



SAFEGUARDING BOARD
ISLE OF MAN

Threshold Guidance

A multi- agency guide to assess levels of need for children & families, and identifying the appropriate support in the Isle of Man



Isle of Man Safeguarding Board

Approved: June 2024

Review Date: June 2026

Contents

Introduction	1
Principles of Practice.....	2
Early Help is everyone’s responsibility – Early Help in Isle of Man is a collaborative approach, not a provision:	2
Child Focused Practice – The child is at the centre of all we do:.....	2
The Child’s Voice – The voice of the child will be captured and we will value the view and opinions of children:	2
Participation of parents and carers – Parents have the primary responsibility to meet the needs of their children:.....	3
ACE and Trauma Informed Practice:.....	3
Contextual Safeguarding:.....	3
Assessing Need through Conversation	3
Assessment Triangle for the Assessment of Children in Need and their Families.....	4
Assessing levels of need and escalating concerns.	5
Safeguarding Together 2019.....	5
Understanding Risk of Harm:	5
Safeguarding Children under One Year Old and Unborn babies:	6
Neglect:	6
Levels of Need.....	7
Transition between levels:.....	8
Appendix 1	9
Isle of Man Levels of Need and Support	9

Introduction

This guidance has been developed in consultation with partner agencies who work with children and young people and their families in the Isle of Man. The guidance outlines the way we can all work together, share information, and place the child and their family at the centre of our work, providing effective support to help them solve problems, find solutions and to access the right help at the right time to prevent escalation of need.

The guidance is aimed to be used as a reference point by anyone from any sector or agency who may have worries about a child.

This document does not replace any statutory guidance or legislative framework; it offers an approach to working together.

This document sets out four levels of need and provides guidance to help assess a child's level of need and identify which, if any, services are required. It is not a rigid set of procedures as each child is unique and their individual needs will change over time. However, it doesn't replace the need to use professional judgment and consultation with agency Designated Safeguarding Leads / Advisors in accordance with agencies policy.

Professionals must ensure that there is no delay in offering support that could prevent problems escalating. If a child is at immediate significant risk of harm contact the emergency services on 999 and then contact MASH (Multi Agency Safeguarding Hub, 01624 686179 or Out of Hours, 01624 631212). Prompt action is required to avoid delay in protecting children and to facilitate the gathering of evidence where a crime may have been committed.

All children have basic needs that in the main are provided for through universal services. These include early years, health, education, youth services, leisure facilities, and the many services provided by voluntary and community organisations.

There may be times when the needs of the family are such that additional support, intensive support or specialist statutory intervention is required, and decision-making is underpinned by:

[Safeguarding Together \(March 2019\)](#) makes it clear that safeguarding children and promoting their welfare is the responsibility of all professionals working with children and that they should understand the criteria for taking action across a continuum of need that includes; ensuring that children achieve the best outcomes; preventing the impairment of children's health and development ensuring that children grow up in circumstances consistent with safe and effective care; and, protecting children from abuse and neglect.

Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision. Fears about sharing information should not stand in the way of the need to promote the welfare and protect the safety of children. **The Safeguarding Board has published the Information Sharing Protocol and Guidance to assist professionals when sharing information -**

The [Safeguarding Act 2018](#), enshrines that all relevant bodies have a duty to safeguard, and promote the welfare of children by:

- a) Protecting children from maltreatment
- b) Preventing impairment of children's health or development

- c) Ensuring that children grow up in circumstances consistent with the provision of safe and effective care, and
- d) Taking action to enable all children to have the best outcomes.

Principles of Practice

It is important that when working with children and their families that we share a common set of principles, which inform practice. In Isle of Man, our approach is guided by the following principles:

- Early Help and Safeguarding is everyone's responsibility.
- We will listen to children, young people and families and ensure their voice is heard and action taken
- We will keep children and young people at the centre of work with families.
- We will ensure the welfare of children and young people is the main priority.
- Partners will work effectively together in strong collaboration and co-operation.
- We will develop a culture of collective responsibility, challenge and escalation.
- Services will be delivered as early as possible to meet emerging needs and prevent needs escalating.
- Where possible, services will be co-constructed with service users and will involve the participation of children, young people and families.

Whilst these are principles that each individual worker should practice, we know that it is unlikely that one worker will hold all the information needed for a comprehensive and balanced understanding of a child's needs.

It is only by sharing information on a multi-agency basis that a sound evidence base can be established and decisions made about the level of need and what this means about the nature of professional involvement and the intensity of support required to meet the child's needs.

Whenever professionals are working with children and families, their involvement must be purposeful and focussed on outcomes that are positive for children.

Early Help is everyone's responsibility – Early Help in Isle of Man is a collaborative approach, not a provision:

By working together effectively and earlier, we will reduce the number of children and young people requiring statutory interventions. Early Help enables children, young people and their families that may be struggling with difficulties to make better choices, learn new skills and improve aspirations to achieve their goals. Each individual is accountable and responsible for the child.

Child Focused Practice – The child is at the centre of all we do:

We will always have the child at the centre of our work and ensure any actions will improve outcomes for the child. Our practice will be rooted in child development and be evidence based. We know that addressing the needs of the parent/carer can also improve the outcomes for the child.

The Child's Voice – The voice of the child will be captured and we will value the view and opinions of children:

Understanding the lived experience of the child - what they see, hear, think and experience on a daily basis, and the way this impacts on their development and welfare, is central to safeguarding work. The complexity of situations in vulnerable families can lead to a particular focus on parental needs, which can get in the way of professionals understanding risks faced by the children. It is

essential to explore the child's experience of living with neglect, domestic abuse, and substance misusing parents and to understand how these harms impact on their safety, health and overall development.

Participation of parents and carers – Parents have the primary responsibility to meet the needs of their children:

Parents and carers contribution to assessments and plans can identify and build on strengths and skills to make lasting change. We want parents, carers, family members and children to have a vital role in shaping our decision-making. It is our job to listen and involve all parties in making decisions that best protect children. It is important that we understand the family's beliefs and cultures. We will be respectful, honest and transparent. We will be clear about our concerns and what needs to change. Professionals must consider strengths and sources of support within family networks and communities.

