

## Effective support for children, young people and families in East Riding of Yorkshire

### Threshold guidance for early help, targeted and specialist or statutory support

Date of original document	July 2014
Date document reviewed	June 2016
Date document reviewed	June 2017
Date document reviewed	June 2019
Date for next review	March 2020



If in doubt – seek advice and contact the Early Help and Safeguarding Hub: 01482 395500

## Contents page

	Page
1. Introduction	2
2. A vision for children and young people – Responsibilities and principles	4
3. The Assessment Framework	5
4. Information sharing and consent	6
5. Indicators of need	6
6. NO ADDITIONAL NEEDS (UNIVERSAL SERVICES)	7
7. ADDITIONAL NEEDS (EARLY HELP ASSESSMENT - EHA)	8
8. TARGETED (EHA AND S17 STATUTORY SERVICES)	10
9. COMPLEX (STATUTORY OR SPECIALIST SERVICES)	12
10. What happens to an enquiry to the Early Help and Safeguarding Hub?	15
11. Other support	17
11.1 Supporting significant and emotional or mental health difficulties	17
11.2 Supporting children who are privately fostered	17
11.3 Supporting Families Programme	18
11.4 Supporting professional challenge	18
Appendix 1: Enquiries to the Early Help and Safeguarding Hub on non-open cases	19
Appendix 2: Confirmation of a referral form	20-21
Appendix 3: Definitions of abuse and neglect	22
Appendix 4: Contact information	23

## 1.0 Introduction

- 1.1 This guidance is for everyone who works with children and young people and their families in East Riding of Yorkshire. It is about the way we can all work together, share information, and take a child centred approach.
- 1.2 **Working Together to Safeguard Children (2018)** sets out a clear expectation that local agencies will work together to identify children with additional needs and provide support as soon as a problem emerges. **Providing early help is far more effective in promoting the welfare of children – and keeping them safe - than reacting later.**
- 1.3 The guidance offers a model and a framework for identifying needs and analysing risk when working to strengthen and support families. **It should be used as guidance and is not intended to restrict the judgement of professionals and volunteers.** It aims to support the development of professional confidence by introducing a continuum of help and support. It provides information on the levels of need and gives examples of possible indicators that a child or young person may need additional support for.
- 1.4 The **Continuum Model** (Figure 1) is used to illustrate the different levels of children and young people's needs. This recognises that children, young people and their families will have different levels of needs, and that a family's needs may change over time. The agreed multi-agency thresholds are set out across four levels of need which are:

**NO ADDITIONAL NEEDS (UNIVERSAL SERVICES)** – these are children with no additional needs; all their health and developmental needs will be met by universal services. The majority of children living in the area require support from universal services alone.

**ADDITIONAL NEEDS (EARLY HELP ASSESSMENT - EHA)** – these are children and young people who have additional needs and require some extra support.

**TARGETED (EHA AND STATUTORY)** – these are children and young people who are not achieving expected outcomes and will require targeted support for a time limited period. The assessment process to access these services would be either: the EHA process or statutory services under section 17.

**COMPLEX (STATUTORY OR SPECIALIST)** – these children require statutory or specialist support. This can include intervention under section 17 or section 47 of the Children Act 1989.

**Continuum Model of Children's Needs**



Figure 1

## 2. A vision for children and young people – responsibilities and principles

2.1 The [East Riding Children and Young People's Strategic Plan](#) set outs our local vision:

*"We want all young people in East Riding of Yorkshire to be happy, healthy, confident and safe. We want the very best for each and every young person and will work in partnership to remove barriers to achievement and narrow the gap so that everyone can reach their potential. We will harness the talent and the enthusiasm of young people to ensure that all our services meet their needs"*

2.2 By working together, we will develop flexible services which are responsive to children's and families' needs and provide the right level of intervention at the right time. This will support a shift of focus away from managing short-term crises and towards effective intervention and support for children and young people and their families at an earlier stage. This is reflected in the [Children's Trust Early Intervention Strategy](#).

2.3 The East Riding Continuum of Need model is consistent with the East Riding Safeguarding Children Partnership (ERSCP) Procedures and the national guidance Working Together to safeguard children (2018).

2.4 The model recognises that **safeguarding is everyone's responsibility** and that we all have a duty, as stated in the [Children Act 2004](#), to promote cooperation between the Council and its partners with a view to improving the well-being of children and young people.

2.5 Section 11 of the Children Act 2004 places a duty on all agencies to ensure their functions are discharged with regards to the need to safeguard and promote the welfare of children.

## 2.6 Professionals and volunteers are responsible for:

- Being alert;
- Understanding their individual role in keeping children safe, and the role of others;
- Keeping the needs of a child paramount;
- Being able to identify symptoms and triggers of abuse and neglect and share information in a timely way;
- Contacting the Early Help and Safeguarding Hub if they have concerns about a child's welfare;
- Taking a multi-agency approach to assessment, support and intervention;
- Being open and transparent unless this puts the child in further danger.

## 2.7 Core Principles

- **Intervene early** to tackle any problems as soon as they emerge. For children who need additional help, every day matters;
- The **child should be at the centre**. They must be listened to and have their voices heard;
- Assessments should be **holistic and evidence based** (detailed in Figure 2, page 5);
- Be **clearly focused on outcomes for the child**.

## 3.0 The Assessment Framework

- 3.1 Assessing the needs of a child or young person requires a systematic and purposeful approach. The assessment framework gives agencies working with children and young people a common language to understand both the needs of the child/young person and what is happening to them. Using the assessment framework provides a way to gather and analyse relevant information within three domains:
- the developmental needs of the child
  - the parental capacity (or caregiver capacity) to meet the child’s needs
  - the impact of the wider family and environmental factors on both parenting capacity and the child’s development.
- 3.2 Each domain has a number of dimensions (see figure 2) which are consistent with the Early Help Assessment (EHA) process. These are used in the EHA and the Children’s Social Care single assessment.
- 3.3 When a child is referred to the Early Help and Safeguarding Hub, referrers should include any information they have on the child’s developmental needs and the capacity of the child’s parents or carers to meet those needs. This information may be included in any assessment, including the EHA, which may have been carried out prior to a referral into Local Authority Children’s Social Care. Where an early help assessment has already been undertaken it should be used to support a referral to local authority children’s social care, however this is not a prerequisite for making a referral. The contact process is outlined in Appendix 1.

