



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

Guidance for all practitioners in working together to
support families and safeguard children.

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INTRODUCTION

This guidance is for everyone who works with children and young people in the East Riding of Yorkshire. It is about the way we can all work together to provide effective support for families, helping them solve and prevent problems escalating whilst ensuring children and young people are kept safe.



A VISION FOR EFFECTIVE SUPPORT

In the East Riding of Yorkshire, we believe that every child should have the opportunity to reach their full potential and that children are best supported to grow and achieve within their own families. By working together, we will deliver 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, towards effective intervention and support for children, young people and their families at an earlier stage.



OUR KEY PRINCIPLES

- All services and interventions seek to work openly with the family (or with young people where it is age appropriate) in order to support them to address their needs at the lowest possible level.
- Practitioners request services at a higher level of need only when the needs cannot be safely met at a lower level.
- Each child and family member is an individual and each family is unique, so reaching decisions about the levels of need requires discussion, reflection and professional judgement.
- Safeguarding is everyone's responsibility and by working together effectively and as issues arise we will reduce the number of children and young people requiring statutory intensive support and specialist services.



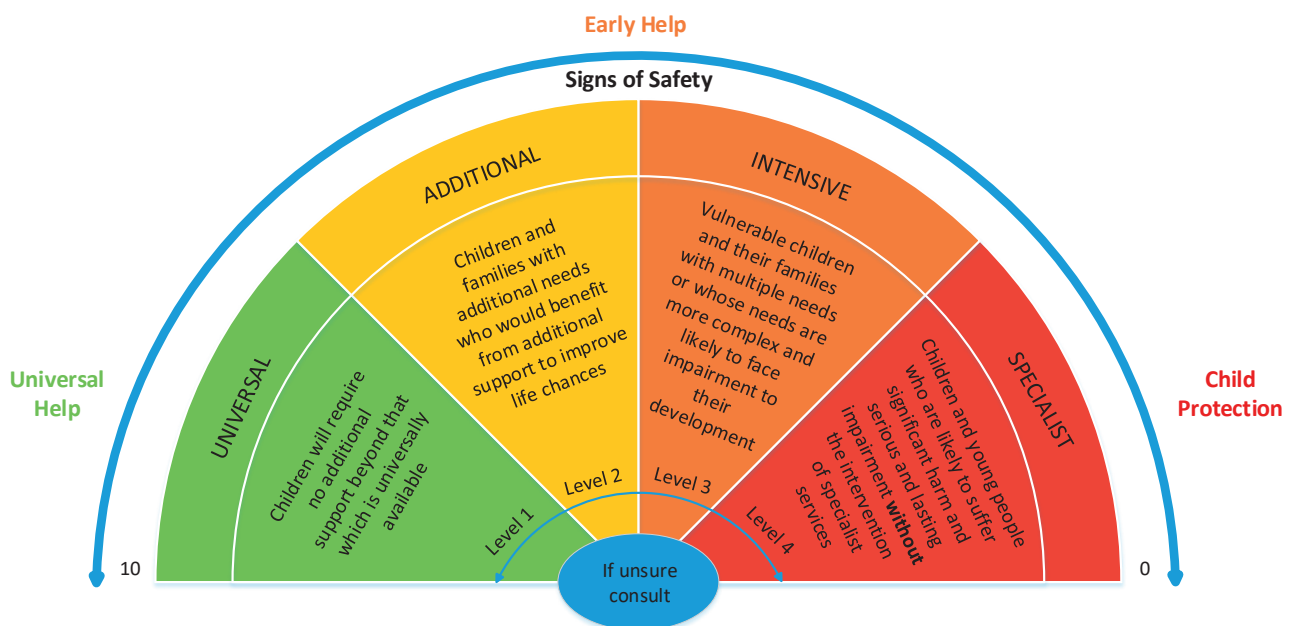
THE EAST RIDING EFFECTIVE SUPPORT WINDSCREEN

The Effective Support Windscreen demonstrates the East Riding approach to working with children in need of support, and their families. It is underpinned by the following good practice principles:

- Child centred
- The right support at the right level
- Focused on outcomes
- Working respectfully
- Listening to family members and giving importance to what they say
- Building on strengths
- Hearing the voices of children and young people
- Communicating concerns, and what needs to happen to reduce concerns, clearly
- Working systemically with the child's family and community
- Understanding individuality, beliefs, culture and spirituality
- Honesty and transparency.

