a referral where a child:

- Is deemed to be a child in need (child with complex needs)
- Is likely to suffer significant harm
- Has suffered significant harm

5.1 Child in Need

5.1.1 Section 17 of the Children Act 1989 places a general duty on every local authority to safeguard and promote the welfare of children who are in need within their area. The Isle of Wight children's social care service must, so far as is consistent with this duty, promote the upbringing of children in need by their families, through provision of a range and level of services appropriate to the child's needs.

5.1.2 The Children Act 1989 states that a child shall be considered "in need" if:

- S/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services **by a local authority**;
- Their health or development is likely to be significantly impaired, or further impaired, without the provision of such services; and/or
- S/he is disabled according to the legislation

5.1.3 LA children's social care operates under a strict legal framework, and it is this legal framework that dictates which cases must be accepted from referral, and what services can be offered or provided to children, young people and families.

5.1.4 Professionals with concerns should always take responsibility for referring and not expect parents or family members to do this themselves.

5.1.5 It is important to be clear about the purpose and intended outcome of the referral. Whilst a referral to First Response may not reach the threshold requiring assessment and intervention, information received will be put onto the database and will be taken into consideration in the event of further information being received. Even if a referral does not require a social work involvement, First Response will provide advice and support as to the appropriate next steps.

5.1.6 Using the information at the back of this document is helpful to consider the main categories of referrals and related levels of need, to consider where your concerns about a child or young person fit.

5.1.7 It can be very useful to consult with other professionals in the child's network (such as health visitor, youth worker, or teacher) if you have concerns. When the concern is about risk of harm to a child, you may want to speak to your own agency lead for child protection and safeguarding.

5.1.8 Safeguarding and child protection work should always be underpinned by principles of working in partnership with families. As such, **the First Response unit will not accept a professional referral until the**

referrer has informed the family of their intention to refer. The only exceptions to this are when it is believed that to inform the parent will place the child at increased risk of significant harm.

- 5.1.9 Where a referral has come from a member of the public, First Response will respect the referrer's right to anonymity if that has been requested.
- 5.1.10 When a child does not have complex needs, First Response will provide referrers with information on more suitable resources or give advice and support around completing a CAF.
- 5.1.11 Practice in relation to the receipt and acknowledgement of referrals will accord with statutory guidance contained within Working Together To Safeguard Children (2010). Professionals who contact children's social care should ensure this is followed up in writing within 48 hours. The First Response Unit will confirm receipt of the written referral within 1 working day of receipt. If the referrer has not received this confirmation within 5 working days they should notify the Group Manager of the First Response Unit. At the end of any discussions about a child, the referrer and the First Response Unit should be clear about the Local Authority's proposed course of action in response to the referral, timescales, who will be taking agreed actions or a clear decision that no further action is being taken. This decision will be recorded by the First Response Unit within the child's file or by the referrer if in another professional service.
- 5.1.12 Please refer to the guidance at the end of this document, which provides information about levels of need. This list is not exhaustive, but included for illustrative purposes only.
- 5.1.13 Where a child and their family have complex needs, or is a child in need due to having a disability an assessment will be undertaken by children's social care. The assessment may lead to a short term intervention, provision of Direct Payments, short breaks or long term support to children with disabilities. It may also lead to the child becoming subject to a Child Protection Plan or court proceedings or the child being placed in LA Care.
- 5.1.14 The Children Act ('89) sets out the following definition: a child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability, physical or mental health.'
- 5.1.15 The Children and Young Adults Disability Team usually provide a service to those children who have
- Severe learning disabilities
 - Severe physical disabilities

- Severe developmental delay in motor and / or cognitive functioning
- Profound multiple disabilities
- Severe sensory impairment (registered blind or profoundly deaf)
- Complex and severe health problems that arise from the disability, that are life threatening, degenerative illness or organic disorder resulting in severe disability.
- Severe autistic spectrum disorders

5.1.16 The Children and Young Adults Disability Team is unlikely to provide a service to children with

- Moderate physical disabilities
- Specific learning disabilities
- Speech and language difficulties
- Minor sensory impairment (except for equipment access and provision)
- Educational problems
- Emotional and behavioural problems including children with Attention Deficit Hyperactivity Disorder
- Mild to moderate developmental delay
- Mild autistic spectrum disorders or Asperger's Syndrome – unless linked to other problems such as conduct disorder etc
- Oppositional defiant disorder
- Mental health difficulties
- Medical conditions that are not permanent

5.1.17 However, advice and signposting will be provided even if a social care service is not provided. Many of these children may benefit from a 'Team around the Family' and a CAF will be recommended.