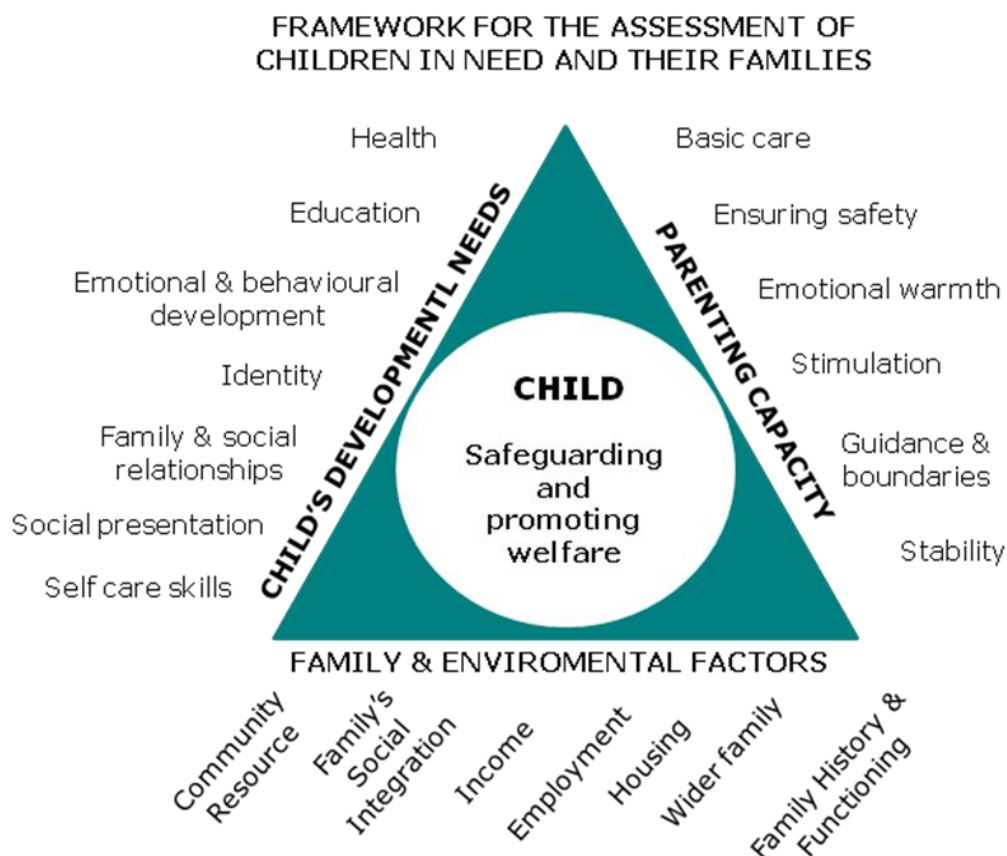


Figure 2: Framework for the Assessment of Children in Need and their Families (Department of Health et al, 2000)

#### 4. Information sharing and consent

#### 4.1 Information sharing is essential for effective:

- identification of need
- assessment of need
- service provision to meet need

4.2 Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services. Serious Case Reviews (SCRs) have shown how poor information sharing has contributed to the deaths or serious injuries of children.

4.3 Early help assessments require the consent of families. If parents and/or the child (if age appropriate) do not consent to an early help assessment, then the lead professional should make a judgment as to whether, without help, the needs of the child will escalate. If so, a referral into Local Authority Children's Social Care may be necessary.

4.3 Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protection of children. No professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with the Early Help and Safeguarding Hub.

4.4 *Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (March 2018)* supports frontline practitioners, working in child or adult services, who have to make decisions about sharing personal information on a case by case basis. The guidance can be used to supplement local guidance and encourage good practice in information sharing.

4.5 Guidance can be found at the East Riding Safeguarding Children Partnership website:

[www.erscp.co.uk](http://www.erscp.co.uk)

And the East Riding of Yorkshire Council website:

[www.eastriding.gov.uk/council/working-with-our-partners/caring-for-children/information-sharing/](http://www.eastriding.gov.uk/council/working-with-our-partners/caring-for-children/information-sharing/)

#### 5.0 Indicators of need

5.1 Sections 6-8 outline possible indicators of need. The possible indicators are listed under each heading in line with the Assessment Framework to provide a likely indicator of the level of need.

5.2 Only by talking to children and their family in more detail to explore the context and the factors behind the need, will the practitioner be able to form a judgement as to the level of support needed. **The indicators are a guide and not a pre-determined level of response.**

## 6. NO ADDITIONAL NEEDS (UNIVERSAL SERVICES)

Children and young people at this level are achieving expected outcomes within universal provision without additional support. These are children with no additional needs. All health and developmental needs can be met by universal services. Most children will achieve their full potential through the provision of universal services alone.

<b>ASSESSMENT FRAMEWORK INDICATORS</b>	
<p style="text-align: center;"><b>CHILD'S DEVELOPMENT NEEDS</b></p> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Good physical health</li> <li>• Adequate diet/hygiene/clothing</li> <li>• Developmental checks/immunisations up to date</li> <li>• Accesses health services</li> <li>• Developmental milestones met including               <ul style="list-style-type: none"> <li>○ Speech and language</li> <li>○ Appropriate height &amp; weight</li> <li>○ Healthy lifestyle</li> <li>○ Sexual activity appropriate for age</li> <li>○ Good state of mental health</li> <li>○ No substance misuse (including alcohol)</li> </ul> </li> </ul> <p><b>Education &amp; Learning</b></p> <ul style="list-style-type: none"> <li>• Good attendance at school/college/training</li> <li>• No barriers to learning</li> <li>• Achieving key stages</li> </ul> <p><b>Emotional &amp; Behavioural Development</b></p> <ul style="list-style-type: none"> <li>• Growing level of competencies in practical and emotional skills</li> <li>• Good quality early attachments</li> </ul> <p><b>Identity</b></p> <ul style="list-style-type: none"> <li>• Positive sense of self &amp; abilities</li> <li>• Demonstrates feelings of belonging &amp; acceptance</li> <li>• An ability to express needs</li> </ul> <p><b>Family &amp; Social Relationships</b></p> <ul style="list-style-type: none"> <li>• Stable &amp; affectionate relationships with care givers</li> <li>• Good relationships with siblings</li> <li>• Positive relationships with peers</li> </ul> <p><b>Social Presentation</b></p> <ul style="list-style-type: none"> <li>• Appropriate dress for different settings</li> <li>• Good level of personal hygiene</li> </ul> <p><b>Self-care skills</b></p> <ul style="list-style-type: none"> <li>• Age appropriate independent living skills</li> </ul>	<p style="text-align: center;"><b>PARENTING CAPACITY</b></p> <p><b>Basic Care, safety and protection</b></p> <ul style="list-style-type: none"> <li>• Carers able to provide for child's needs and protect from danger and harm</li> </ul> <p><b>Emotional warmth and stability</b></p> <ul style="list-style-type: none"> <li>• Carers able to provide warmth, praise and encouragement</li> </ul> <p><b>Guidance, boundaries and stimulation</b></p> <ul style="list-style-type: none"> <li>• Carers provide appropriate guidance and boundaries to help child develop appropriate values</li> <li>• Supports development through interaction and play</li> </ul>
	<p style="text-align: center;"><b>FAMILY AND ENVIRONMENTAL FACTORS</b></p> <p><b>Family history and functioning</b></p> <ul style="list-style-type: none"> <li>• Supportive family relationships, including when parents are separated</li> </ul> <p><b>Housing, employment and finance</b></p> <ul style="list-style-type: none"> <li>• Housing has basic amenities and appropriate facilities</li> <li>• Appropriate levels of cleanliness/ hygiene are maintained</li> <li>• Not living in poverty</li> </ul> <p><b>Families, social integration</b></p> <ul style="list-style-type: none"> <li>• Good enough social and friendship networks exist</li> <li>• Community resources</li> <li>• Good enough universal services in neighbourhood</li> </ul>
<b>ACTION AND ASSESSMENT</b>	
<p>No multi-agency assessment is required. Children will continue to access Universal Services.</p> <p>Further free advice, guidance and information is available about all services for children aged 0-19 years old (up to 25 years old for young people with special needs) from the Families Information Service Hub (FISH) accessed at <a href="http://www.eastriding.gov.uk/fish">www.eastriding.gov.uk/fish</a></p> <ul style="list-style-type: none"> <li>• Telephone: (01482) 396469</li> <li>• Email: <a href="mailto:fish@eastriding.gov.uk">fish@eastriding.gov.uk</a></li> </ul>	
<b>KEY UNIVERSAL SERVICES THAT MAY PROVIDE SUPPORT AT THIS LEVEL</b>	
<p>Family Information Services Hub (FISH); Early Help and Safeguarding Hub; Education; Children's Centres; Early Years Settings; Midwifery Services; Health Visiting Service; School Nursing Service; General Practitioners; Voluntary &amp; Community Sector; Culture and Information Services.</p>	

## 7. ADDITIONAL NEEDS (EARLY HELP ASSESSMENT - EHA)

Children and young people with needs that require additional support.