The Effective Support Windscreen identifies four levels of need:

- Universal
- Additional
- Intensive
- Specialist



The East Riding Effective Support Windscreen

ERSCP multi-agency partners will work with children, young people and their families to provide support at the least intrusive level. Support may move across levels according to identified needs.

The descriptors and indicators of the levels of need are set out in appendix 1.

These descriptors, along with an understanding of Signs of Safety, will enable partner agencies to use shared language and develop a shared understanding of levels of needs and vulnerability. They provide a guide to the domains and dimensions for the assessment of concern including:

- Child's developmental needs
- Parenting capacity
- Family and environmental factors.

The descriptors and indicators are not definitive. The aim is to provide guidance to support professional judgement and decision making. Such indicators cannot reflect or predict sudden changes in the child's lived experience and any sudden change in a child's presentation should be explored to establish if there is a cause for concern.

The age of the child and any protective factors that may enhance resilience need to be taken into account.

The lack of impact as a result of previous or on-going service involvement should also be noted as a concern.

The needs of all the children of a family should be considered.

Over time the need for support for children and their families may change. Support may increase (Step Up) as families need more intense or specialist services to meet more complex needs and may also decrease (Step Down) as interventions have impact or circumstances and identified needs change.



THE FOUR LEVELS OF NEED

Universal Services

Most children will be kept safe from harm and be given the opportunity to achieve their potential with support from Universal Services. This may include schools, nurseries, childminders, children's centres, youth projects, local police, midwifery services, family GP, health visitors, job centre, housing officer, mentors, voluntary sector, Community Hubs etc.

Additional Support

Some children and families will need additional support. It is important these additional needs are identified as early as possible so that we can work together with families to stop problems getting worse.

The conversations we have with children, family professionals and volunteers are all opportunities to explore and identify the type and level of support required to work together to keep children and young people safe from harm and promote their wellbeing.

Conversations should provide clarity on need and the type of support that may be required and should include discussions on:

- **What's going well?**
(strengths, resources and proven safety)
- **Are there any worries or concerns?**
- **How worried are you on a scale of 0 - 10?**
(0 - serious impact on the child/young person to
10 - no issues – confident that the child/young person is safe and well)
- **What support is needed to achieve shared goals?**

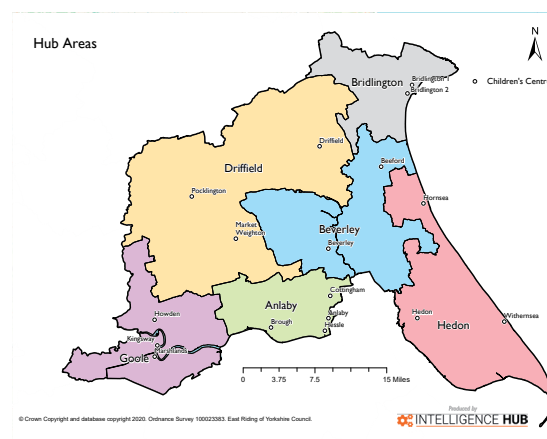
Early Help Assessment

Children with additional needs are usually best supported by those who already work with them, organising additional support with local partners as needed. There may be a need to consider and seek further help for the child, young person and families through the six Early Help and Prevention Locality Hubs across the County. Every local East Riding of Yorkshire Council children's centre directly provides additional support for parents and carers of children between 0-5. This may involve a family support worker or other lead professional undertaking an **Early Help Assessment** and co-ordinating a support package agreed with the family to make positive change. Wherever possible, professionals should work with families to develop and implement solutions to enable the child and family to build upon their strengths and experience to improve outcomes and be independent at the least intrusive level of intervention possible.

If you are considering a request for additional needs you are welcome to contact an Early Help practitioner on **(01482) 391700** to discuss additional support needs and next steps. Where there is a clear need for additional support, a request for service should be made to the locality hub nearest to where the child or young person lives. The Early Help and Prevention Teams within the localities will consider requests for guidance or support from professional, parents, carers and young people who are Fraser competent.

Note: Professional must gain consent from the family prior to seeking additional support.

On receipt of the Early Help Request for Service (Appendix 2) an EHP and manager in the hub will review and respond within 48 hours. If additional support is seen as beneficial, a support worker within the service will be allocated the case. Initially this support worker will contact the referrer to arrange a team around the family meeting (TAF) within 7 working days of the day the request was received by the service. The TAF will provide an opportunity to share information and co-ordinate an Early Help Assessment together with the family.