5.1.18 LA children's social care determines the level of need for children by a process of assessment based on the Framework for the Assessment of Children in Need and their Families (2000). The assessment looks at the child's developmental needs, parenting capacity of their carers, and family and environmental factors.

5.2 Significant Harm

5.2.1 A child is in need of protection when it is believed or suspected that the child has:

- Suffered significant harm
- Is likely to suffer significant harm

5.2.2 'Harm' is defined by the Children Act ('89 and '04) as:

- Ill treatment which includes sexual abuse, physical abuse and forms of ill treatment which are not physical, for example, emotional abuse; or
- Impairment suffered from seeing/hearing ill treatment of another
- Impairment of health (physical or mental); or impairment of development (physical, intellectual, emotional, social or behavioural)

The Children Act ('89) introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life, in the best interests of children. It gives local authorities a duty under section 47 to make enquiries when they have *reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or likely to suffer, significant harm* to enable them to decide whether they should take action to safeguard or promote the child's welfare.

Health, education, schools and other services have a statutory duty to help LA children's social care to carry out a Section 47 enquiry. The local authority will work with the police in the case of a criminal investigation.

5.2.3 Significant harm typically falls into the following categories:

Neglect

Neglect is the persistent failure to meet a child's basic physical and / or psychological needs, likely to result in the serious impairment of the child's health or physical, emotional, intellectual or behavioural development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation is often described using terms such as factitious illness or fabricated illness.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including

penetrative (e.g. rape or buggery) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

Domestic Abuse

The harm to children caused by domestic abuse can be through emotional abuse, (ie seeing or hearing the ill treatment of others) physical abuse and / or neglect. The main characteristic of domestic abuse is that the behaviour is intentional and is calculated to exercise power and control within a relationship. Domestic abuse is likely to have an impact on every aspect of a child's life although this will vary depending on the resilience of the child and the positives and negatives associated with his or her particular circumstances.

More often, significant harm is a compilation of significant events, both acute and longstanding which interrupt, change or damage the child's physical and psychological development. In each case it is necessary to consider any maltreatment alongside family strengths and supports.

6. Governmental guidance on information sharing

- 6.1. Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
- 6.2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom** information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- 6.3 Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.

- 6.4 Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgment, that lack of consent can be overridden in the public interest. You will need to base your judgment on the facts of the case.
- 6.5 Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
- 6.6 Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- 6.7 Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

7. Levels of Need Indicators/ Threshold Guidance

- 7.1 When deciding the level of priority need a child or young person is in, social care staff will take into account the age of the child and the impact the concern may have on the child's welfare and development, recognising that needs may fluctuate over time.
- 7.2 It is important to note that these examples are to illustrate levels of need only. The list that follows will **not replace professional judgment.**
- 7.3 **No single example will automatically trigger a specific response.**
- 7.4 Some factors may need to be considered within the family or environmental context, or in relation to other concerns.
- 7.5 In seeking further definition for specific levels of need, please refer to the - **4LSCB Child Protection Procedures** at **www.4LSCB.org.uk**

Effective partnership, based on mutual respect between agencies, provides the key to safeguarding children. Disagreement about any matters relating to the safeguarding of children should always be resolved by following the local conflict resolution process, which is available through the Isle of Wight Local Safeguarding Children Board and is included at the end of this document.

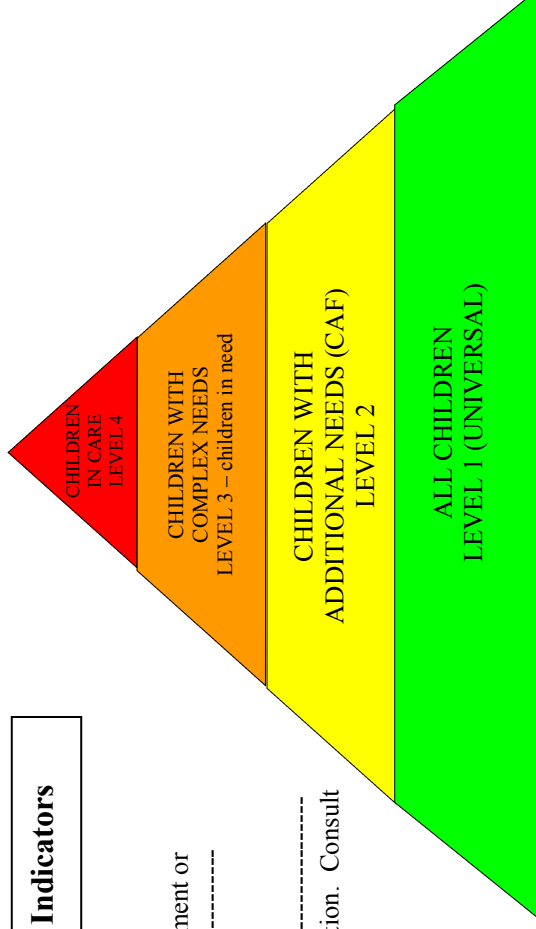
If you consider that a Child / Young Person may be suffering or is at risk of significant harm, a CAF does not have to be completed.