ACEs and Trauma Informed Practice:

Adverse childhood experiences (ACEs) such as witnessing domestic abuse, neglect, poverty and parental separation are some of the most intense, and frequently experienced sources of stress that children may suffer early in life. Early intervention, particularly in childhood, can make a difference. We will support the use of trauma informed working across a wide range of professional settings and services to understand and meet the needs of children.

Contextual Safeguarding:

Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of different social contexts and from a range of external threats. Agencies are committed to ensuring there is a partnership approach to contextual safeguarding, that identifies and responds to risks outside of the family home.

Assessing Need through Conversation

Most children and families welcome help and support. However, for some, having professionals involved in their lives can be challenging or embarrassing and this may mean that they are less able to recognise harm or implement strategies to reduce the risks to themselves or others. Whilst this guidance looks to address concerns by promoting the safety and strengths available within the family and through their existing networks, it is vital that the needs of the child are prioritised above those of the adults who care for them.

Although the assessment of need (NARRATES) involves the gathering and analysis of information it is not a desktop exercise, it is through personal interaction with children and their families, and the ability to hear other professionals' voices. Rather, it can be thought of as a series of conversations which might be between workers and children, workers and families and/or workers and other professional colleagues. These conversations, which take place at all levels of need, may be phone calls, home visits or meetings and all should maintain a constructive focus on the needs of the child.

In the vast majority of cases there are opportunities for professionals working with children to engage with them and their family in early and constructive conversations as and when concerns arise.

Most conversations, observations and interactions will start with the child and their family because a concern or an issue has arisen which may cause professional anxiety or lead to uncertainty about the welfare of a child. Working with the child and their family to address worries as they arise, rather

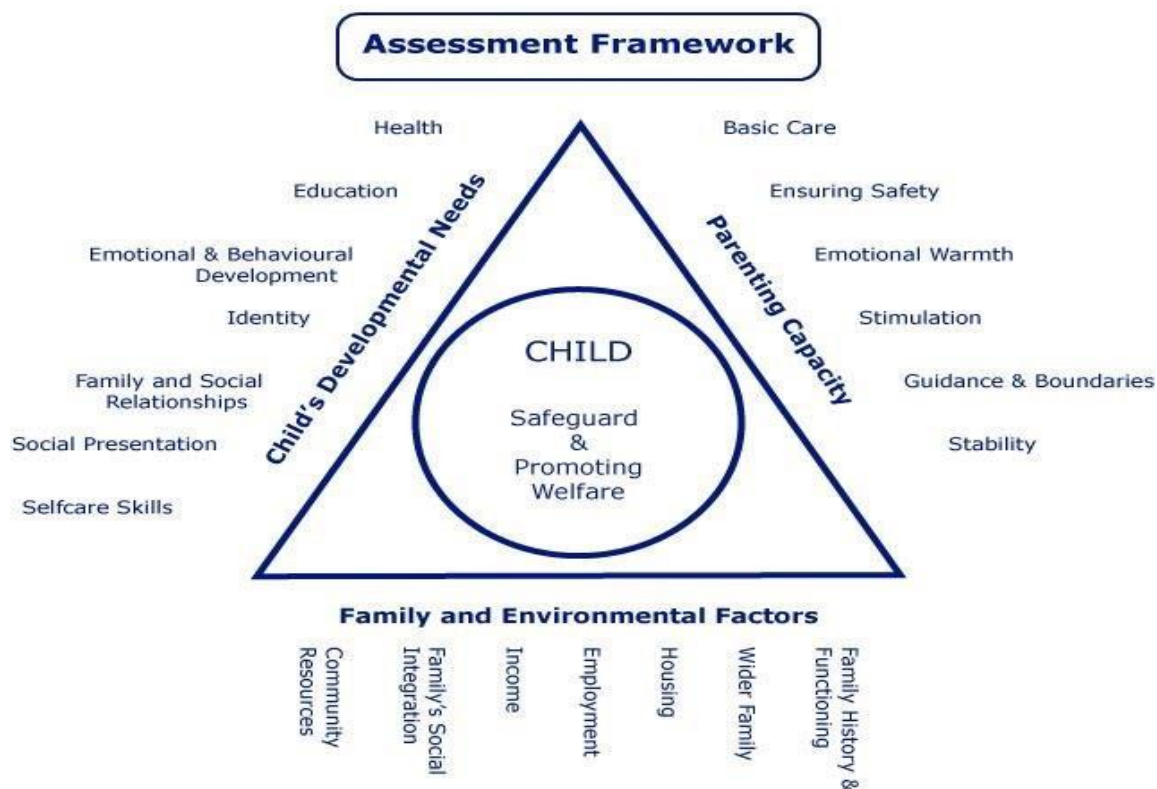
than waiting for concerns to escalate is appropriate for the majority of children and can ensure much needed consistency for a family. Providing encouragement to families, building on their strengths and sharing information with or about the family to other services that might help are all key ingredients to promoting children’s wellbeing.

We must also recognise that where concerns regarding children exist, there may well be involvement from various agencies and possibly with other family members. Each of these different professionals will hold important information and play a crucial role in supporting a family. This is why conversations are vital and why drawing professionals and family together in a co-ordinated way within the Early Help and Support Assessment and Plan process is helpful to the whole family.

Having a conversation doesn’t always result in increased levels of intervention. It may be that, as a result of having a conversation with the family and/or other professionals, and sharing information and seeking advice, the needs of the child or young person can still be met within universal services, even if these need to be changed or the approach adapted.

Assessment Triangle for the Assessment of Children in Need and their Families

The assessment triangle below should be used to identify how various aspects of the child’s life and context interact and impact on the child. It is important that we consider the changing nature and level of need and/or risk faced by the child from within and outside of the family. It is important that the impact of what is happening to the child is clearly identified.



Assessing levels of need and escalating concerns.

If universal services or a co-ordinated multi-agency approach cannot meet the needs of a child or family, a family is not consenting to assistance, or an Early Help and Support assessment and plan is not helping to address the concerns; then conversations may need to focus on whether statutory services are needed to ensure the child reaches their potential under s.23 Children & Young Persons Act 2001 or to keep a child safe from harm under s.46 Children and Young Persons Act 2001.