Children and young people at this level are in need of early help services and can access these using the Early Help Assessment (EHA) process.

ASSESSMENT FRAMEWORK INDICATORS	
<p style="text-align: center;"><b>CHILD'S DEVELOPMENT NEEDS</b></p> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Slow in reaching developmental milestones</li> <li>• Missing immunisations or checks</li> <li>• Susceptible to minor health problems</li> <li>• Minor concerns for example diet, hygiene, clothing, alcohol consumption (but not immediately hazardous)</li> <li>• Disability requiring support services</li> <li>• Starting to have sexual intercourse (under 16)</li> <li>• Previous pregnancy</li> </ul> <p><b>Education &amp; Learning</b></p> <ul style="list-style-type: none"> <li>• Occasional truanting or non-attendance, poor punctuality</li> <li>• At risk of fixed term exclusion or a previous fixed term exclusion</li> <li>• School action or school action plus</li> <li>• Few opportunities for play/socialisation/stimulation</li> <li>• Not in education, employment or training (NEET)</li> <li>• Identified language and communication difficulties</li> <li>• Not reaching educational potential</li> </ul> <p><b>Emotional and behavioural</b></p> <ul style="list-style-type: none"> <li>• Low level mental health or emotional issues requiring intervention</li> <li>• Substance misuse that is not immediately hazardous including alcohol</li> <li>• Involved in behaviour seen as anti-social</li> <li>• Attachment issues and/or emotional development delay</li> </ul> <p><b>Identity</b></p> <ul style="list-style-type: none"> <li>• Some insecurities around identity</li> <li>• May experience bullying around 'difference'</li> </ul> <p><b>Family and social relations</b></p> <ul style="list-style-type: none"> <li>• Some support from family, friends and peers</li> <li>• Has some difficulties sustaining relationships</li> <li>• Undertaking occasional caring responsibilities</li> <li>• Child of a teenage parent</li> <li>• Child adopted from care</li> <li>• Low parental aspirations</li> </ul> <p><b>Social Presentation</b></p> <ul style="list-style-type: none"> <li>• Can be over-friendly or withdrawn with strangers</li> <li>• Personal hygiene starting to be a problem</li> </ul> <p><b>Self-care skills</b></p> <ul style="list-style-type: none"> <li>• Not always adequate self-care — poor hygiene</li> <li>• Slow to develop age appropriate self-care skills</li> <li>• Overprotected/unable to develop independence</li> </ul>	<p style="text-align: center;"><b>PARENTING CAPACITY</b></p> <p><b>Basic Care, safety and protection</b></p> <ul style="list-style-type: none"> <li>• Parental engagement with services is poor</li> <li>• Parent requires advice on parenting issues</li> <li>• Professionals are beginning to have some concerns around child's physical needs being met</li> <li>• Professionals are beginning to have some concerns about substance misuse (including alcohol) by adults within the home</li> <li>• Some exposure to dangerous situations in home/community</li> <li>• Teenage parent(s)</li> </ul> <p><b>Emotional warmth and stability</b></p> <ul style="list-style-type: none"> <li>• Inconsistent parenting, but development not significantly impaired</li> <li>• Post natal depression</li> <li>• Perceived to be a problem by parent</li> </ul> <p><b>Guidance, boundaries and stimulation</b></p> <ul style="list-style-type: none"> <li>• May have different carers</li> <li>• Can behave in an anti-social way</li> <li>• Inconsistent boundaries offered</li> <li>• Spends much time alone (TV, etc)</li> <li>• Child not exposed to new experiences</li> </ul> <hr/> <p style="text-align: center;"><b>FAMILY AND ENVIRONMENTAL FACTORS</b></p> <p><b>Families, social integration</b></p> <ul style="list-style-type: none"> <li>• Good enough social and friendship networks exist</li> <li>• Community resources</li> <li>• Good enough universal services in neighbourhood</li> </ul> <p><b>Family history and functioning</b></p> <ul style="list-style-type: none"> <li>• Parents have relationship difficulties which may affect the child</li> <li>• Experienced loss of significant adult</li> <li>• May look after younger siblings</li> <li>• Parent has health difficulties</li> <li>• Some support from family and friends</li> <li>• Parent or close family member in prison</li> </ul> <p><b>Housing, employment and finance</b></p> <ul style="list-style-type: none"> <li>• Families affected by low income or unemployment</li> <li>• Parents have limited formal education</li> <li>• Adequate/poor housing</li> <li>• Family seeking asylum or refugees</li> </ul>



## ACTION AND ASSESSMENT

This is the threshold for a multi-agency early help assessment to begin; locally East Riding has adopted the Early Help Assessment (EHA). The purpose of the EHA is to identify a child's needs early, so that targeted multi-agency early help services can be provided in response.

If professionals identify concerns with a child/family but are unsure how to respond, an EHA can help by identifying additional/unmet needs.

The EHA requires the consent of families. If parents and/or the child do not consent to an EHA, then the person undertaking the assessment should make a judgment as to whether, without help, the needs of the child/young person will escalate. If so, a referral into local authority children's social care may be necessary.

Further information on the EHA process, Team Around the Family, possible questions to ask when completing an EHA and information sharing and consent, including all forms can be accessed at:

<http://www2.eastriding.gov.uk/council/working-with-our-partners/caring-for-children/early-help-assessment/>

If you need further advice on completing an EHA contact the Early Help and Safeguarding Hub on Telephone: (01482) 395500

If you have a query relating to the EHA please Email: [irt@eastriding.gov.uk](mailto:irt@eastriding.gov.uk)

Once received, the contact will then be screened to determine the most appropriate response to the identified needs including:

- Signposting on to Children's Centres, Youth & Family Support and other services.
- Early, co-ordinated use of the Early Help Assessment (EHA), Team Around the Family (TAF) meetings, Lead Professional role.
- Fast tracking child protection concerns or other complex family situations that might require an immediate safeguarding response.

This service is available:

9am – 5:00pm      **Monday to Thursday**  
9am – 4:30pm      **Friday**

## KEY SERVICES THAT MAY PROVIDE SUPPORT AT THIS LEVEL

Support will be provided by Universal Services (as above) with additional input from services such as:

Early Help and Safeguarding Hub; Family Information Services Hub; Education; Children's Centres; Early Years Settings; Midwifery Services; Health Visiting Service; School Nursing Service; Special School Nursing; General Practitioners; Voluntary & Community Sector; Culture and Information Services; Family Nurse Partnership; Portage Parenting; Youth and Family Support; LOOK AHEAD and SENDIASS - Special Educational Needs and Disabilities Information Advice and Support Service, Adult Mental Health, Paediatric Therapists, Disability Team and Addiction Services.

## 8. TARGETED SERVICES

Children and young people who are not achieving the expected outcomes, and require more intensive but time limited support. The assessment process to access these services would be either: the EHA process or statutory services under Section 17 of the Children Act 1989.