Child Protection Procedures should be followed and contact made directly with the First Response Team based at St James Centre, St James Street. Newport. PO30 5HE. Tel: (01983) 814373. Email:

Isle of Wight Levels of Need/Threshold Indicators

.Specialist assessment required e.g. initial assessment or S47 enquiry -----

Actions at this level -----
 Multi-agency response – early assessment and intervention. Consult and/or refer to other agencies as appropriate.



**LEVEL 1
 ALL CHILDREN (UNIVERSAL)**
 Universal Services
 Single agency response if required

The focus is on sustaining and enabling the child and their parents/carer through access to inclusive universal services.

These children and young people make good overall progress in all areas of development, who receive appropriate health care and education – they may access leisure and play facilities, housing and voluntary sector services.

At times within this universal level, children may have some extra needs which trigger a practitioner from a universal service undertaking a time limited enhanced intervention.

**LEVEL 2
 CHILDREN WITH ADDITIONAL NEEDS (CAF)**

These are children and young people with ‘additional needs’ who would benefit from extra help in order to make the best of their life chances, whose health and development may be adversely affected without the intervention of preventative services. This group will include teenage parents.

Their needs can usually be met through coordinating a ‘Team around the Family’ plan through the Common Assessment Framework. ‘Pre-CAF checklist’ may be a useful tool to help establish whether a CAF may be required.

**LEVEL 3
 CHILDREN WITH COMPLEX NEEDS
 (children in need)**

Children may be in need of protection
 Statutory Assessments

These are children and young people who have a greater level or number of needs, including those children who meet the threshold for the Children’s and Young Adults Disability Team, who would be unlikely to enjoy a reasonable standard of health and development without the provision of LA services. Often they require a co-ordinated multi-agency assessment or are at risk of becoming looked after.

They include children who have suffered significant harm or may be at risk of abuse or neglect, children with complex health, learning disabilities / difficulties, and unaccompanied asylum seeking children. They also include highly vulnerable teenage parents where there may be concerns for the welfare of the unborn baby

CHILD'S DEVELOPMENTAL NEEDS

CHILD'S DEVELOPMENTAL NEEDS	CHILDREN AND YOUNG PEOPLE WITH NO ADDITIONAL NEEDS	CHILDREN AND YOUNG PEOPLE WITH ADDITIONAL NEEDS (CAF)	CHILDREN AND YOUNG PEOPLE WITH COMPLEX NEEDS (children in need)
HEALTH	GENERAL HEALTH	<ul style="list-style-type: none"> ▪ Physically well ▪ Healthy ▪ Adequate diet / hygiene / clothing ▪ Regular dental / optical care ▪ Good state of mental health 	<ul style="list-style-type: none"> ▪ Learning significantly affected by health problems ▪ Concerns re: hygiene / clothing ▪ Limited / restricted diet – no breakfast, no lunch money ▪ Dental decay not treated ▪ Optical appointment not kept ▪ Acute mental health – self harming, suicidal thoughts, psychotic episodes ▪ ADHD / Autism / eating disorders ▪ Severe depression ▪ Missing all health appointments ▪ Inappropriate use of health services
		<ul style="list-style-type: none"> ▪ Child susceptible to persistent minor health problems – e.g. resulting in reduced attendance at school ▪ Minor concerns re diet / hygiene / clothing ▪ Inconsistent dental / eye care issues ▪ Vulnerability to mental health ▪ Parents / carers who have mental health / emotional / physical health difficulties ▪ Family breakdown / bereavement ▪ Missing some health appointments 	<ul style="list-style-type: none"> ▪ Weight gain / loss giving cause for concern ▪ Persistent concerns re. weight / height ▪ Exhibiting significant changes in eating habits ▪ Developmental milestones not met
PHYSICAL HEALTH	PHYSICAL HEALTH	<ul style="list-style-type: none"> ▪ Development and immunisations up to date ▪ All health appointments kept ▪ Appropriate height / weight 	<ul style="list-style-type: none"> ▪ Height / weight not proportionate
		<ul style="list-style-type: none"> ▪ Reaching all appropriate developmental milestones 	<ul style="list-style-type: none"> ▪ Slow in reaching developmental milestones
COMMUNICATI ON SPEECH AND LANGUAGE	COMMUNICATI ON SPEECH AND LANGUAGE	<ul style="list-style-type: none"> ▪ Normal speech and language development ▪ First language use appropriate 	<ul style="list-style-type: none"> ▪ Mild to moderate speech and / or language difficulty which is likely to have impact on child's ability to access educational curriculum / social inclusion / future attainment / employment ▪ Slow to develop first language skills ▪ Learning English as an additional language
		<ul style="list-style-type: none"> ▪ Profound / severe speech / language difficulties – significantly impacting on child's ability to access education / curriculum and future attainment / employment ▪ Extremely limited language / first language skills 	<ul style="list-style-type: none"> ▪ Profound / severe speech / language difficulties – significantly impacting on child's ability to access education / curriculum and future attainment / employment ▪ Extremely limited language / first language skills