Where you are becoming concerned about a child ensure you seek safeguarding supervision or have a conversation with your manager or designated safeguarding lead as soon as possible to share your concerns and agree what needs to happen to meet the child's needs and reduce any risks to their safety.

Safeguarding Together 2019

Effective information sharing between practitioners and local organisations and agencies is essential for early identification of need, assessment and service provision to keep children safe. Serious Case Management Reviews (IOM) and Serious Case Reviews (UK) have highlighted that missed opportunities to record, and understand the significance of sharing information in a timely manner can have severe or fatal consequences for the safety and welfare of children.

Understanding Risk of Harm:

Risk indicators are those factors that are identified in the child's circumstances or environment that may constitute a risk, a hazard or a threat to a child. We know that the environment in which a child lives is crucial to a child's welfare.

Parental risk factors can have a detrimental impact on outcomes for children. Research tells us that parents who abuse/neglect their children are often struggling with a range of problems such as the 'Trio of Vulnerabilities'. This describes individuals experiencing domestic abuse, mental ill health and substance misuse. These difficulties may increase the potential for abuse when they occur in combination or are compounded by other stressors such as parental capacity, material deprivation, housing problems and unsupportive/inadequate social and family networks.

Domestic Abuse: Domestic Abuse creates an inconsistent and unpredictable environment for children. Parent/Carers may demonstrate a lack of emotional warmth and/or higher levels of aggression. Children are more at risk of emotional abuse living in households where there is domestic abuse, even if they have not directly witnessed incidents. There are established links between domestic abuse, neglect and the physical abuse of children.

Parental Mental Health: Mental health conditions such as depression can inhibit a parent's ability to respond to their child's emotional cues and offer consistent care. They can cause a parent to be either 'intrusive and hostile' or 'withdrawn and disengaged'. Adults with mental health problems are statistically more likely to abuse drugs or alcohol and people who abuse drugs have a markedly increased lifetime occurrence of diagnosable mental health issues.

Substance Misuse: It is not inevitable that substance misuse will affect parenting capacity however; it is a significant feature in cases where children have been seriously harmed or killed. Alcohol dependence linked with depression is particularly associated with poorer, less consistent parenting. The impact of alcohol/substance addiction (including illicit & prescription drugs), on the child is often underestimated by professionals,

It is important to explore these issues and to ask the 'second question' when working with parents/carers and to not assume or stereotype.

A mind-set of 'respectful uncertainty' supports the effective identification of risk factors and the mitigation of risk, underpinned by comprehensive assessment. This goes beyond the immediate presentation and takes account of any prior involvement with the family (for example if a previous child had been taken into care). Information from parental self-reporting needs to be triangulated' (*National Panel Annual Report 2020*)

Key questions to consider:

- What is getting in the way of this child or young person's well-being?
- Do I have all the information I need to help this child or young person?
- What can I do now to help this child or young person?
- What can my agency do to help this child or young person?
- What additional help, if any, may be needed from others?
- Who or what presents the danger/threat to the child's wellbeing?
- Where does the abuse occur - at home and/or in the wider community?
- What is the level of intent - is the abuse an act of commission or omission?
- Is the harm isolated to a single event or cumulative, reflecting more than one risk factor?
- What is the actual or likely impact of any harm?
- Does the parent/carer have insight into self, child and the circumstances?
- Is there a shared understanding of professional concern/s by the family?
- What is the parents/carers understanding of the need for change - is change possible?
- Are they able and willing to work with services to effect change?
- Do we have the resources to help address needs/risk(s) and to build child and family resiliencies?

Safeguarding Children under One Year Old and Unborn babies:

Case Reviews, together with other research findings, show that children under one year of age and in particular very young babies are extremely vulnerable to being seriously injured or to dying as a result of abuse or neglect. It is important to recognise early warning signs and therefore not miss opportunities to intervene and protect this vulnerable group of children.

"Babies under 12 months old continue to be the most prevalent group notified, and there were a high proportion of cases involving non-accidental injury and sudden unexpected infant death. In these cases, parental and family stressors were the most significant factor in escalating risk." (*CSPR Panel Annual Report 2020*).

Consideration needs to be given to the increased risk of harm to this age group from their parents/carers. This may mean that there needs to be an alternative safeguarding response to that of older children, i.e. care proceedings and permanently placed outside of the immediate family.

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 development. This can be due to failure to give due care, attention or time to a child or through disregard or carelessness. Neglect may involve a parent or caregiver failing to provide adequate food, shelter and clothing, failing to protect a child

from physical harm or danger, or failing to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. In addition, neglect may occur during pregnancy as a result of maternal substance misuse.

Neglect differs from other forms of abuse because it is:

- Frequently passive
- Not always intentional
- More likely to be a chronic condition rather than crisis led and therefore impacts on how we respond as agencies
- Combined often with other forms of maltreatment
- Often a revolving door syndrome where families require long-term support
- Often not clear-cut and may lack agreement between professionals on the threshold for intervention

Levels of Need

The "Levels of Need" set out below will help to determine whether the child and family can be appropriately and safely helped by services providing additional or targeted support, or whether the level of need and risk is such that specialist, statutory social care involvement is required. It describes how to access services for children with different levels of need, and what kind of response can be expected.

It is important to recognise that understanding what is happening to a child is a process, even where it is initiated by a single event. Effective safeguarding involves all those who may be working with a child or family and all the people involved in that child's life; it requires honesty, trust and communication to ensure that any changing circumstances are understood and considered in terms of the impact they have on the child.

Assessment criteria can only be indicative: They give examples of what is meant by the different levels of need, but are in no way intended to be exhaustive. They cannot describe every issue or combination of issues, which may arise. They do not replace professional judgement, either on the part of referrers or of those considering the appropriate response to a referral. They are intended to provide helpful guidance for those wishing to share a concern about a child or young person, identify appropriate services and give some clarity about the responses that can be expected.

Level 1 – Universal Children are making good overall progress and are thriving, through appropriate universal services, which are available to all children living in Isle of Man. No additional, unmet needs are identified or there is a single need identified, which can be met by a universal service.

Level 2 – Early Help Additional Needs Children whose needs cannot be met through universal services working independently and may require additional support. This includes children who have unclear needs. Practitioners from universal services should work together in a coordinated way to provide additional support. An Early Help and Support Assessment is essential and a CWAN Co-ordinator should be allocated, who will be responsible for coordinating an Early Help and Support Plan.