<b>ASSESSMENT FRAMEWORK INDICATORS</b>	
<p style="text-align: center;"><b>CHILD'S DEVELOPMENT NEEDS</b></p> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Some concerns around mental health</li> <li>• Has some chronic/recurring health problems</li> <li>• Missed routine and non-routine health appointments</li> <li>• Concerns re: diet, hygiene, clothing</li> <li>• Conception to child under 16</li> <li>• Sexual intercourse with multiple partners</li> <li>• Using of substances in a hazardous manner (sharing equipment etc)</li> <li>• Substance misuse impacts negatively on their risk taking behaviour (e g unprotected sexual intercourse)</li> <li>• Disability requiring significant support services</li> </ul> <p><b>Education &amp; Learning</b></p> <ul style="list-style-type: none"> <li>• Short term exclusion or persistent truanting, poor school attendance</li> <li>• At risk of permanent exclusion or previous permanent exclusion</li> <li>• Identified learning needs and may have statement of special educational needs</li> <li>• Not achieving key stage benchmarks</li> <li>• Limited access to books, toys</li> <li>• Persistent not in education, employment or training (NEET)</li> </ul> <p><b>Emotional and behavioural</b></p> <ul style="list-style-type: none"> <li>• Difficulty coping with anger, frustration and upset</li> <li>• Physical and emotional development raising significant concerns</li> <li>• Significant attachment difficulties e g child adopted from care</li> <li>• Early onset of sexual activity</li> <li>• Hazardous substance misuse (including alcohol)</li> <li>• Inappropriate sexual behaviour</li> <li>• Offending or regular anti-social behaviour</li> </ul> <p><b>Identity</b></p> <ul style="list-style-type: none"> <li>• Subject to discrimination</li> <li>• Significantly low self-esteem</li> <li>• Extremist views</li> </ul> <p><b>Family and social relations</b></p> <ul style="list-style-type: none"> <li>• Peers also involved in challenging behaviour</li> <li>• Regularly needed to care for another family member</li> <li>• Involved in conflicts with peers/siblings</li> <li>• Adoptive family under severe stress</li> </ul> <p><b>Social Presentation</b></p> <ul style="list-style-type: none"> <li>• Clothing regularly unwashed</li> <li>• Hygiene problems</li> <li>• Is provocative in behaviour/appearance</li> </ul> <p><b>Self-care skills</b></p> <ul style="list-style-type: none"> <li>• Poor self-care for age—hygiene</li> <li>• Precociously able to care for self</li> </ul>	<p style="text-align: center;"><b>PARENTING CAPACITY</b></p> <p><b>Basic Care, safety and protection</b></p> <ul style="list-style-type: none"> <li>• Parental engagement with services is poor</li> <li>• Parent requires advice on parenting issues</li> <li>• Professionals are beginning to have some concerns around child's physical needs being met</li> <li>• Professionals are beginning to have some concerns about substance misuse (including alcohol) by adults within the home</li> <li>• Some exposure to dangerous situations in home/community</li> <li>• Teenage parent(s)</li> </ul> <p><b>Emotional warmth and stability</b></p> <ul style="list-style-type: none"> <li>• Inconsistent parenting, but development not significantly impaired</li> <li>• Postnatal depression</li> <li>• Perceived to be a problem by parent</li> </ul> <p><b>Guidance, boundaries and stimulation</b></p> <ul style="list-style-type: none"> <li>• May have different carers</li> <li>• Inconsistent boundaries offered</li> <li>• Can behave in an anti-social way</li> <li>• Spends much time alone (TV, etc)</li> <li>• Child not exposed to new experiences</li> </ul> <hr/> <p style="text-align: center;"><b>FAMILY AND ENVIRONMENTAL FACTORS</b></p> <p><b>Family history and functioning</b></p> <ul style="list-style-type: none"> <li>• Parents have relationship difficulties which may affect the child</li> <li>• Experienced loss of significant adult</li> <li>• May look after younger siblings</li> <li>• Parent has health difficulties</li> <li>• Some support from family and friends</li> <li>• Parent or close family member in prison</li> </ul> <p><b>Housing, employment and finance</b></p> <ul style="list-style-type: none"> <li>• Families affected by low income or unemployment</li> <li>• Parents have limited formal education</li> <li>• Adequate/poor housing</li> <li>• Family seeking asylum or refugees</li> </ul> <p><b>Families, social integration</b></p> <ul style="list-style-type: none"> <li>• Appropriate social and friendship networks exist</li> <li>• Community resources are available</li> <li>• Appropriate universal services accessible</li> </ul>

## ACTION AND ASSESSMENT

Where one or more indicators are present at this level, the child or young person could already be known to a statutory service and have a statutory service assessment. If this is not the case, an EHA should be completed as outlined previously. The completion of the EHA must not delay any appropriate referral to a statutory service. The EHA can be extremely helpful in informing and supporting decision making regarding referrals being made to targeted and statutory services.

NB The Early Help Assessment must not replace a statutory assessment

All contacts on non-open cases should go through the Early Help and Universal Safeguarding Hub using one of the following methods:

Telephone: (01482) 395500

E-mail: [childrens.socialcare@eastriding.gcsx.gov.uk](mailto:childrens.socialcare@eastriding.gcsx.gov.uk)

Once received, the contact will then be screened to determine the most appropriate response to the identified needs including:

- Signposting on to Children’s Centres, Youth & Family Support and other services.
- Early, co-ordinated use of the Early Help Assessment (EHA), Team Around the Family (TAF) meetings, Lead Professional role.
- Fast tracking child protection concerns or other complex family situations that might require an immediate safeguarding response.

This service is available:

9am – 5:00pm **Monday to Thursday**

9am – 4:30pm **Friday**

**NB** Professionals and volunteers should confirm the referral in writing within 24 hours. The Confirmation of Referral Form can be found in Appendix 2.

Members of the public can also continue to request support by calling into one of the East Riding of Yorkshire Council’s customer access points.

Any queries about what steps to take can be discussed with the Early Help & Safeguarding Hub.

Where the threshold is met for child in need assessment under section 17 of the Children Act 1989, an assessment will be carried out by a social worker from the East Riding of Yorkshire Council’s Children’s Safeguarding Team (Children’s Social Care). If information gathered during the assessment process results in a social worker suspecting that a child is suffering or likely to suffer significant harm, then they will convene a multi agency strategy discussion, and may seek legal advice. The intervention will become a child protection enquiry as detailed on page 12 and 13.

## KEY SERVICES THAT MAY PROVIDE SUPPORT AT THIS LEVEL

Early Help and Safeguarding Hub; Education; Children’s Centres; Early Years Settings; Midwifery Services; Health Visiting Service; School Nursing Service; Special School Nursing; General Practitioners; Voluntary & Community Sector; Family Nurse Partnership; Portage Parenting; Youth and Family Support; LOOK AHEAD and SENDIASS - Special Educational Needs and Disabilities Information Advice and Support Service; Special Schools; Children’s Social Care; Education Welfare; Therapies; Child Adolescent Mental Health Service (CAMHS); Education Inclusion Service; Support Schemes for Children with Disabilities.

## 9. COMPLEX (STATUTORY OR SPECIALIST)

Children and young people who require intensive help and support from a limited range of statutory or specialist services. This will include Children's Social Care under Section 17 and Section 47 of the Children Act 1989 and other specialist services.