Early Help Requests for Service should be emailed to the locality hub nearest to where the child lives:

Bridlington Family Centre:	@ ehp.bridlington@eastriding.gov.uk
Beverley:	@ ehp.beverley@eastriding.gov.uk
Goole:	@ ehp.goole@eastriding.gov.uk
Anlaby:	@ ehp.haltemprice@eastriding.gov.uk
Hedon:	@ ehp.holderness@eastriding.gov.uk
Driffield:	@ ehp.wolds@eastriding.gov.uk

All completed Early Help Assessments must be registered with the relevant local Early Help Hub.

The Mental Health and Emotional Wellbeing Service is a school-based early intervention service designed to be accessed quickly by children and young people experiencing mild to moderate mental health and emotional wellbeing issues. As a multi-disciplinary service we recognise the need to have a mix of expertise and experience and to offer a range of support packages, ranging from universal support to clinical assessment and treatment. We also acknowledge the complexity of issues faced by children, young people and parents in today's society and the impact these can have on mental health and emotional wellbeing. Our workers understand the impact of Adverse Childhood Experiences (ACE's) often resulting in social, emotional and behavioural difficulties in later childhood and adult life, such as: challenging behaviour, poor self-esteem, self-harm, poor relationships and risk taking behaviour. If a professional from an East Riding secondary school has concerns about a young person's mental health, emotional wellbeing or risk taking behaviour they can make a request for support to the Mental Health and Emotional Wellbeing Service (formerly know as PET). This request will be screened within 48 hours by a Child Wellbeing Worker (formerly PET Practitioner), Child Wellbeing Practitioner, Counsellor and a mental health practitioner from Hull and East Riding Contactpoint. Following screening the most appropriate pathway of support will be offered.

See Appendix 7: Mental Health and Emotional Wellbeing Service Referral Request Form.

In addition to this any practitioner, child, young person or family member can directly access the Family Information and Support Hub (FISH) which holds details of services and activities within each locality for families, children and young people aged 0-20 years.

 **(01482) 396469**

 **eastriding.gov.uk/living/children-and-families/the-family-information-service-hub**

Targeted and Intensive Support

Some children and families may need a more targeted or intensive level of support to achieve good outcomes.

The Children's Safeguarding Hub will offer support to partner agency practitioners in exercising their professional judgement about the need for Targeted or Intensive Support through consultation. The purpose of this professional consultation offer is to support practitioners to identify the next steps in a timely way through quality conversations. The consultation does not replace the safeguarding referral process nor negate a practitioner's responsibility to make a professional's judgement about the level of need and risk.

When contacting the Children's Safeguarding Hub for a consultation you will be able to speak to a qualified social worker where your query will be discussed, with the children's details remaining anonymous. The overall aim of the discussion is to help you make an evidence-based professional judgement to safeguard and identify the most appropriate next steps to further promote the right help at the right time for children and families.

Where practitioners identify that a child and their family might benefit from a more intensive response than they can provide, or where the issues are complex, they should discuss this with the family and review the Early Help Plan if at all possible to clarify a mutual understanding of each child and family member's perspective of worries and identified need before considering a Children's Safeguarding Request for Service (Appendix 3).

When a request for service is accepted an assessment of need will be undertaken to decide what multi-agency services and support are needed to promote well-being.

The outcome of this assessment may result in a multiagency plan and the provision of targeted and/or intensive support.



Specialist Services

For children and young people who are likely to suffer significant harm/removal from home or for whom there is a likelihood of serious and lasting impairment without intervention specialist services may be required.

The Children's Safeguarding Hub will offer support to partner agency practitioners in exercising their professional judgement about the need for specialist support and safeguarding matters through consultation. The purpose of this professional consultation offer is to support practitioners to identify the next steps in a timely way through quality conversations.

The consultation does not replace the safeguarding referral process nor negate a practitioner's responsibility to make a professional's judgement about the level of need and risk.

When contacting the Children's Safeguarding Hub for a consultation you will be able to speak to a qualified social worker where your query will be discussed, with the children's details remaining anonymous. The overall aim of the discussion is to help you make an evidence-based professional judgement to safeguard and identify the most appropriate next steps to further promote the right help at the right time for children and families.

For those children, young people and families who are very vulnerable or where support and services are not making sufficient positive difference and the child may be at risk of long term impairment to health and development and or where they are at risk of or have suffered significant harm, then a Request for service to the Children's Safeguarding Hub (Appendix 3) should be made with a clear outline and analysis of the concern. The completed request for service form (Appendix 3) should clearly identify levels of need and risk.