CHILD'S DEVELOPMENTAL NEEDS	CHILDREN AND YOUNG PEOPLE WITH NO ADDITIONAL NEEDS	CHILDREN AND YOUNG PEOPLE WITH ADDITIONAL NEEDS (CAF)	CHILDREN AND YOUNG PEOPLE WITH COMPLEX NEEDS (children in need)
	<ul style="list-style-type: none"> ▪ Sexual activity age appropriate ▪ No substance misuse 	<ul style="list-style-type: none"> ▪ Some inappropriate sexual behaviour ▪ Access to drugs / alcohol / tobacco 	<ul style="list-style-type: none"> ▪ Risk of teenage pregnancy ▪ Concealed pregnancy ▪ At risk of sexual exploitation ▪ Persistent substance misuse
EMOTIONAL AND SOCIAL DEVELOPMENT	<ul style="list-style-type: none"> ▪ Good quality attachments ▪ Able to adapt to change ▪ Able to demonstrate empathy ▪ Demonstrates appropriate responses – feelings and actions ▪ Good social network ▪ Good peer relationships ▪ Behaviour well managed within family ▪ Involved in appropriate social activities – peers / home / school / community ▪ Aware of substance misuse / self harming risks 	<ul style="list-style-type: none"> ▪ Experiencing some difficulties with attachments ▪ Child can find managing change difficult ▪ Not always able to understand own actions impact on others – experiencing difficulties in coping / managing anger frustration ▪ May have difficulty with emotional responses ▪ Some behavioural difficulty in family community ▪ Not always involved in positive social activities / school / peers / home / community – may become involved in risk taking behaviours ▪ May have started experimenting in substance misuse 	<ul style="list-style-type: none"> ▪ Disrupted/disordered attachment with parents/carers ▪ Significant difficulty with managing change ▪ Limited ability to understand how actions impact on others – Child / Young Person withdrawn – unwilling to engage ▪ Disruptive / challenging behaviour at school / home – Child Young Person may be anxious, stressed or phobic ▪ Unable to display empathy put self / others in danger ▪ Child / Young Person regularly goes missing for long periods ▪ Unable to correct cause / effect of own actions ▪ Poor social networks / withdrawn / unwilling to engage / acting out ▪ Lacks ability to maintain peer relationships – aggressive, bully, bullied, racist / subject to racism ▪ Youth Offending ▪ Risk taking behaviours ▪ Has problem with substance misuse – impacting on health and behaviour

CHILD'S DEVELOPMENTAL NEEDS	CHILDREN AND YOUNG PEOPLE WITH NO ADDITIONAL NEEDS	CHILDREN AND YOUNG PEOPLE WITH ADDITIONAL NEEDS (CAF)	CHILDREN AND YOUNG PEOPLE WITH COMPLEX NEEDS (children in need)
<p>IDENTITY AND SOCIAL PRESENTATION</p>	<ul style="list-style-type: none"> ▪ Positive sense of self / abilities ▪ Demonstrates feelings of belonging and acceptance ▪ Is socially accepted ▪ Good mental health ▪ Able to seek assistance with problems ▪ Appropriate dress for different settings ▪ Good level of personal hygiene ▪ Confident in social situations – able to discriminate between 'safe' and 'unsafe' contacts ▪ Acts age appropriate in peer group ▪ Confident with adults ▪ Able to learn independence skills 	<ul style="list-style-type: none"> ▪ Some insecurities around identity / low self esteem ▪ Child can be socially isolated, potential rejection by family / peers ▪ May experience bullying / 'victim' / 'bully' role ▪ May experience some mental health difficulties ▪ Usually appropriate in appearance and behaviour ▪ Inconsistent personal hygiene ▪ Normally confident in social situations ▪ May have some difficulties in behaviour with peer group ▪ Has some difficulties relating to adults ▪ May have difficulty becoming independent or may become too independent for age 	<ul style="list-style-type: none"> ▪ Has significantly low self esteem ▪ Socially isolated and is experiencing rejection ▪ Experiences persistent discrimination ▪ Experiencing significant / prolonged mental health difficulties ▪ Significant self-harming behaviours ▪ Victim or perpetrator of bullying or crime ▪ Poor or provocative dress not age appropriate ▪ Poor hygiene causing major problems ▪ Unable to socially discriminate between safe and unsafe contacts ▪ Rejected / bullied by peers ▪ Major difficulties relating to adults ▪ Over independence or lack of independence skills putting Child / Young Person at risk