<b>ASSESSMENT FRAMEWORK INDICATORS</b>	
<p style="text-align: center;"><b>CHILD'S DEVELOPMENT NEEDS</b></p> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Has severe/chronic health problems</li> <li>• Persistent substance misuse</li> <li>• Non-organic failure to thrive</li> <li>• Fabricated illness</li> <li>• Early teenage pregnancy</li> <li>• Serious mental health issues</li> <li>• Seriously obese or underweight</li> <li>• Dental decay and no access to treatment</li> <li>• Sexual exploitation/abuse</li> <li>• Sexual activity</li> <li>• Disability requiring highest level of support</li> </ul> <p><b>Education &amp; Learning</b></p> <ul style="list-style-type: none"> <li>• No education provision</li> <li>• Permanently excluded from school</li> <li>• History of previous exclusions</li> <li>• Significant developmental delay due to neglect/poor parenting</li> </ul> <p><b>Emotional and behavioural</b></p> <ul style="list-style-type: none"> <li>• Regularly involved in anti-social/criminal activities</li> <li>• Puts self or others in danger</li> <li>• Endangers own life through self harm/substance misuse including alcohol/eating disorder/suicide attempts</li> <li>• In sexually exploitive relationship</li> <li>• Frequently goes missing from home for long periods</li> <li>• Child who abuses others</li> <li>• Severe attachment problems and/or severe emotional development delay</li> </ul> <p><b>Identity</b></p> <ul style="list-style-type: none"> <li>• Experiences persistent discrimination</li> <li>• Is socially isolated and lacks appropriate role models</li> <li>• Alienates self from others</li> <li>• Distorted self image</li> </ul> <p><b>Social Presentation</b></p> <ul style="list-style-type: none"> <li>• Poor and inappropriate self-presentation</li> </ul> <p><b>Family and social relations</b></p> <ul style="list-style-type: none"> <li>• Looked after child</li> <li>• Care leaver</li> <li>• Family breakdown related in some way to child's behavioural difficulties</li> <li>• Subject to physical, emotional or sexual abuse/neglect</li> <li>• Female genital mutilation</li> <li>• Is main carer for a family member</li> <li>• Adoption breakdown</li> <li>• Forced marriage of a minor</li> </ul> <p><b>Self-care skills</b></p> <ul style="list-style-type: none"> <li>• Neglects to use self-care skills due to alternative priorities, e.g. substance misuse</li> <li>• Unaccompanied asylum seeker</li> </ul>	<p style="text-align: center;"><b>PARENTING CAPACITY</b></p> <p><b>Basic Care, safety and protection</b></p> <ul style="list-style-type: none"> <li>• Parents unable to provide parenting that is adequate and safe</li> <li>• Parents' mental health problems or substance misuse significantly affect care of child</li> <li>• Parents unable to care for previous children</li> <li>• There is instability and violence in the home continually</li> <li>• Parents are involved in crime</li> <li>• Parents unable to keep child safe</li> <li>• Victim of crime</li> </ul> <p><b>Emotional warmth and stability</b></p> <ul style="list-style-type: none"> <li>• Parents inconsistent, highly critical or apathetic towards child</li> <li>• Child is rejected or abandoned</li> </ul> <p><b>Guidance, boundaries and stimulation</b></p> <ul style="list-style-type: none"> <li>• No effective boundaries set by parents</li> <li>• Regularly behaves in an anti-social way in the neighbourhood</li> <li>• Child beyond parental control</li> <li>• Subject to a parenting order which may be related to their child/young person's criminal behaviour, antisocial behaviour or persistent absence from school</li> </ul> <hr/> <p style="text-align: center;"><b>FAMILY AND ENVIRONMENTAL FACTORS</b></p> <p><b>Family history and functioning</b></p> <ul style="list-style-type: none"> <li>• Significant parent discord and domestic violence</li> <li>• Child looked after by a non-relative within scope of private fostering arrangement</li> <li>• Destructive relationships with extended family</li> <li>• Parents are deceased and there are no family/friends options</li> <li>• Parents are in prison and there are no family/friends options</li> <li>• Unknown others living in the family home</li> </ul> <p><b>Housing, employment and finance</b></p> <ul style="list-style-type: none"> <li>• Physical accommodation places child in danger</li> <li>• No fixed abode or homeless</li> <li>• Chronic unemployment due to significant lack of basic skills or long standing issues such as substance misuse/offending, etc</li> <li>• Extreme poverty/debt impacting on ability to care for child</li> </ul> <p><b>Families, social integration</b></p> <ul style="list-style-type: none"> <li>• Family chronically socially excluded</li> </ul> <p><b>Community Resources</b></p> <ul style="list-style-type: none"> <li>• Poor quality services with long-term difficulties with accessing target populations</li> <li>• Restricting and refusing intervention from services</li> </ul>

## ACTION AND ASSESSMENT

### Early Help and Safeguarding Hub (EHaSH)

The Early Help and Safeguarding Hub (01482) 395500 offers multi-agency professional advice and guidance. Once a referral is received it will be screened by the Early Help and Safeguarding Hub to determine the most appropriate response to the identified needs including:

- Fast tracking child protection concerns or other complex family situations that might require an immediate safeguarding response.
- Early, co-ordinated use of the Early Help Assessment (EHA), Team Around the Family (TAF) meetings, Lead Professional role.
- Referring on to Children’s Centres, Youth & Family Support and signposting on to other services.

Telephone: [\(01482\) 395500](tel:01482395500)

E-mail: [childrens.socialcare@eastriding.gcsx.gov.uk](mailto:childrens.socialcare@eastriding.gcsx.gov.uk)

(Monday – Thursday 9am-5pm and Friday 9am-4.30pm)

**NB** Professionals and volunteers should confirm the referral in writing within 24 hours. The Confirmation of Referral Form can be found in Appendix 2.

### OUT OF HOURS

Enquiries at all other times (including weekends and bank holidays) would need to follow the out of hours arrangements:

Telephone: [\(01377\) 241273](tel:01377241273)

E-mail: [childrens.socialcare@eastriding.gcsx.gov.uk](mailto:childrens.socialcare@eastriding.gcsx.gov.uk)

Members of the public can also continue to request support by calling into one of the East Riding of Yorkshire Council’s customer access points.

Any queries about what steps to take can be discussed with the Early Help & Safeguarding Hub.

If a child is suffering abuse and requires urgent attention because of immediate danger, call the **Police on 999**.

### CHILDREN IN NEED

**Section 17 of the Children Act 1989** places a duty on every local authority to safeguard and promote the welfare of children who are ‘in need’ within their area. A child in need is defined under the Children Act 1989 as:

- A child who is unlikely to achieve or maintain a satisfactory level of health or development,
- Their health and development will be significantly impaired, without the provision of services;
- A child who is disabled.

In these cases, assessments by a social worker are carried out under **section 17** of the Children Act 1989. Children in need may be assessed under section 17 of the Children Act 1989, in relation to their special educational needs, disabilities, or as a carer, or because they have committed a crime. The process for assessment should also be used for children whose parents are in prison and for asylum seeking children. When assessing children in need and providing services, specialist assessments may be required and, where possible, should be coordinated so that the child and family experience a coherent process and a single plan of action.

A referral to Children’s Social Care is also appropriate where parents need practical support and respite at home because of a disabled child’s complex care needs. In these situations Children’s Social Care will work with families on a voluntary basis, often in partnership with other professionals, to improve the welfare of the children and to prevent problems escalating to a point that statutory child protection intervention is needed.

## CHILD PROTECTION

Local authorities, with the help of other organisations as appropriate, have a duty to make enquiries under **Section 47 of the Children Act 1989** if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare. There may be a need for immediate protection whilst the assessment is carried out.

Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, and the severity of the emotional and physical impact on the child. It is important to consider age and context – babies and young children are particularly vulnerable – and parental factors such as history of significant domestic violence, substance misuse or mental ill-health.