All requests for service must be made in line with [GDPR and information sharing principles](#).

Any concerns about a child having been seriously harmed or being at risk of serious harm should be reported immediately by telephone to East Riding of Yorkshire Council Children's Safeguarding Hub:

Monday to Thursday 8.30am - 5pm and Friday 8.30am - 4:30pm

 **(01482) 395500**

Out of hours:

 **(01482) 393939**

A completed request for service form must be completed and returned to the Safeguarding Hub within 24 hours of reporting the safeguarding concern.



IMPORTANT

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



CONTACT, REFERRAL PROCESSES AND CONSENT

Professional Practitioner Referral Process

The process map at Appendix 2 provides guidance on how to make a request for service to the Early Help and Children's Safeguarding Hubs. It is crucial that requests contain clear detail of the concern, the name and date of birth of all children involved and take account of the child's wishes and feelings wherever possible, family circumstances and the wider community context in which they are living.

For an early help assessment to be effective it should be undertaken with the agreement of the child and their parents or carers, involving the child and family as well as all the practitioners who are working with them. Having a lead professional in place to co-ordinate service activity and to act as single point of contact for any level support offered is a key element to the East Riding of Yorkshire Council Effective Support Model. Identification of such a professional should be made as soon as possible to ensure an effective integrated approach to meet the needs of children and their families.

It is important to note that a request for service from a professional cannot be treated as anonymous. Where parental consent for a request is not given further advice should immediately be sought from a manager or the designated safeguarding children professional within your agency and the outcome fully recorded.

Consent

Consent means the family are fully informed about the services they are being requested, agree with the request being made and understand what information will be exchanged and why. It is important to be honest from the outset and to respect the right to privacy of individuals. Conversations about a worry should usually begin with the family. It is a good way of exploring whether they share the concerns and worries and to assess help that might be needed. If parents understand that you are trying to help and are willing to work with you, they may be open to you making a referral to obtain the help they require, which will need their explicit consent.

There are some exceptions when it comes to protecting children. For example, if having a conversation with the family would place the child, another child, someone else or you the referrer at increased risk of suffering harm, you do not need consent. You also do not need consent if it might undermine the investigation of a serious crime. This includes making a child protection referral for a child who has made an allegation about a safeguarding issue, or where delay in getting consent may mean the child or young person is put at risk of further harm.

In such circumstances it is vital that the decision to make a child protection referral is based on good evidence and that it is recorded fully including an assessment of risk as to why consent was not sought. The GDPR and Data Protection Act 2018 places greater significance on the transparency and accountability in the use of data or information. Neither legislation prevent, nor limit, the sharing of information for the purposes of keeping children and young people safe. Working Together to Safeguard Children 2018 – Information Sharing guidance provides more detailed advice for practitioners and managers about consent.

SHARING INFORMATION AND REQUESTS

Sharing Information

Where a professional believes that it is necessary to share information to help them to better understand the needs of a child or family or to enable the child or family to receive a service from another agency and the child is not at risk of significant harm they should seek the consent of the parent or carer before requesting the information or contacting the other agency. This will ensure that the family understand the issues and are more engaged with any services provided by agencies. Appendix 4 outlines the key principles to information sharing process map as a quick reference and signposting to more detailed guidance.

Information Request

Protecting children can involve professionals and practitioners having the difficult task of analysing complex information about individual circumstances, behaviour and risk. It is often not straightforward and can involve consideration about past and potential harm and family circumstances including previous involvement with other professionals and services.

Personal information about children and families held by professionals is normally subject to a duty of confidence and would not normally be disclosed without the consent of the subject (Data Protection Act 1998 and General Data Protection Regulations 2017). However, the law allows disclosure of confidential information necessary to safeguard the welfare of children. In such circumstances requests for information will be considered by the Children's Safeguarding Hub on a case by case basis. All professional information requests must be made using the online information request form and clearly state the rationale for the request. Information requests can only be processed if the information you are requesting relates to:

- You
- Someone you hold legal responsibility or authority for
- Somebody that you the professional are currently working with and have consent for.

The Children's Safeguarding Hub will use the information you provide to identify the relevant team to process your request for information as appropriate.



CHALLENGE AND REFLECTION

Supporting Professional Challenge

Good practice includes the expectation that constructive challenge amongst colleagues, within agencies and between agencies, is in the best interests of children. 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. 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.