CHILD'S DEVELOPMENTAL NEEDS	CHILDREN AND YOUNG PEOPLE WITH NO ADDITIONAL NEEDS	CHILDREN AND YOUNG PEOPLE WITH ADDITIONAL NEEDS (CAF)	CHILDREN AND YOUNG PEOPLE WITH COMPLEX NEEDS (children in need)
<p>FAMILY AND SOCIAL RELATIONSHIPS</p>	<ul style="list-style-type: none"> ▪ Stable / affectionate relationships with parents / carers ▪ Good relationships with siblings ▪ Age appropriate friends / friendships ▪ Able to manage life events (separation / illness / death) ▪ Respite care within family network ▪ Cared for appropriately within the family ▪ Family copes with stress appropriately 	<ul style="list-style-type: none"> ▪ Relationship with carers may be inconsistent or face disruption ▪ May have difficulties with siblings ▪ Some difficulties with peer group – few positive friendships ▪ Some support from family network ▪ Some issues arising from life events ▪ Limited respite care within the family / extended family ▪ May have experienced some caring responsibilities (Young Carers) ▪ Stresses within family impacting on Child / Young Person 	<ul style="list-style-type: none"> ▪ Family relationships experienced as critical – causing significant emotional distress ▪ High conflict / disruption in relationship with siblings ▪ Negative / disruptive relationship with peers ▪ Socially isolated, few or no positive relationships ▪ No extended or safe family network ▪ Experiencing prolonged difficulties as result of life events that impair daily functioning ▪ Periods of being Looked After/ at immediate risk of becoming LA ▪ Child / Young Person main carer ▪ Subject to or at risk of physical, emotional, sexual abuse or neglect
<p>SELF CARE SKILLS / INDEPENDENCE</p>	<ul style="list-style-type: none"> ▪ Age appropriate progression in level of competencies in practical and emotional skills ▪ Opportunities to gain confidence of practical skills ▪ Opportunities to undertake activities outside family ▪ Discovers boundaries / limits ▪ Self care skills maximised ▪ Able to consider danger of substance misuse 	<ul style="list-style-type: none"> ▪ Slow to develop age appropriate self-care skills ▪ Has some opportunity to gain practical skills and confidence ▪ Has some difficulty with boundaries and limits ▪ Disability limits amount of self-care ▪ Has access to and may be misusing substances ▪ At risk of offending or FTE to criminal justice 	<ul style="list-style-type: none"> ▪ Few or no opportunities to undertake activities outside family ▪ Disability prevents self-care in a significant range of tasks or totally reliant on others to meet care needs. ▪ Child / Young Person does not demonstrate appropriate self-care skills ▪ Limited or no opportunities to develop self-care skills ▪ Unable to respond to boundaries – lacks sense of danger ▪ Offending / substance misuse ▪ Sexual activity impacting on self-care and increasing risk of exploitation

CHILD'S DEVELOPMENTAL NEEDS	CHILDREN AND YOUNG PEOPLE WITH NO ADDITIONAL NEEDS	CHILDREN AND YOUNG PEOPLE WITH ADDITIONAL NEEDS (CAF)	CHILDREN AND YOUNG PEOPLE WITH COMPLEX NEEDS (children in need)
LEARNING	<ul style="list-style-type: none"> ▪ Acquisition of age appropriate skills of understanding / reasoning / problem solving ▪ Regular school attendance ▪ Enjoys participating in pre-school / school activities ▪ Home / school link – Parents / Carers interested in progress ▪ Acquired range skills / interests ▪ Experience age appropriate success / achievements in learning ▪ Planned progression for participation in education / training / employment post 16 	<ul style="list-style-type: none"> ▪ Some concerns around development of skills understanding / reasoning / problem solving ▪ Inconsistent school attendance – poor punctuality / some fixed term exclusion ▪ Mostly enjoys school and participates in pre-school / school activities ▪ Some concerns re home / school link and carer / parental interest in progress ▪ Has some identified learning needs – placed on Early Years / School Action ▪ Has some skills / interests ▪ Limited participation / training / employment post 16 ▪ Limited engagement with school activities – poor concentration, low motivation / interest ▪ Parents / carers show no interest in Child / Young Persons progress 	<ul style="list-style-type: none"> ▪ Poor attendance / poor punctuality – significant levels of fixed term exclusion / changes of school ▪ Out of School – permanently excluded from school or risk of permanent exclusion ▪ No skills / interests ▪ Has identified complex severe learning needs that will necessitate a statement of special educational needs. Those children attending specialist provision (Island or Mainland). ▪ Disengagement from education, employment, training post 16 ▪ Child missing school