Significant harm could occur where there is a single event, such as a violent assault or sexual abuse. More often, significant harm is identified when there have been a number of events which have compromised the child's physical and psychological wellbeing; for example, a child whose health and development is severely impaired through neglect. The categories of abuse are outlined in Appendix 3.

Professionals in all agencies have a responsibility to refer a child to children's social care when it is believed or suspected that the child:

- Has suffered significant harm
- Is likely to suffer significant harm
- Has significant developmental or disability needs which are likely only to be met through provision of Children's Social Care (with agreement of the child's parent) children in need

Within **one working day** of a referral being received, a qualified social worker should make a decision about the type of response that is required and acknowledge receipt to the referrer. Where appropriate, this feedback should include the reasons why a case may not meet the statutory threshold to be considered by local authority children's social care for assessment and suggestions for other sources of more suitable support. This might take the form of a telephone conversation, secure email or letter.

### Section 20 and 31

Some children in need may require accommodation because there is no one who has parental responsibility for them, or because they are alone or abandoned. Under **Section 20** of the Children Act 1989, the local authority has a duty to accommodate such children in need in their area. Following an application under **Section 31A**, where a child is the subject of a care order, the local authority, as a corporate parent, must assess the child's needs and draw up a care plan which sets out the services which will be provided to meet the child's identified needs.

## KEY SERVICES THAT MAY PROVIDE SUPPORT AT THIS LEVEL

Early Help and Safeguarding Hub; Education; Children's Centres; Early Years Settings; Midwifery Services; Health Visiting Service; School Nursing Service; Education; General Practitioners; Voluntary & Community Sector; Family Nurse Partnership; Portage Parenting; Youth and Family Support; LOOK AHEAD and SENDIASS - Special Educational Needs and Disabilities Information Advice and Support Service; Special Schools; Children's Social Care; Youth Offending Service; Education Welfare; Therapies; Education Inclusion Service; CAMHS; Support Schemes for Children with Disabilities; Drug and Alcohol Services; Domestic Violence and Abuse Partnership; Sexual Exploitation Services; Police, Adult Mental Health Services, Paediatric Therapists and Disability Team.

## **10. What happens to a referral to the Early Help and Safeguarding Hub?**

- 10.1 Once a referral is received it will be screened by the Early Help and Safeguarding Hub to determine the most appropriate response to the identified needs.
- 10.2 Calls on open cases are passed to the relevant Children's Social Care Team.
- 10.3 Where a referral is potentially a child in need referral (Section 17) or a child protection referral (Section 47) the Early Help and Safeguarding Hub will gather further information that day. Some referrals may be dealt with by the provision of advice or signposting or the provision of an immediate solution which will be logged on the electronic database as a contact.
- 10.4 All referrals will receive a decision by a trained professional in one working day to decide a course of action. The outcome of the referral may be:
  - Information received
  - Information and advice given
  - Sign-posted to other services
  - Held by the First Responder until the end of the next working day (at most) to gather more information
  - Accepted as a referral and allocated to a social worker in the relevant Safeguarding Team to undertake a single assessment.
- 10.5 Professionals and volunteers should confirm the referral in writing within 24 hours. The Confirmation of Referral Form can be found in Appendix 2.
- 10.6 The outcome may be the provision of advice or linking up with relevant provision, a child in need plan, a request for an Early Help Assessment (EHA) to support the child/family, or no further action. The outcome of the referral will be fed back to the referrer and to any agencies from whom information has been sought.
- 10.7 **Only child in need cases (Section 17) and child protection (Section 47) will be accepted to progress to assessment by Children's Social Care.**
- 10.8 When a referral is received by the First Responder in the Safeguarding Team, the Team Manager will then make a decision about the next action. At the discretion of the team manager a **SINGLE ASSESSMENT** will be undertaken by a social worker. This will include seeing the child alone (where age appropriate), meeting parents and discussing concerns and gathering current and historical information from all relevant professionals to form a judgment about needs and risks in order to develop a plan or agree further actions to support the child.
- 10.9 The assessment will be completed within a maximum of 45 working days. It includes much more detailed information from other agencies and detailed exploration into family background and dynamics and the needs of the children. A single assessment can lead to a child in need plan or other action as is deemed necessary.
- 10.10 Whenever there are **child protection concerns** a '**section 47 enquiry**' is undertaken. This will involve liaison with Police and other agencies and will include a **strategy discussion** to decide and plan the actions needed.
- 10.11 An assessment of the child's circumstances including risks and needs is undertaken following the strategy discussion. This may lead to a decision that there are no concerns, to a voluntary child in need plan, or to some form of statutory intervention often through

an **initial child protection conference**. If a child protection conference is required, this should be undertaken within fifteen days of the strategy discussion.

- 10.12 Advice about whether a child protection conference should be convened and complex safeguarding issues is available from the Safeguarding Advice Line **(01482) 396999**
- 10.13 If professionals and volunteers at a multi-agency conference agree, a **child protection plan** is put in place. A multi-agency child protection plan will make clear to the parents what changes they have to make to ensure the child does not suffer significant harm. Should the circumstances of the child/young person not improve or where further serious incidents occur, a decision may be made to apply to the court for **care proceedings**. The first step in this process is usually to have a legal planning meeting and issue parents with a formal **Public Law Outline (PLO) letter** stating what must improve to avoid care proceedings.
- 10.14 Once Children's Social Care and other specialist intervention has successfully reduced the level of need for the child or young person, **universal** or **targeted** services may be asked to continue to support the child and family.

## **11. Other support**

### **11.1 Supporting significant and emotional or mental health difficulties**

Child and Adolescent Mental Health Service (CAMHS) is a service for children and young people up to the age of 18 who are experiencing significant emotional or mental health difficulties.

- 11.2 CAMHS in Hull and East Riding has undergone some recent changes with exciting new developments that will transform how families and people who work with children and young people can access professional advice, information and support. There are three parts to the service:
- Contact Point
  - Core CAMHS
  - The Intensive Intervention Team

**Contact point** (01482) 303810 from 8am - 6pm Monday to Friday

- 11.3 A single contact number designed to improve the ease of access and availability of CAMHS for children, young people and their families and professionals.
- 11.4 *Who can they help?* Referrals can come from professionals working in Health, Education, Social Care or voluntary agencies as well as self-referrals direct from families and carers. Young people aged 16 and over can also refer themselves.
- 11.5 *What happens next?* The main role of the Contact Point is to review and respond to everyone who contacts the line. They will undertake a thorough telephone screening and this will enable them to determine the most appropriate next step. This could be referring the family to Core CAMHS for assessment and treatment or signposting them to information or other services that may be more suitable for their circumstances.
- 11.6 **Core CAMHS**- provides specialist assessment and treatment to children and young people up to the age of 18 who are experiencing significant emotional or mental health difficulties. Involvement does not usually begin before primary school age but advice can be given to the parents of younger children if needed. Core CAMHS can help with problems including depression and mood, eating difficulties, self-harming, ADHD, severe behaviour problems and psychosis.
- 11.7 **Intensive Intervention Team** – The aim of this part of the service is to keep young people at home or in their usual place of care, avoiding out of area hospital admissions whenever this is possible. When a young person and their family need high intensity or



more frequent treatment and support, their key worker will call on the Intensive Intervention Team and they will work together to enhance the clinical care already being delivered and ensure continuity of support for the child, young person and their family.