Level 3 – Child with Complex Needs Children where there is an increasing level of complex/and or multiple unmet/unclear needs where more intensive co-ordinated support is required to prevent concerns escalating. A Child with Complex Needs NARRATES and plan must be completed by an

allocated social worker, and a multi-agency team should be in place to develop a robust multi-agency support plan to prevent further escalation of concerns.

Level 4 – Specialist Support Children where there is reasonable cause to suspect the child is suffering or likely to suffer significant harm (Section 46), a strategy meeting will be convened to consider immediate protective measures required from Children and Families and the Police and a Section 46 NARRATES completed by an allocated Social Worker.

Transition between levels:

In some cases, a child or young person will go through a number of transition points on their journey to have their needs met. A child, for example, whose needs do not respond to services provided at level 1 or 2, may need to receive a co-ordinated response at level 3. Similarly, a child or young person whose circumstances and situation do not improve sufficiently may need to receive specialist assessment and support provided at level 4.

Additionally, when the child or young person's circumstances change and the level of concern or risk reduces there may need to be a step down to a level 3 response.

Appendix 1

Isle of Man Levels of Need and Support

HEALTH

Level 1	Level 2	Level 3	Level 4
The child appears healthy, and has access to and makes use of appropriate health and health advice services	The child rarely accesses appropriate health and health advice services, missing immunisations.	There is no evidence that the parent in regards to the child has accessed health and health advice services and suffers chronic and recurrent health problems as a result. Diagnosed with a life-limiting illness	The child has complex health problems which are attributable to the lack of access to health services. Carer denying professional staff access to the child.
All child's health needs are met by parents.	Additional help required to meet health demands of the child including disability or long term serious illness requiring support services	With additional support, parent not meeting needs of child's health. Carer displays high levels of anxiety regarding child's health, which may relate to perplexing presentations	Carers' level of anxiety regarding their child's health is significantly harming the child's development. Strong suspicions / evidence of fabricating or inducing illness in their child
Carer does not have any additional needs	Needs of the carers are affecting the care and development of the child	Needs of the carer / other family members are significantly affecting the care of child.	
Parent accesses ante-natal and/or post-natal care	The carer demonstrates ambivalence to ante-natal and post-natal care with irregular attendance and missed appointments.	The carer is not accessing ante-natal and/ or post-natal care, significant concern about prospective parenting ability, resulting in the need for a pre-birth assessment.	The parent neglects to access ante-natal care or attempts to conceal the pregnancy and there are accumulative risk indicators.
The parent is coping well emotionally following the birth of their baby and accessing universal support services where required.	The parent is struggling to adjust to the role of parenthood, postnatal depression is affecting parenting ability	The parent is suffering from post-natal depression. Infant / child appears to have poor growth - Growth falling 2 centile ranges or more, without an apparent health problem. New born affected by maternal substance misuse.	The carer is suffering from severe post-natal depression which is causing serious risk to themselves and their child/ children.
Pregnancy with no apparent safeguarding concerns	Pregnancy in a young person / vulnerable adult who is deemed in need of support	The parent is a current looked after child or vulnerable young person	Pregnancy in a child under 13 or parent with significant learning needs. Young inexperienced parents with additional concerns that could place the

			unborn child at risk of significant harm
--	--	--	--

MENTAL / EMOTIONAL HEALTH

Level 1	Level 2	Level 3	Level 4
<p>The child is provided with an emotionally warm, supportive relationship and stable family environment providing consistent boundaries and guidance, meeting developmental milestones to the best of their abilities.</p>	<p>Parenting often lacks emotional warmth and/or can be overly critical and/or inconsistent, occasional relationship difficulties impacting on the child's development. Struggles with setting age appropriate boundaries, occasionally not meeting developmental milestones and occasionally prioritises their own needs before child's</p>	<p>Carer's inability to engage emotionally with child leads to developmental milestones not met. Family environment is volatile and unstable resulting in a negative impact on the child, leading to possible vulnerabilities and exploitative relationships, parent/ carer unable to judge dangerous situations / set appropriate boundaries. Allegations that parents making verbal threats to children. Child rarely comforted when distressed / under significant pressure to achieve / aspire</p>	<p>Relationships between the child and carer have broken down to the extent that the child is at risk of significant harm / frequently exposed to dangerous situations and development significantly impaired. Child has suffered long term neglect due to lack of emotional support from parents.</p>
<p>Child has good mental health and psychological wellbeing.</p>	<p>The child has a mild a mental health condition which affects their everyday functioning but can be managed in schools and parents are engaged with school /health services including accessing remote support services to address this. Child is accessing social media sites related to self-harm, has expressed thoughts of self-harm but no evidence of self-harm incidences. History of mental health condition but have been assessed and discharged home with safety plan and follow up.</p>	<p>The child has a mental health condition which significantly affects their everyday functioning and requires specialist intervention in the community. Parent is not presenting child for treatment increasing risk of mental health deterioration problems as a result. No evidence child has accessed mental health advice services and suffers recurrent mental health problems as a result. Child is known to be accessing harmful social media sites to facilitate self-harming. Child self-harms causing minor injury and parent responds appropriately. Child has expressed suicidal ideation with no known plan of intent. Child is under the care of</p>	<p>Child expressed suicidal ideation with intent or psychotic episode or other significant mental health symptoms. Refuses medical care or is in hospital following episode of self-harm or suicide attempt or significant mental health issues. Carer unable to manage child's behaviours related to their mental health increasing the risk of the child suffering significant harm. Child or young person has ongoing suicidal ideation following attempt or is in hospital following episode of self-harm or suicide attempt</p>