CHILD'S DEVELOPMENTAL NEEDS	CHILDREN AND YOUNG PEOPLE WITH NO ADDITIONAL NEEDS	CHILDREN AND YOUNG PEOPLE WITH ADDITIONAL NEEDS (CAF)	CHILDREN AND YOUNG PEOPLE WITH COMPLEX NEEDS (children in need)
PARENTING CAPACITY	<ul style="list-style-type: none"> ▪ Child's physical needs: food / drink, appropriate clothing, medical / dental needs met ▪ Protected from danger in home and outside ▪ Parents / carers ensure Child accesses health, learning and social opportunities ▪ Parents / carers able to act on advice ▪ Child appropriately supervised ▪ Parents / carers well prepared ▪ Appropriate day-care arrangements in place ▪ No substance misuse mental health difficulties ▪ No incidences of domestic abuse ▪ No offending behaviour by parents / carers 	<ul style="list-style-type: none"> ▪ Basic care not provided consistently ▪ Insufficient awareness of dangers to the Child / Young Person ▪ Parents engagement with services inconsistent ▪ Parent / carer has some difficulty consistently acting on parenting advice – may have learning difficulty ▪ Some difficulties with level of supervision / use of safety equipment ▪ Young inexperienced parent (s) with limited support ▪ May make some inappropriate childcare arrangements ▪ Parents / carers may be receiving assistance for mental health / substance misuse problems ▪ Some incidents of domestic abuse ▪ Parents/ carers may be at risk of offending behaviour 	<ul style="list-style-type: none"> ▪ Basic care not provided ▪ Parents / carers struggle to provide good enough / safe parenting ▪ Limited engagement with services ▪ Parent has limited ability to act consistently on parenting advice. May have learning disability ▪ Level of supervision can be inadequate – limited use of safety equipment ▪ Repeated episodes of domestic abuse ▪ Level of supervision inadequate. No safety equipment in use ▪ Young inexperienced parents / care leavers with no support ▪ Using multiple carers, sometimes unaware of Child's whereabouts ▪ Parent / carer – prolonged chronic mental health / substance misuse – affecting care of Child / Young Person ▪ Parent / carer involved in crime or in prison
BASIC CARE / ENSURING SAFETY	<ul style="list-style-type: none"> ▪ Consistently demonstrates warmth, praises, encourages child ▪ Child / Young Person has secure attachment to Parent / Carer ▪ Appropriate physical contact, comforting ▪ Positive family relationships ▪ Child looked after within family network ▪ Good routine within the home ▪ Positive Parent / Child relationship 	<ul style="list-style-type: none"> ▪ Parent / carer not always warm or able to praise child ▪ Starting to demonstrate difficulties with attachments ▪ Parents / carers own emotional needs detracting from their ability to parent ▪ Child has some positive relationship ▪ Child may have different carers ▪ Poor home routines / frequent house moves ▪ Some relationship difficulties – Child may be seen as problem 	<ul style="list-style-type: none"> ▪ Difficulties in attachment with parent (s) ▪ Parent / carers own emotional needs starting to compromise those of Child / Young Person ▪ Child has few positive relationships ▪ Child / Young Person has multiple carers ▪ Erratic routines / lack of stability ▪ Parent lacks insight into how their own behaviour impacts on Child – Child seen as a problem ▪ Parent / carer inconsistent, highly critical or apathetic – high criticism / low warmth environment ▪ Child frequently blamed / scapegoated
EMOTIONAL WARMTH / STABILITY			