## **12 Supporting children who are privately fostered**

- 12.1 Private fostering is when a child under the age of 16 (18 if the child has a disability) is cared for by someone who is not their parent or a 'close relative'. Close relatives are defined as step-parents, grandparents, brothers, sisters uncles or aunts (whether full blood, half blood or marriage). The child has been, or will be, cared for and accommodated by the person concerned for at least 28 days.
- 12.2 East Riding of Yorkshire Council Children's Social Care must be notified of all private fostering arrangements on 01482 395500.

You can find out further information about private fostering at:

<http://erscb.eastriding.gov.uk/professionals-and-volunteers/private-fostering/>

## **13 Supporting Families Programme**

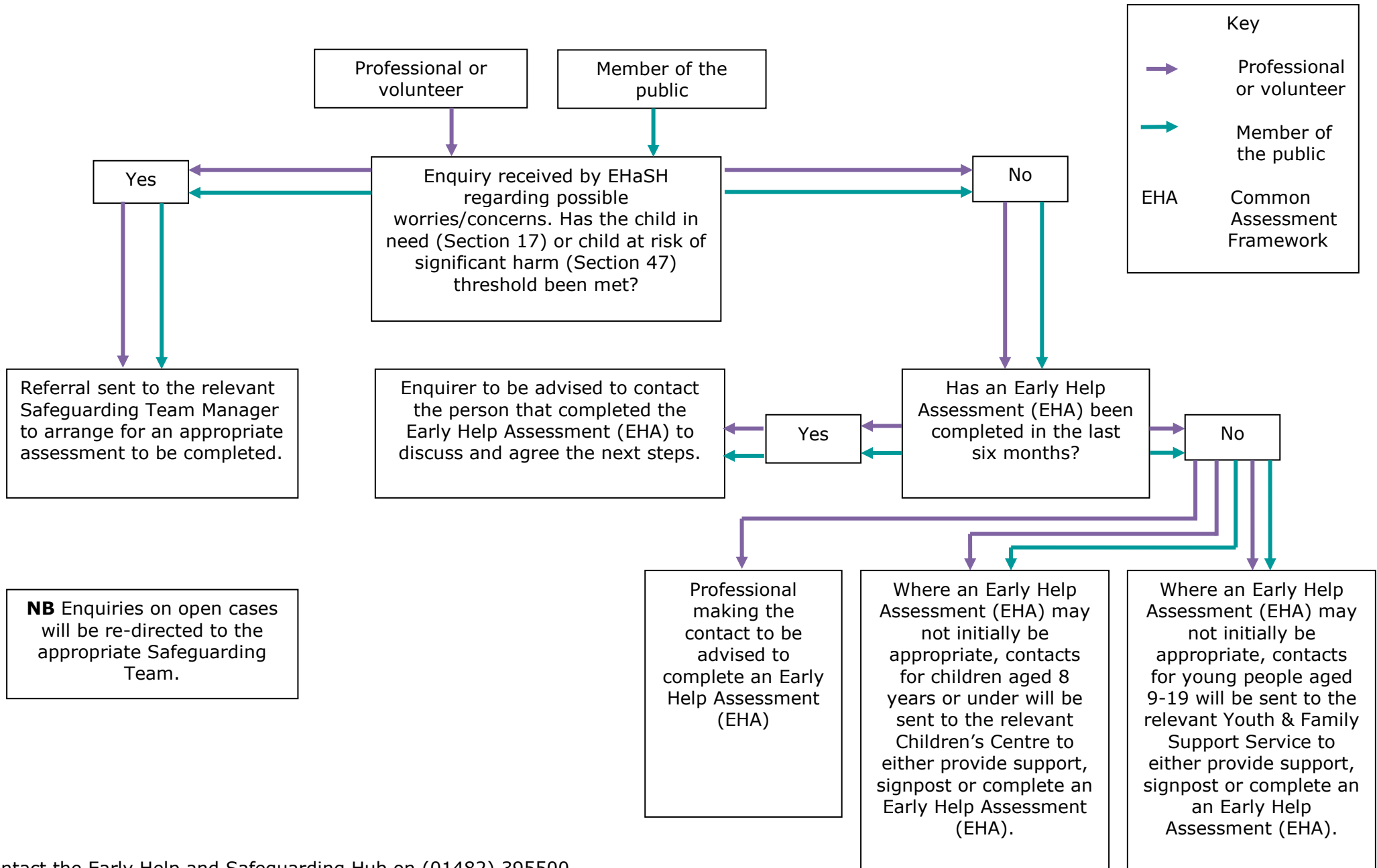
- 13.1 The programme aims to engage and support families that experience multiple and complex challenges. Working together with the whole family, the programme brings together a range of new and existing services that can help families overcome challenges and work towards their own positive outcomes. The Supporting Families Programme is for families who are experiencing:
- Difficulties getting their children to school or with their behaviour
  - Problems with their children getting into trouble with the Police
  - Challenges managing their own or their family's anti-social behaviour
  - Difficulties getting into or returning to work
- 13.2 A referral must be made from another agency or professional working with the family. If the family is eligible then a coordinator will be assigned to work with the family. Through the programme the family will be able to access a range of different services to help with the areas mentioned above. The Supporting Families Programme can help support families in a number of ways ranging from advice and guidance to intensive family support.
- 13.3 For more information on the Supporting Families Programme or to get a referral form please contact (01482) 392824 or [Supporting.Families@eastriding.gov.uk](mailto:Supporting.Families@eastriding.gov.uk)

## **14 Supporting professional challenge**

- 14.1 Good practice includes the expectation that constructive challenge amongst colleagues, within agencies and between agencies, is in the best interests of children. Where members of staff from any agency feel concerns regarding a child are not being addressed it is expected that an escalation process should be used until a satisfactory conclusion is achieved.
- 14.2 The child's safety and wellbeing must be the paramount consideration at all times and professional differences must not distract from timely and clear decision making.

- 14.3 Occasionally situations arise when workers within one agency feel that the actions, inaction or decisions of another agency do not adequately safeguard a child. Disagreements are most likely to arise around:
- Levels of need/thresholds
  - Concern about the response of a key agency to a reported concern
  - Lack of clarity about roles and responsibilities
  - Decision making
  - Progressing plans
  - Communication
- 14.4 All professionals have a duty to act assertively and proactively to ensure that a child's welfare is the paramount consideration in all professional activity. All professionals must challenge the practice of other professionals where they are concerned that this practice is placing children at risk of harm. Resolution should be sought within the shortest timescale possible to ensure the child is protected.
- 14.5 All ERSCB partner agencies have agreed to the use of a multi-agency escalation protocol and expect staff to use it in appropriate circumstances. This can be accessed at: [www.erscb.org.uk/professionals-and-volunteers/child-protection-conferences-and-core-groups/](http://www.erscb.org.uk/professionals-and-volunteers/child-protection-conferences-and-core-groups/)

# Appendix 1: Enquiries to the Early Help and Safeguarding Hub on non-open cases



## Appendix 1: Confirmation of referral form

### CONFIDENTIAL

#### Confirmation of Contact to EHaSH / Children's Social Care (CSC)

Please complete this form as soon as possible ideally immediately but within 24hrs to follow a verbal contact and email to:

[childrens.socialcare@eastriding.gcsx.gov.uk](mailto:childrens.socialcare@eastriding.gcsx.gov.uk)

Date				
Is this written contact to follow a previous verbal contact?	Yes		No	
If yes when was the EHaSH / CSC contact made?	Date		Time	

Child / Young Person's details		
Surname	Forename	Dob
Address	Postcode	Contact tel

Service making contact			
Name of Member of Staff making contact		Contact number	
Are parents / carers aware of this contact?		Yes	No
If not why not?			