		hospital engaging with mental health services.	
The child engages in age appropriate activities and displays age appropriate behaviours, having a positive sense of self and abilities reducing the risk of those wanting to exploit them.	Child has a negative sense of self and abilities, suffering with low self-esteem and confidence making them vulnerable to those who wish to exploit them resulting in becoming involved in negative behaviour/activities	Child has a negative sense of self and abilities, suffering with low self-esteem and confidence which results in child becoming involved in negative behaviour / activities by those exploiting / grooming them.	Evidence of exploitation linked to child's vulnerability. Child frequently exhibits negative behaviour / activities that place the child or others at imminent risk. Parent not setting appropriate boundaries or the role modelling the child receives does not promote positive choices.
Mental health of the carer does not affect / impact care of the child.	Sporadic / low level mental health of carer impacts care of child, however, protective factors in place.	Mental health needs of the carer (subject to a section under MHA) is impacting on the care of their child and there are no supportive networks and extended family to prevent harm. Carer has expressed suicidal ideation with no known plan of intent.	Mental health needs of the carer significantly impacting the care of their child placing them at risk of significant harm. Carer has ongoing suicidal ideation following attempt or is in hospital following episode of self-harm or suicide attempt.
Child has not suffered the loss of a close family member or friend	Child has suffered a bereavement recently or in the past and is distressed but receives support from family and friends and appears to be coping reasonably well – would benefit from short term additional support from early help services.	Child has suffered bereavement recently or in the past and recently there has been a deterioration in their behaviour. Low level support has not assisted, long term intervention required	Child has suffered bereavement and is missing, self-harming, disclosing suicidal thoughts, risk of exploitation, and involvement in organised crime (county line) activity.
		Children Services notified the child is privately fostered by adults who are able to provide for his/her needs and there are no safeguarding concerns Some concern about the private fostering arrangements in place for the child, there may be issues around the carers' treatment of the child	There is concern that the child is a victim of exploitation, domestic slavery, or being physically abused in their private foster placement

EDUCATION

Level 1	Level 2	Level 3	Level 4
Child is in education/training with no barriers to learning. Planned progressions beyond school/college. Behaviour issues are managed by the school.	Child experiences frequent moves between schools or professional concerns re home education. Reports of bullying but responded to appropriately. Peer concerns managed by the school	Child's attendance is varied with missing absences and suspensions. Recurring issues raised about child's home education. Child is unable to comply with the school behaviour system	Child's achievement is seriously impacted by lack of education. Regular breakdown of school placements. Lack of trust in education system (young person or parents/carers). Repeated concerns carer is unable or unwilling to work with school in the management of behaviour
Developmental milestones met	Some developmental milestones are not being met which will be supported by universal services	Some developmental milestones are not being met which will require support of targeted/specialist services Concerns as parenting capacity may be impacting on child's development	Developmental milestones are significantly delayed or impaired causing concerns regarding ongoing neglect. (not in the case of those with a disability)
The child possesses age appropriate ability to understand and organise information and solve problems, and makes adequate academic progress	The child's ability to understand and organise information and solve problems is impaired and the child is under-achieving or is making no academic progress	The child's ability to understand and organise information and solve problems is very significantly impaired and the child is seriously under-achieving or is making no academic progress despite learning support strategies over a period of time Parenting capacity may be impacting child's development with suspected neglect	The child's inability to understand and organise information and solve problems is adversely impacting on all areas of his/her development creating risk of significant harm, and concerns of carer neglect
The carer positively supports learning and aspirations and engages with school	The carer is not engaged in supporting learning aspirations and/or is not engaging with the school.	The carer does not engage with the school and actively resists suggestions of supportive interventions.	The carer actively discourages or prevents the child from learning or engaging with the school

ABUSE & NEGLECT

Level 1	Level 2	Level 3	Level 4
Carer protects their family from danger/ significant harm.	Carer on occasion does not protect their family which if unaddressed could lead to risk or danger	Carer frequently neglects/is unable to protect their family from danger/significant harm. Parents or carers persistently avoid contact / do not engage with childcare professionals.	Carer is unable to protect their child from harm, placing their child at significant risk. Allegations of harm by a person in a position of trust. (MASM)
Child shows no physical symptoms which could be attributed to neglect.	Child occasionally shows physical symptoms which could indicate neglect.	Child consistently shows physical symptoms which clearly indicate neglect	Child shows physical signs or emotional impact of neglect which are attributable to the care provided by their carers.
Child has injuries which are consistent with normal childish play and activities.	Child has occasional, less common injuries which are consistent with the parents' account of accidental injury - carers seek out or accept advice on how to avoid accidental injury	Child has injuries which are accounted for but are more frequent than would be expected for a child of a similar age/needs. Carer does not know how injuries occurred or explanation unclear.	Any allegations of abuse or neglect or any injury suspected to be non-accidental injury to a child. Repeated allegations or reasonable suspicion of non-accidental injury. Any allegation of abuse/suspicious injury in a pre-mobile or non-mobile child. Child has injuries more frequently which are not accounted and the child makes disclosure and implicates parents or older family members.
Carer does not physically harm their child including physical chastisement.	Carer uses physical assault (no injuries) as discipline but is willing to access professional support to help them manage the child's behaviour	Carer uses physical assault (injuries) as discipline but is willing to access professional support to help them manage the child's behaviour. And has previously accessed support.	Carer uses an implement causing significant physical harm to a child
No concerns re conflict / tensions within the family	Carer uses physical assault (no injuries) as discipline but is willing to access professional support to help them manage the child's behaviour	Family is experiencing a crisis likely to result in the breakdown of care arrangements - no longer want to care for child	Family have rejected / abandoned / evicted child. Child has no available parent and the child is vulnerable to significant harm. Child not living with a family member

No concerns of inappropriate self-sufficiency	Pattern emerging of self-sufficiency which is not proportionate to a child/young person's age and stage of development	High level of self-sufficiency is observed in a child/young person that is not proportionate to a child/young person's age and stage of development.	Inappropriate, high level of self-sufficiency for child/young person's age and stage of development resulting in neglect.
No concerns of fabricated or induced illness.	Child has an increased level of illnesses with the causes unknown	Suspicion child has suffered or is at risk of fabricated or induced illness	Medical confirmation that a child has suffered significant harm due to fabricated or induced illness