Where there is disagreement resolution should be sought within the shortest timescale possible to ensure the child is protected.

All ERSCP partner agencies have agreed to the use of a multi-agency Resolving Inter-Agency Disagreements policy and expect staff to use it in appropriate circumstances.

This can be accessed at:

 erscb.org.uk/professionals-and-volunteers/child-protection-conferences-and-core-groups



Level I – Universal Support (No additional needs)			
Target Group	Indicators	Assessment Process	Accessing Services
Children with no additional needs and where there are no concerns. Typically these children are likely to live in a resilient and protective environment where their needs are met. These children will require no additional support beyond that which is universally available. Children and young people at this level are achieving expected outcomes. 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.	PARENTS OR CARERS CAPACITY Basic Care Safety and Protection ■ Parents/Carers able to provide care for child's needs and protect from danger in the home and elsewhere. Emotional Warmth and Stability ■ Parents/Carers provide secure and caring parenting and show warmth, praise and encouragement. Guidance Boundaries and Stimulation ■ Parents/Carers provide guidance and boundaries to help child develop appropriate values. ■ Parents aware of extra-familial risks in the community and are confident to raise concerns at an early stage. ■ Parents are connected to other parents of their child/young person's peers and know who to contact to ensure appropriate supervision. ■ Parents appreciate the limited choice and pressure that extra-familial harm places on a child/young person and engage in protective support rather than blaming them for any harm taking place. ■ Parents practice safe digital activity within their home (i.e. digital parental locks). FAMILY AND ENVIRONMENTAL FACTORS Family History and Well-Being ■ Supportive family relationships that provide a positive sense of wellbeing for all family members. Housing Employment and Finance ■ Sufficient income to meet the family's essential needs, used appropriately. ■ Adequate housing with at least basic amenities.	These children require no additional support beyond that which is universally available.	The Family Information Services Hub (FISH) provides impartial information and guidance about a wide range of services for children, young people and their families.  eastriding.gov.uk  (01482) 396469  fish@eastriding.gov.uk Examples of key universal services that provide support at this level: ■ Education ■ Children's Centres ■ Health Visiting ■ Dentist ■ Midwifery ■ Sexual Health Services ■ School Nursing ■ GP ■ Police ■ Housing ■ Voluntary and Community Sector

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Social and Community Resources

- Social and friendship networks exist.
- Positive peer groups.
- Access to health, education, social and community services in the neighbourhood.
- Family feels accepted by the community which supports positive home/family life.
- Family have access to good, age appropriate facilities which support.
- Positive home/family life.
- Family members feel safe in the local community.

CHILD OR YOUNG PERSON'S DEVELOPMENTAL NEEDS

Learning/Education

- Access to education provision appropriate to age and ability.
- Access to employment (including work based learning) appropriate to age and ability.
- Acquiring a range of skills/interests, experiences of success/achievement.
- Access to books, toys and play.
- Access to PSHE and RSE curriculum.
- Clear safeguarding and referral policies in education establishment.
- Child/young person knows who to talk to and experiences appropriate response to any concerns.

Health

- Physically well.
- Developmental checks/immunisations up to date.
- Health appointments are kept.
- Adequate diet/hygiene/clothing.
- Regular dental and optical care.
- If sexually active and age-appropriate which is in line with their mental capacity to make safe decisions, the child/young person is engaging in consensual sex and is practicing safe sex.

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	Social, Emotional, Behavioural, Identity ■ Demonstrates age appropriate responses in feelings and actions. ■ Good quality early attachments, child is appropriately comfortable in social situations. ■ Knowledgeable about the effects of crime and antisocial behaviour development stimulated through play and/or appropriate peer group. ■ Interaction. ■ Able to adapt to change. ■ Able to demonstrate empathy. ■ Positive sense of self and abilities. Family and Social Relationships ■ Stable and affectionate relationships with caregivers. ■ Good relationships with siblings. ■ Child/young person has socially acceptable, consensual and reciprocal relationships (age appropriate). ■ Child/young person has supportive and age appropriate friends. ■ Child/young person has safe, healthy and age-appropriate digital activity. Self-Care and Independence ■ Developing age appropriate level of practical and emotional skills. ■ Good level of personal hygiene. ■ Able to discriminate between 'safe' and 'unsafe' contacts. ■ Gaining confidence and skills to undertake activities away from the family. ■ Good quality relationships with peers, professionals and community. ■ Involved in leisure and other social activity. ■ Child/young person is aware of safe online behaviour and knows who to contact if they experience digital harm.		
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End of Level 1