Reason for contact. - What are you worried about?
<p>Please include as much relevant contextual information and details of any current or previous support or intervention that you are aware of. (Expands to fit text)</p>

Principal Parents / Carers details			
Name & Address if different to child	Dob	Relationship to child	PR?

Other Children or household members that you are aware of				
Surname	Forename	Dob	Relationship to child	School

Other significant family members		
Name	Address	Relationship to child

**Other Agencies known to be involved with child and family**

GP	<input type="checkbox"/>	Community Mental Health	<input type="checkbox"/>
Nursery	<input type="checkbox"/>	School Nurse	<input type="checkbox"/>
School	<input type="checkbox"/>	Health Visitor	<input type="checkbox"/>
Y.O.T	<input type="checkbox"/>	E.W.O	<input type="checkbox"/>
Police	<input type="checkbox"/>	Community Paediatrician	<input type="checkbox"/>
Dentist	<input type="checkbox"/>	Other _____	

e.g. Children's Centre, Youth & Family Support, Women's Centre, Drugs Worker

**Child/young person's religion**

(Please state) \_\_\_\_\_

**Child/young person's ethnicity:**

Black/British	<input type="checkbox"/>	White British	<input type="checkbox"/>	Mixed-White/Black Caribbean	<input type="checkbox"/>
Asian/British-Other Asian	<input type="checkbox"/>	Black/British-African	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
Mixed-White/Black African	<input type="checkbox"/>	Black/British-Other Black	<input type="checkbox"/>	Asian/British Indian	<input type="checkbox"/>
White-Other	<input type="checkbox"/>	Mixed-White/Asian	<input type="checkbox"/>	Asian/British-Pakistani	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Asian/British Bangladeshi	<input type="checkbox"/>	Mixed-Other	<input type="checkbox"/>
Other Ethnic Group	<input type="checkbox"/>	Declined to say	<input type="checkbox"/>	Not known	<input type="checkbox"/>

What is the child's first language?						
Does the child have a disability or other Special Educational or Additional Need?			Yes		No	
If yes please give brief details						
Is a signer or interpreter needed?			Yes		No	

Name (please print):

Date:

## **Appendix 3 – Categories of abuse and neglect**

### **What is abuse and neglect?**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

### **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 fabricates the symptoms of, or deliberately induces, illness in a child.

### **Emotional abuse**

Emotional abuse is the persistent emotional maltreatment 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 include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), 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 maltreatment of a child, though it may occur alone.

### **Sexual abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

### **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. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
  - protect a child from physical and emotional harm or danger;
  - ensure adequate supervision (including the use of inadequate care-givers); or
  - ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## **APPENDIX 4 – CONTACT INFORMATION**

### **FAMILIES INFORMATION SERVICE HUB (FISH)**

Details of services for children and young people aged 0-20 years (01482) 396469

### **EARLY HELP AND SAFEGUARDING HUB (EHaSH)**

The EHaSH day time team is available Monday to Thursday 9am-5pm, Friday 9am - 4:30pm and can be contacted on:

Tel: (01482) 395500

E-mail: [childrens.socialcare@eastriding.gcsx.gov.uk](mailto:childrens.socialcare@eastriding.gcsx.gov.uk)

EHaSH out of hours staff will respond to concerns / enquires received outside the above daytime hours (01377 241273) [childrens.socialcare@eastriding.gcsx.gov.uk](mailto:childrens.socialcare@eastriding.gcsx.gov.uk)

If a child is suffering abuse and requires urgent attention because of immediate danger, call the Police on 999.

Still not sure if you should contact us? If you are worried that a child/young person is being affected by:

- domestic violence
- abusive/exploitative relationships
- behaviour, emotional well-being/mental health
- alcohol and/or substance misuse
- welfare and benefits
- bereavement and separation

Making an enquiry/referral as a professional? Professionals contacting EHaSH will be asked to follow up their telephone enquiry in writing using the confirmation of referral form. This should usually be done within 24 hours of raising the concern.

### **HUMBERSIDE POLICE**

Protecting Vulnerable People: (01430) 808403

In an emergency dial 999 or 101

**EAST RIDING SAFEGUARDING CHILDRE** (01482) 396999

Safeguarding Advice Line (01482) 396999

The safeguarding advice line **DOES NOT TAKE REFERALLS** but will advise practitioners on:

- Advice regarding complex child protection issues
- Advice regarding allegations made against people who work with children
- Making an enquiry to ascertain if a child is subject to a child protection plan
- Whether a Child Protection Conference should be convened
- Where the criteria for a Child Protection Conference has not been met a Child in Need Meeting should be convened

East Riding Safeguarding Children Partnership Training (01482) 396994

Local Authority Designated Officer (LADO) (01482) 396999  
Allegations against professionals

### **EDUCATION**

Child Protection Officer (Schools) (01482) 392139

Education Welfare Service and Children Missing Education (CME) (01482) 392146

Contact the Early Help and Safeguarding Hub on (01482) 395500

## HEALTH

NHS East Riding of Yorkshire (01482) 650700  
Child Protection Team Hull and East Yorkshire Hospital Trust (01482) 674061  
Anlaby Suite, Craven Building, Hull Royal Infirmary, Hull

## Named Nurses

Humber NHS Foundation Trust (01482) 335810  
Hull & East Yorkshire Hospitals NHS Trust (01482) 675103

## Doctors

Designated Doctor for Hull and East Riding (01482) 674061  
Named Doctor Safeguarding Children (01482) 888690  
East Yorkshire Hospitals NHS Trust Safeguarding Team (Anlaby Suite) (01482) 675103

**YOUTH OFFENDING TEAM** (01482) 396623

## USEFUL LEGISLATION, PROCEDURES AND GUIDANCE

East Riding Safeguarding Children Partnership Procedures and Guidance [www.erscp.co.uk](http://www.erscp.co.uk)

Working Together to Safeguarding Children 2019 –

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Children Act [1989](#), [2004](#)

Lead Professional Guide: Integrated working to improve outcomes for children and young people  
[http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/LeadPro\\_Managers-Guide.pdf](http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/LeadPro_Managers-Guide.pdf)

NICE Clinical Guideline 89 'When to suspect child maltreatment' (2009)  
<http://guidance.nice.org.uk/CG89/QuickRefGuide/pdf/English>

### ARE YOU WORRIED ABOUT A VULNERABLE ADULT?

A vulnerable adult is any person over the age of 18 who:

- is or may be in need of community care services by reason of mental or other disability, age or illness
- is or may be unable to take care of themselves
- is unable to protect themselves against significant harm or serious exploitation

If you think a vulnerable adult is in danger, at risk, is being mistreated or you have concerns about them, you should contact the safeguarding adults team or the police as soon as possible.

The safeguarding adults team can be contacted directly:

Tel: (01482) 396940 between 8.30am - 5.30pm Monday to Thursday and 8.30am - 4.30pm on Friday or email: [safeguardingadultsteam@eastriding.qcsx.gov.uk](mailto:safeguardingadultsteam@eastriding.qcsx.gov.uk)

For out of hours enquires, contact the emergency duty team Tel: (01377) 241273.

If a vulnerable adult is suffering abuse and requires urgent attention because they are in immediate danger call the Police on 101 or 999

East Riding Safeguarding Adult Board has a dedicated website at [www.ersab.org.uk](http://www.ersab.org.uk)