SEXUAL ABUSE / ACTIVITY

Level 1	Level 2	Level 3	Level 4
Nothing to indicate child is being sexually abused by their family / network.	Concerns relating to inappropriate sexual behaviour which is not age appropriate / abuse within the family / network but does not amount to a criminal offence.	Allegation of non-recent sexual abuse but no longer in contact with perpetrator.	Concerns re possible inappropriate sexual behaviour from carer / carer sexually abuses their child. Offender who has risk to children status is in contact with Family. Child who lives in a household into which a registered sex offender or convicted violent offender subject to M-APPA moves in
Good knowledge of healthy relationships and sexual health.	Emerging concerns of possible sexual activity of a child.	Suspicious of peer on peer sexual activity in a child over 13 years old. Child under 16 is accessing sexual health and contraceptive services.	Suspicious of sexual abuse / sexually activity of a child. Direct allegation of sexual abuse/assault by child and belief that child is in imminent danger and in need of immediate protection.
Good knowledge of healthy relationships and sexual health	Emerging sexually inappropriate behaviour.	Send/receive inappropriate sexual material produced by themselves or other young people via digital or social media, considered as peer-on-peer abuse, including coercive control. Evidence of concerning sexual behaviour – accessing violent / exploitative pornography.	Child is exhibiting harmful, sexual behaviour. Early teen pregnancy. Risk taking sexual activity

Good knowledge of healthy relationships and sexual health	Age appropriate attendance at sexual health clinic.	Sexually transmitted infections (STI's). Consent issues may be unclear. Verbal or non-contact sexualised behaviour. Historic referrals in regard concerning sexual behaviour.	Multiple / untreated sexually transmitted infections (STI's). Concerning sexual activity (behaviour that is upsetting to others). Allegations of non-penetrative abuse. Harmful sexual behaviour. Concerns of sexual exploitation. Child exploited to recruit others into sexual activity. Repeated pregnancy, miscarriages and/or terminations. Increase in severity of concerning sexual behaviour.
---	---	---	---

POLICE ATTENTION

Level 1	Level 2	Level 3	Level 4
There is no history of criminal offences within the family.	History of criminal activity within the family including gang involvement, child has from time to time been involved in anti-social behaviour	Family member has a criminal record relating to serious or violent crime, known organised crime group involvement, child is involved in anti-social behaviour and may be at risk of organised crime involvement, early support not having the desired impact. Starting to commit offences/re-offend or be a victim of crime	Re-occurring / frequent attendances by the police to the family home. Family member within household's criminal activity significantly impacting on the child, child is currently involved in persistent or serious criminal activity and /or is known to be engaging in organised crime/county line activities leading to injury caused by a weapon.
Young person has no involvement with crime or anti-social behaviour.	Child is vulnerable and at potential risk of being targeted and/or groomed for criminal exploitation, gang activity or other criminal groups/associations.	Child appears to be actively targeted/coerced with the intention of exploiting the child for criminal gain.	Child habitually entrenched / actively criminally exploited. There is a risk of imminent significant harm to the child as a result of their criminal associations and activities. They may not recognise they are being exploited and/or are in denial about the nature of their abuse.

Young person has no involvement with crime or anti-social behaviour.	Young person is engaging in anti-social behaviour	Attention of the police. Talks about carrying a weapon. Reports from others that involved in named gang. Glamorises criminal or violent behaviour.	Arrested for possession of offensive weapon, drugs, multiple thefts / going equipped / motoring offences. Non-compliance of conditions Charged or convicted of Robbery/Use of offensive weapon/ possession with intent to supply Class A drugs / Domestic Abuse (child over 10). Intentional harm of others / animals
Young person has been stopped but not searched. Young person has been stopped and searched with no obvious safeguarding concerns or criminality.	Young person has been stopped and searched in circumstances that cause concern such as time of day and others present but no previous concerns	Young person regularly stopped and searched indicating vulnerability, exploitation or criminality. Young person arrested as a result of a stop and search.	Young person consistently stopped and searched with risk factors suggested they are being exploited.

HARMFUL PRACTICES

Level 1	Level 2	Level 3	Level 4
There is no concern the child may be subject to harmful traditional practices	Concern the child is in a culture where harmful practices are known to have been performed however parents are opposed to the practices in respect of their children	Concern the child may be subject to harmful traditional practices.	Evidence the child may be subject to harmful traditional practices.
There are no concerns that the child is at risk of so - called Honour Based Violence.	There are concerns that a child may be subjected to so-called Honour Based Violence.	There is evidence to indicate the child is at risk of so-called Honour Based Violence.	There is specific evidence to indicate a child has been subjected to so-called Honour Based Violence or the child has reported they have been subjected to Honour Based Violence.
There are no concerns that the child is at risk of Female Genital Mutilation.	History of practising Female Genital Mutilation within the family including female child is born to a woman who has undergone Female Genital Mutilation, older sibling/cousin who has undergone Female Genital Mutilation. Family indicate that there are strong levels of influence held by elders	Any female child born/unborn to a mother who has had Female Genital Mutilation and is from a prevalent country, family believe Female Genital Mutilation is integral to cultural or religious identity. Female child talks about a long holiday / confirmed travel to her country of origin or	Reports that female child has had Female Genital Mutilation/ child requests help as suspects she is at risk of Female Genital Mutilation. Upon return from country where practice is prevalent, noticeable changes in child – dress code, excusing from PE, discomfort in walking,

	and/or elders are involved in bringing up female children. Female child where	another country where the practice is prevalent. Female child or parent from household where Female Genital Mutilation is known or suspected to have previously been a factor state that they or a relative will go out of the country for a prolonged period with female child. Female Genital Mutilation is known to be practiced is missing from education for a period without school's approval.	frequenting toilet facilities
There are no concerns a child is at risk of Forced Marriage	There are concerns that parents are not opposed to forced marriage.	There are concerns that a child may be subjected to Forced Marriage	Evidence child may be subject to forced marriage or has been subjected to Forced Marriage
There are no concerns that the child is at risk of witchcraft.	Suspicion child is exposed to issues of spirit possession or witchcraft.	Evidence child is exposed to issues of spirit possession or witchcraft	Disclosure from child about spirit possession or witchcraft, parental view that child is believed to be possessed

EXTREMISM & RADICALISATION

Level 1	Level 2	Level 3	Level 4
Child and family's activities are legal with no links to proscribed organisations	Child makes reference to own and family ideologies.	The child expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly. Child and family have indirect links to proscribed organisations.	The child expresses beliefs that extreme violence should be used against people who disrespect their beliefs and values. The child supports people travelling to conflict zones for extremist/ violent purposes or with intent to join terrorist groups The child expresses a generalised non-specific intent to go themselves. Child, family and friends have strong links / are members of proscribed organisations