<p>CHILD'S DEVELOPMENTAL NEEDS</p>	<p>CHILDREN AND YOUNG PEOPLE WITH NO ADDITIONAL NEEDS</p> <ul style="list-style-type: none"> ▪ Assists in cognitive development through interaction and plans ▪ Enable child to experience success ▪ Encourages Child / Young Person to access play, leisure facilities as appropriate to age and interests ▪ Provides guidance to enable child to develop self confidence and independence ▪ Provides effective discipline ▪ Child understands normal social boundaries 	<p>CHILDREN AND YOUNG PEOPLE WITH ADDITIONAL NEEDS (CAF)</p> <ul style="list-style-type: none"> ▪ Child offered few new experiences ▪ Child has few opportunities for success ▪ Limited access to play and leisure facilities ▪ May need help with promoting independence / self confidence of Child ▪ Not always consistent with discipline ▪ Child may become involved in anti-social behaviour or has siblings who are 	<p>CHILDREN AND YOUNG PEOPLE WITH COMPLEX NEEDS (children in need)</p> <ul style="list-style-type: none"> ▪ Child has limited opportunities to experience success ▪ No constructive leisure time or guided play ▪ Little or no access to play / leisure facilities ▪ No boundaries set by parents ▪ Discipline frequently punitive and abusive – child under undue pressure to achieve / behave ▪ Child engages in anti-social behaviour
<p>FAMILY AND ENVIRONMENTAL FACTORS</p>	<ul style="list-style-type: none"> ▪ Good relationships within family, including when parents are separated ▪ Good extended family support ▪ Positive sibling relationships ▪ Family able to manage loss / separation experiences with Child ▪ Positive parental relationships ▪ Stable family background ▪ Good family relationships 	<ul style="list-style-type: none"> ▪ Parents / carers have some conflicts or difficulties that can involve the children ▪ Some extended family support ▪ Same difficulties with sibling relationships ▪ Family having some difficulty managing loss / separation experience with child ▪ Child may be witnessing some domestic incidents ▪ Temporary disruption to family life ▪ Some family relationship difficulties 	<ul style="list-style-type: none"> ▪ Acrimonious relationship / separation within family adversely affecting the child ▪ Child affected by incidents of domestic abuse ▪ No extended family support ▪ Poor / destructive relationships between siblings ▪ Child adversely affected by loss / separation experiences ▪ Disorganised / chaotic family life ▪ Disrupted / destructive family relationships ▪ Asylum seeking / refugees / unaccompanied children entering the UK ▪ Honour-based evidence ▪ Cultural practices that are illegal constitute child protection
<p>FAMILY'S SOCIAL INTEGRATION AND COMMUNITY RESOURCES</p>	<ul style="list-style-type: none"> ▪ Family integrated into the community ▪ Good local services 	<ul style="list-style-type: none"> ▪ Limited community support ▪ Encounters some form of prejudice / discrimination from family / peers / wider community ▪ Encounters some verbal racist abuse and prejudice from family / peers / wider community ▪ May have difficulties accessing local services 	<ul style="list-style-type: none"> ▪ Lack of community support ▪ Subject to alienation and hostility from family / peers / wider community ▪ Subject to frequent harassment and hostility from family / peers / wider community ▪ Few local services / access problems

CHILD'S DEVELOPMENTAL NEEDS	CHILDREN AND YOUNG PEOPLE WITH NO ADDITIONAL NEEDS	CHILDREN AND YOUNG PEOPLE WITH ADDITIONAL NEEDS (CAF)	CHILDREN AND YOUNG PEOPLE WITH COMPLEX NEEDS (children in need)
WIDER FAMILY	<ul style="list-style-type: none"> ▪ Good family network ▪ Good friendship network 	<ul style="list-style-type: none"> ▪ Family has a limited support network 	<ul style="list-style-type: none"> ▪ No effective support from extended family ▪ Family is socially isolated
HOUSING EMPLOYMENT AND FINANCIAL CONSIDERATIONS	<ul style="list-style-type: none"> ▪ Accommodation appropriate ▪ Parents / carers able to manage both working or unemployment arrangements ▪ Reasonable income ▪ Financially secure / claim relevant benefits 	<ul style="list-style-type: none"> ▪ Adequate housing ▪ Periods of unemployment of the wage earning parent ▪ Low income ▪ May need budget advice ▪ Financial difficulties / debts / benefit problems 	<ul style="list-style-type: none"> ▪ Housing not suitable / poor state of repair, temporary, overcrowded, intentionally homeless ▪ Parents / carers find it difficult to obtain employment due to poor basic skills ▪ Extreme financial difficulties impacting on ability to have basic needs met

THESE INDICATORS ARE NOT STAND ALONE, THEY ONLY OFFER GUIDANCE AND SHOULD ALWAYS BE SUPPORTED BY PROFESSIONAL JUDGEMENTS, CLEAR DECISION MAKING AND ADVICE AND REFERENCE FROM WORKING TOGETHER AND LSCB GUIDANCE.

Hidden harm * Disguised compliance * Neglect * Risk Factors * Protective Factors * Self Harm * Attachment * High Criticism Low Warmth Environment * Developmental Delay * Domestic Abuse * Substance / Alcohol Misuse * Missing / Runaways * Physical Harm * Sexual Harm * Emotional Harm

At the point of a third contact on the same child / family being received and where the previous contacts have not warranted progression to referral, consideration should be given for an IA to be undertaken.