Level 2 – Additional Support

Early Help for children with additional support needs

Target Group	Indicators	Assessment Process	Accessing Services
Children and families with additional needs who would benefit from or who require help to: ■ Improve education ■ Improve parenting and/or behaviour ■ Meet specific or emotional needs of the child and/or parent ■ Improve their material situation ■ Respond to a short term crisis such as bereavement or parental separation Outcome sought: The life chances of children and families is improved by offering early life and early help additional support.	PARENTS OR CARERS CAPACITY Basic Care, Safety and Protection ■ Requiring advice/support on parenting issues e.g. safe and appropriate childcare arrangements; safe home conditions. ■ Professionals beginning to have concerns about child's physical needs being met. ■ Parental stresses starting to affect ability to ensure child's safety. ■ Poor supervision and attention to safety issues. ■ Parent considers child/ young person to be blamed for extra-familial harm (i.e. sexual or criminal exploitation). ■ Absence of appropriate concern to implement parental safeguards in relation to their child/young person's harmful digital activity. ■ Unable to give a description of their child/young person's peer group. ■ Parents as safeguarding partners need support to maintain their resilience to protect their child/young person. Emotional Warmth and Stability ■ Inconsistent responses to child by parents. ■ Difficult parent/child relationship. ■ Starting to demonstrate difficulties with attachment. ■ Lack of response to concerns raised about child's welfare. Guidance Boundaries and Stimulation ■ Parents offer inconsistent boundaries. ■ Behaviour problems not recognised and addressed by parents. ■ Lack of response to concerns raised about the child. ■ Lack of appropriate parental guidance and boundaries for child's stage of development and maturity.	Assessing Need: Early Help Assessments and Team Around the Family. Parents should always sign to give consent to information sharing and requests for services. Where the problems or needs may need additional support practitioners should consider completing an Early Help Assessment with the family. This is a tool to use with the family to discuss and record the needs, strengths, goals and views, leading to a plan to support them. Where there is more than one service working alongside a child and family it is helpful for them to hold a Team Around the Family meeting to share information and co-ordinate an Early Help Assessment together. A completed Early Help Assessment remains the responsibility of the supporting agency/ service. An Early Help Assessment should (with consent) be registered with the Locality Early Help Hub.	A child, young person, family member or member of the community should contact the East Riding Children's Safeguarding Hub on:  (01482) 395500 A request for additional support can directly made to the locality hub nearest to where the child or young person lives see the flow chart at Appendix 2 for each locality hub's contact details. Emotional and mental health concerns for secondary school aged children can be addressed by making a request for service through the Emotional Well Being and Mental Health Service. (See Appendix 7 for the Mental Health and Emotional Wellbeing Service Referral Request form) This request will be screened within 48 hours by a practitioner from Hull and East Riding Contactpoint. Following screening the most appropriate pathway of support will be offered. Emotional and mental health concerns relating to primary school aged children should be requested through the Early Help locality hub.

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	FAMILY AND ENVIRONMENTAL FACTORS Family and Social Relationships and Family Well-Being ■ Parents/Carers have relationship difficulties or there is frequent conflict which may affect the child. ■ Parents/Carers request advice to manage their child's behaviour. ■ Sibling with significant problem (health, disability, behaviour). ■ Risk of domestic abuse. ■ Parental physical/mental health issues. ■ Low level substance misuse. ■ Family has limited support from wider family and/or friends. ■ Child is a young carer. Housing, Employment and Finance ■ Inadequate, poor or overcrowded housing. ■ Families affected by low income/ debt/living with poverty affecting access to appropriate services to meet child's additional needs. ■ Family seeking asylum or refugees. ■ Illegal employment. Social Integration and Community Resources ■ Family or child experiencing harassment/discrimination or are the victims of crime. ■ Difficulties with peer relationships. ■ Socially or physically isolated. ■ Lack of a support network. ■ Child/young person not exposed to new/stimulating experiences or social interaction. ■ Insufficient facilities to meet social integration needs e.g. advice/support needed to access services for disabled child where parent is coping otherwise. ■ Child associating with peers who are involved in anti-social or criminal behaviour. ■ Family demonstrating low level anti-social behaviour towards others.		Examples of additional services include: ■ Early Help Service. ■ Behavioural Support. ■ Speech and Language Therapy. ■ Commissioned Targeted Youth Work. ■ School holiday and short breaks provision for disabled children. ■ Housing Support. ■ Help to find education and employment. ■ Additional Learning.
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- Family members subject to criminal justice disposals.
- Child/young person exposed to the selling or use of illegal substances.
- Child/young person is aware of others carrying weapons and feel compelled to do so themselves.
- Child/young person feels unsafe to go into neighbourhood spaces beyond their immediate environment.