Child doesn't express support for extreme views or is too young to express such views themselves	Child makes reference to own and family extreme views.	A child is known to live with an adult or older child who has extreme views. Child may inadvertently view extremist imagery.	A child is sent extreme imagery / taken to demonstrations or marches where violent, extremist and/or age inappropriate imagery or language is used. The child/carers/ close family members / friends are members of prescribed organisations, promoting the actions of violent extremists and/or saying that they will carry out violence in support of extremist views including child circulating violent extremist images.
Child engages in age appropriate use of internet, including social media	Child is at risk of becoming involved in negative internet use that will expose them to extremist ideology, expressing casual support for extremist views.	Child is known to have viewed extremist websites and has said s/he shares some of those views but is open about this and can discuss the pros and cons or different viewpoints	Child is known to have viewed extremist websites and is actively concealing internet and social media activities. They either refuse to discuss their views or make clear their support for extremist views. Significant concerns that the child is being groomed for involvement in extremist activities
Child engages in age appropriate activities and displays age appropriate behaviours and self-control.	Child is expressing strongly held and intolerant views towards people who do not share their religious or political views.	Child is refusing to co-operate with activities at school that challenge their religious or political views, they are aggressive and intimidating to others who do not share their religious or political views.	Child expresses strongly held beliefs that people should be killed because they have a different view. Child is initiating verbal and sometimes physical conflict with people who do not share their religious or political views.
Child engages in age appropriate activities and displays age appropriate behaviours and self-control.	The child is expressing verbal support for extreme views some of which may be in contradiction to British law.	Concerns child has connections to individuals or groups known to have extreme views and they are being educated to hold intolerant, extremist views	Child has strong links and involved in activities and being educated by those with individuals or groups who are known to have extreme views / links to violent extremism.

DRUG / SUBSTANCE MISUSE

Level 1	Level 2	Level 3	Level 4
The child has no history of substance misuse or dependency.	The child is known to be using drugs and alcohol frequently with occasional impact on their social wellbeing.	The child's substance misuse dependency is affecting their mental and physical health and social wellbeing - Child presents at hospital due to substance / alcohol misuse. Carer indifferent to underage smoking / alcohol / drugs etc	The child's substance misuse dependency is putting the child at such risk that intensive specialist resources are required.
Carers/other family members do not use drugs or alcohol or the use does not impact on parenting	Drug and/or alcohol use is impacting on parenting but adequate provision is made to ensure the child's safety, concerns this may increase if continues.	Drug/alcohol use by carer has escalated to the point where the child is worrying about their carer/family member. This is impacting on quality of parenting the child receives	Carer/other family members drug and/or alcohol use is at a problematic level and are unable to provide care to child
No signs or suspicion of drug usage	Child or household member found in possession of Class C drugs	Previous concerns of drug involvement / drug supply and child or household member found in possession of Class A or Class B drugs / drug paraphernalia found in home	Family home is used for drug taking / dealing / illegal activities.
No signs or suspicion of drug usage	Concerns of drug usage during pregnancy	Evidence of substance/drug misuse during pregnancy – pre 21 weeks gestation	Evidence of substance/drug misuse during pregnancy – post 21 weeks gestation.

DISABILITY

Level 1	Level 2	Level 3	Level 4
Carers / other family members have disabilities which do not affect the care of their child.	Carers / other family members have disabilities which occasionally impedes their ability to provide consistent patterns of care but without putting the child at risk, additional support required.	Carers / other family members have disabilities which are affecting the care of the child.	Carers / other family members have disabilities which are severely affecting the care of the child and placing them at risk of significant harm
Child has no apparent disabilities	Additional help required to meet health demands of the child's disabilities	Parents unable to fully meet the child's needs due disability needs, requiring significant support under CWCN Plan	Carers Child's disability needs not being met - neglectful

YOUNG CARER

Level 1	Level 2	Level 3	Level 4
Child does not have caring responsibilities.	Child occasionally has caring responsibilities for members of their family and this sometimes impacts on their opportunities.	Child is regularly caring for another family member resulting in their development and opportunities being adversely impacted by their caring responsibilities.	Child's outcomes are being adversely impacted by their unsupported caring responsibilities, and parent / carer is unaccepting of support offered.

DOMESTIC ABUSE

Level 1	Level 2	Level 3	Level 4
Expectant mother or parent is not in an abusive relationship.	Expectant mother or parent is a victim of occasional or low-level non-physical abuse.	Expectant mother or parent has previously been a victim of domestic abuse and is a victim of occasional or low-level physical abuse	Expectant mother or parent is a victim of medium / high level domestic abuse which has taken place on a number of occasions
No history or incidents of violence, emotional abuse / economic control or controlling or coercive behaviour in the family.	There are isolated incidents of physical / emotional abuse / economic control or controlling or coercive behaviour in the family, however mitigating protective factors within the family are in place. Even if children reported not to be present when incidents have occurred.	Children suffering emotional harm when witnessing physical / emotional abuse / economic control / coercive and controlling behaviour within the family. Perpetrator/s show limited or no commitment to changing their behaviour and little or no understanding of the impact their behaviour has on the child.	Evidence suggesting child is directly subjected to verbal abuse, derogatory titles, and threatening and/or coercive adult behaviours. Child suffering emotional harm and possibly physical harm when witnessing / involved with physical / emotional abuse / economic control / coercive and controlling behaviour within the family especially if they are trying to protect the adult victim. Frequency of incidents increasing in severity / duration
	Information has become known that a person living in the house may be a previous perpetrator of domestic abuse, although no sign of current or recent abuse is apparent.	Confirmation previous domestic abuse perpetrator residing at property. Carer minimises presence of domestic abuse in the household contrary to evidence of its existence.	Serious threat to parent's life or to child by violent partner. Child injured in domestic violence incident. Child traumatised or neglected due to a serious incident of DV or child is unborn