Domestic Abuse – The first reported incident of DA will trigger a standard letter unless the child or youngest child is under the age of two years or the incident is particularly severe. If the child or youngest child is under the age of two, this first reported incident will result in an Initial Assessment. The second reported incident will trigger the undertaking of an IA and the third reported incident will result in a Section 47 investigation and a Child Protection Case Conference discussion with the Principal Officer.

12. Contact List

If you have any concerns about a child:

First Response Unit Tel: (01983) 814373 Mon – Thurs 9 am – 5 pm
and Fridays 9 am – 4.30 pm

Children & Young Adults Disability Team Tel: (01983) 535370 Mon
– Thurs 9 am – 5 pm and Fridays 9 am – 4.30 pm

Isle of Wight Council Tel: (01983) 821000 Mon – Fri 8 am – 6pm

Emergency Duty Service Tel: (01983) 821105 - outside office hours

Police Tel: (08450) 45 45 45 **In an emergency dial 999**

**Allegations against professionals working in a position of trust
with children on the Isle of Wight should be made to:**

LADO Tel: (01983) 525 790

Isle of Wight Safeguarding Children Board Manager Tel: (01983) 525790

For policies and procedures <http://www.4lscb.org.uk>

Private Fostering - For general enquiries about Private Fostering, contact
(01983) 821000

13. Useful References

[Isle of Wight Domestic Abuse Strategic Review 2009](#)

[Isle of Wight Local Safeguarding Children Board](#)

[Common Assessment Framework: Managers' and Practitioners' guides
\(DCSF July 2009\)](#)

[Revised Every Child Matters Outcomes Framework \(2008\)](#)

[Guidance for Safer Working Practice for Adults who Work with Children
and Young People \(DCSF 2009\)](#)

[Isle of Wight Children and Young People's Services: Best Practice
Guidance \(2009\)](#)

[Information Sharing: Guidance for practitioners and managers \(DCSF
2008\)](#)

[Information Sharing: Pocket Guide \(DCSF 2008\)](#)

[Lead Professional: Managers' guide \(July 2009\)](#)

[Lead Professional: Practitioners' guide \(July 2009\)](#)

4LSCB Child Protection Procedures (3rd Edition)

NHS Guidelines: When to suspect child maltreatment

Safeguarding Children and Safer Recruitment in Education (2007)

Safeguarding children and young people from sexual exploitation (June 2009)

Safeguarding Children at Risk of Abuse through Female Genital Mutilation

Safeguarding Children from Abuse Linked to a Belief in Spirit Possession (2007)

Safeguarding Children in whom illness is fabricated or induced (2008)

Safeguarding Children who may have been Trafficked (2008)

Statutory guidance on making arrangements to safeguard and promote the welfare of children under Section 11 of the Children Act 2004 (2007)

What to do if you're Worried a Child is Being Abused - Summary (2006)

What to do if you're Worried a Child is Being Abused - Full Document (2006)

Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (2010)

Sometimes professionals do not agree as to whether a contact should be accepted as a referral to children's social care. What follows is an excerpt from the 4LSCB procedures advising what to do in these circumstances:

PROFESSIONAL DISAGREEMENT AT ENQUIRY STAGE

Disagreements over the handling of concerns reported to Children's Social Care typically occur when:

- The referral is not considered to satisfy eligibility criteria for assessment
- Informal advice is sought and a social worker has concluded that a referral is required
- Children's Social Care conclude that further information should be sought by the referrer before the referral is progressed
- Children's Social Care believe that an Initial Assessment can be started without invoking child protection procedures
- Children's Social Care consider that child protection procedures must be invoked
- Children's Social Care and Police place different interpretations on the need for a s.47 enquiry / criminal investigation
- Disagreement exists about the justification for convening an initial child protection conference
- If the professionals are unable to resolve differences through discussion and/or meeting within a time scale, which is acceptable to both of them, their disagreement must be addressed by more experienced / more senior staff.
- With respect to most day to day difficulties this will require a Children's Social Care team manager / first line manager liaising with her/his equivalent in the relevant agency, e.g.
 - A detective sergeant in the Police
 - A senior health visitor / nurse / GP
 - Designated senior person

If agreement cannot be reached following discussions between the above 'first line' managers (who should normally seek advice from designated /named / lead officer/ Principal Officers) the issue must be referred without delay through the line management to the equivalent of service manager / detective chief inspector / head teacher or other designated professional.

Alternatively, and more commonly in health services, input may be sought directly from designated doctor or nurse in preference to use of line management.

Records of discussions must be maintained by all the agencies involved.