See Appendix 6 for Contextual Safeguarding Extra Familial Environmental Factors and RIT Risk Levels.

CHILD OR YOUNG PERSON'S DEVELOPMENTAL NEEDS

Learning/Education

- Poor school or early years attendance and punctuality.
- Behaviour likely to lead to risk of exclusion.
- Identified learning needs – SEN support plan.
- Identified language and communication difficulties linked to other unmet needs.
- Gaps in schooling/learning due to pregnancy.
- No access to early education.
- No access to employment (including work based learning).
- Limited access to resources for learning at home, e.g. books/toys.
- Not always engaged in learning – poor concentration, low motivation and interest.
- Difficulties with peer relationships at their educational provision.
- Child/young person is being pressured to become gang involved via peers linked to their educational provision.
- Child/young person is being bullied within their education provision.
- Child/young person experiences levels of academic pressure which places them under stress.

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Health

- Slow in reaching developmental milestones.
- Concern re-diet/hygiene/clothing.
- Not being brought for routine appointments e.g. immunisations and developmental checks.
- Persistent minor health problems.
- Weight is significantly above or below what would be expected.
- Starting to default on appointments across health including antenatal, hospital and GP appointments.
- Encopresis or enuresis (soiling and wetting).
- Low level mental health or emotional issues.
- Low level substance misuse.
- Accident & Emergency Dept. attendance giving cause for concern.
- Child /young person is attending health services for sexually transmitted infections or unwanted pregnancies and there are concerns that they are engaging in sexual relations due to peer pressure.
- Attendance at A&E due to injuries or risks experienced in extra familial settings.

Social, Emotional, Behavioural, Identity

- Disruptive/challenging behaviour including in school or early years setting.
- Emerging anti-social behaviour and attitudes and/or low level offending.
- Child is victim of bullying or bullies others.
- Difficulties in relationships with peer group and/or with adults.
- Friendships and relationships inappropriate for age.
- Low self esteem.
- Concerns about sexual development and behaviour.
- Not always adequate self-care, e.g. poor hygiene.

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■ Child/young person is being pressured to become gang-involved.

■ Child/young person exposed to violence and trauma within their peer associations.

Self-Care and Independence

■ Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion.

■ Inappropriate use of social media.

■ Friendships and relationships inappropriate for age.

End of Level 2



Level 3 – Targeted or Intensive Support

Target Group	Indicators	Assessment Process	Accessing Services
Vulnerable children and their families with multiple needs or whose needs are more complex, such as children and families who: ■ Have a disability resulting in complex needs. ■ Exhibit anti-social or challenging behaviour. ■ Suffer neglect or poor family relationships. ■ Have poor engagement with key services such as school and health. ■ Are not in education or work long-term. ■ Are at risk of sexual or criminal exploitation. Outcome sought: Vulnerable children and families likely to face impairment to their development and life chances will be supported by services to enable them to achieve.	PARENTS OR CARERS CAPACITY Basic, Care, Safety and Protection ■ Parent is struggling to provide adequate care. ■ Young child regularly left alone or unsupervised. ■ Parents/carers unable to protect from danger or significant physical or emotional harm (including the risk of sexual harm) in the home and elsewhere. ■ Neglect where food, warmth and other basics often not available. ■ Parent's mental health problems or substance misuse significantly affect the care of the child. ■ Parental learning difficulties that have a direct impact on child's health or development. ■ Child exposed to ongoing domestic violence. ■ Child's health needs not met. ■ Parent blames child/ young person for the harm they experience outside the home. ■ Parent seems to collude with extra-familial harm, i.e. facilitating or supporting harmful peer activity through the provision of resources including alcohol, drugs, money. ■ Parents as safeguarding partners need support to maintain their resilience to protect their child/young person. Emotional Warmth and Stability ■ Child receives erratic or inconsistent care. ■ Parental instability affects capacity to nurture and care. ■ Child/parent relationship at risk of breaking down.	Assessing Need: Parents should always sign to give consent to information sharing and requests for services. Prior to requesting Intensive support services practitioners are expected to have worked together with the family to meet the Additional needs of the child and their family using an Early Help Plan and Team Around the Child Meetings. The Safeguarding Hub will review the request and either provide advice and guidance to practitioners about continuing a Team Around the Family, or Early Help approach or pass to locality Social Work teams for a Social Work Assessment. A Team around the Child and Family (TACF) at Level 3 will be co-ordinated by the most appropriate professional.	If the child is at immediate risk call the Children's Safeguarding Hub on:  (01482) 395500  or call 999 <i>(ask for the Police)</i> Where practitioners identify that a child and their family would benefit from an intensive multi-disciplinary response beyond that which you can provide then you should discuss this with the family and complete a Children's Safeguarding Hub Request for Services form. If you are unsure as to whether the situation meets the threshold for intensive or specialist support you can consult with a social worker within East Riding of Yorkshire Council Safeguarding Hub. Examples of intensive support include: ■ Multi-disciplinary support for families caring for a disabled child with complex needs. ■ A co-ordinated response with a lead professional and intensive engagement with the family.