SOCIAL DEVELOPMENT

Level 1	Level 2	Level 3	Level 4
Child has good quality early attachments, confident in social situations with strong friendships and positive social interaction with a range of peers, demonstrating positive behaviour and respect for others	Child has few friendships and limited social interaction with their peers. Child has communication difficulties and poor interaction with others. Child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community. Support is in place to manage this behaviour. Child is a victim of discrimination or bullying.	Child is isolated and refuses to participate in social activities, interacting negatively with others including aggressive, bullying or destructive behaviours, early support has been refused, or been inadequate to manage this behaviour. Child has experienced persistent or severe bullying which has impacted on his/her daily outcomes. Child has significant communication difficulties.	Child is completely isolated, refusing to participate in any activities, positive interaction with others is severely limited due to displays of aggressive, bullying or destructive behaviours impacting on their wellbeing or safety. Child has experienced such persistent or severe bullying that his/her wellbeing is at risk. Child has little or no communication skills
There is a positive family network and good friendships outside the family unit.	There is a significant lack of support from the extended family network which is impacting on the parent's capacity.	There is a limited or negative family network. There is destructive or unhelpful involvement from the extended family. Child has multiple carers; may have no significant or positive relationship with any of them/child has no other positive relationships	The family network has broken down or is highly volatile and is causing serious adverse impact to the child
Child engages in age appropriate use of internet, gaming and social media	Child is at risk of becoming involved in negative internet use, lacks control and is unsupervised in gaming and social media applications	Child is engaged in or victim of negative and harmful behaviours associated with internet and social media use or is obsessively involved in gaming which interferes with social functioning. Evidence of sexual material being shared without consent. Multiple SIMs or phones	Child is showing signs of being secretive, deceptive and is actively concealing internet and social media activities. Regularly coerced to send / receive indecent images. Coerced to meet in person for sexual activity. There is a lack of parental supervision
The family feels integrated into the community.	The family is chronically socially excluded and/ or there is an absence of supportive community networks.	The family is socially excluded and isolated to the extent that it has an adverse impact on the child	The family is excluded and the child is seriously affected but the family actively resists all attempts to achieve inclusion and isolates the child from sources of support

The neighbourhood is a safe and positive environment encouraging good citizenship and knowledgeable about the effects of crime and anti-social behaviour	Child is affected and possibly becoming involved in low level anti-social behaviour in the locality due to others engaging in threatening and intimidating behaviour	The neighbourhood or locality is having a negative impact on the child resulting in the child coming to notice of the police on a regular basis both as a suspect and a victim, concerns by others re exploitation	The neighbourhood or locality is having a profoundly negative impact on the child resulting in the child coming to notice of the police on a regular basis both as a suspect and a victim, concerns by others re high risk of exploitation, being groomed and any other criminal activity
Child and family is legally entitled to live in the country indefinitely and has full rights to employment and public funds.	Child and family's legal entitlement to stay in Isle of Man is temporary and/or restricts access to public funds and/or the right to work placing the child and family under stress.	Child and family's legal status puts them at risk of involuntary removal from the country / having limited financial resources/no recourse to public funds increases the vulnerability of the children to criminal activity	Evidence a child has been exposed or involved in criminal activity to generate income for the family / family members are being detained and at risk of deportation or the child is an unaccompanied asylum-seeker.
Young person is positively engaging with services. Has awareness of the risks and grooming processes. Motivated and positive outlook	Perceived inability or reluctance to access more mainstream support. Reduced access due to their ethnicity / cultural background / being in care / Identifying as LGBTQ / Educational Needs (SEN).	Isolated and refuses to participate in activities. Experiencing bullying or social isolation that may be exacerbated by personal, cultural, sexual identity or education needs. Targeted by groups or individuals due to their vulnerability or perceived reputation.	Negative sense of self and abilities that risk of causing harm. Completely isolated, refusing activities. High levels of social isolation that may be exacerbated by personal, cultural, sexual identity or education needs. Plus parent refusing child to access activities and creating isolation

EXTRA-FAMILIAL HARM

Level 1	Level 2	Level 3	Level 4
Places / Spaces			
Good services in area and young person is aware / engaging positively. Guardians in area ensure physical and psychological wellbeing of young people.	Spending time in areas known for antisocial behaviour or where more vulnerable. Child/ young person identifies and informs professionals of unsafe locations and reason for this.	The neighbourhood or locality is having a negative impact on the child. Frequently spending time in locations, including online, where they can be anonymous or at risk of experience harm / violence / exploitation.	Found in areas/properties known for exploitation / violence. Taken to hotel / B&B / property with intention of being harmed or harming others. Area having profoundly negative effect on the child

Peer Group / External Relationships			
Peer group engage in positive activities / clubs / communities. The group understands risk and harm. Age appropriate and safe. Peers that have 'turned around' in their journey.	Some indications that unknown adults and/or other exploited children have contact with the child/young person. Some indications of negatively influential peers	Unknown adults and/or other exploited children/young people associating with the child/young person. Escalation in behaviour of peer group. Accompanied by an adult who is not a legal guardian. Arrested with individuals who at risk of exploitation / violence.	Staying with someone believed to be exploiting them. Person with significant relationship is coercing child / young person to meet and child is sexually or physically abused. Found with adults / high risk individuals out of area or in UK. Is being exploited to 'recruit' others.
Professional Engagement			
Trusted adult in professional network. Impactful engagement. Curious and flexible	Limited referral history with services. Lack of confidence in worker / service to manage risk or work with adolescents. Multiple workers confused or disagreeing on risk.	Services previously involved and closed; new referral received for similar concerns. Despite attempts, professionals have been unable to engage the young person to date. Several services involved but little change.	History of multiple services / referrals with little change or escalation in risk. Services report unable to keep child / young person safe
Missing			
Child comes homes on time and does not run away from home. Their whereabouts are always known to their carer's and they answer their phone	Child has run away from home on one or two occasions or not returned at the normal time. Concerns about what happened to them whilst they were away, whereabouts unknown.	Child persistently runs away and/or goes missing, serious concerns about their activity whilst away. Parent does not report them missing. Unable to give explanations for whereabouts.	Child persistently runs away and/or goes missing and does not recognise that he/she is putting him/herself at risk of exploitation, criminal behaviour etc. Pattern of sofa surfing, whereabouts unknown