Continued on the next page →

- Child has a succession of unplanned, multiple carers.

- Child constantly criticised and putdown.

- Parents own emotional needs compromise those of the child/young person.

Guidance Boundaries and Stimulation

- Child/young person receives little positive stimulation.

- Parents/carers provide inconsistent boundaries or present a negative role mode, e.g. by behaving in an anti-social way.

FAMILY AND ENVIRONMENT

Family and Social Relationships and Family Well-Being

- Child is privately fostered.

- Unaccompanied asylum seeking children.

- Family functioning significantly affected by problems of physical or mental health or substance misuse.

- Incidents of domestic violence.

- Recent experience of serious loss or trauma.

- Parent or immediate family member has received custodial sentence.

- Child/young person's sibling role models increase risk of criminal or sexual exploitation.

- Risk of family relationship breakdown leading to need for child to become looked after outside of family network.

- Child is a young carer requiring assessment of additional needs.

Housing, Employment and Finance

- Overcrowded or poor quality housing likely to impair health or development.

- Extreme financial difficulties/poverty impacting on ability to have basic needs met and no access to funding and community resources.

- Targeted Early Help or Child in Need (CIN) which can span across Levels 3 and 4.

Intensive Family Support Practitioners are able to provide TARGETED support with families for up to one year.

Continued on the next page →

- Living independently as a teenage parent and needing additional support.
- Vulnerable homeless young person.
- Family at risk of eviction having already received support from Housing services.

Social and Community Resources

- Child or family need immediate support and protection due to harassment/discrimination and have no supportive network.
- Involvement in gang activity.
- Forced marriage of a child/young person under 18 years.
- Suspected rape of a child/young person perpetrated by another child/young person or adult not connected to the family.
- Child/young person being groomed into violent extremism.
- Child/young person being sexually exploited.
- Child/young person exploited for criminal purposes.
- Severe and/or complex relationship difficulties outside the home (i.e. peer group) leading to significant impairment of functioning and well-being.
- Child/young person involved in group sexual offence.

See Appendix 6 for Contextual Safeguarding Extra Familial Environmental Factors and RIT Risk Levels.

SOCIAL AND COMMUNITY RESOURCES

Learning/Education

- Child not in education, in conjunction with concerns for child's safety.
- Chronic non-attendance/truanting/authorised absences/fixed term exclusions.
- Statutory assessment of Special Educational needs which may lead to an Education Health and Care plan.

Continued on the next page →

- Child/young person groomed into sexual or criminal exploitation as either victim or instigator at school/through school-based networks.
- Child/young person exposed to physical or sexual violence at school or through school-based networks.

Health

- Chronic/recurring health problems with missed appointments, routine and non-routine.
- Child with a disability in need of assessment and support to access appropriate specialist services.
- Failure to access adequate health care.
- Persistent excessive alcohol consumption, or other substance misuse.
- Serious delay in achieving physical and other developmental milestones, raising significant concerns.
- Frequent accidental injuries to child requiring hospital treatment.
- Serious mental health issues.
- Significant dental decay that has not been treated.
- Communication difficulties have a severe impact on everyday life.
- Evidence of physical, emotional or sexual harm/exploitation or neglect perpetrated by peers or adults in the community (not connected to the family).

Social, Emotional, Behavioural, Identity

- Disordered attachments that have a severe impact.
- Serious self-harming; suicidal thought
- Disruptive/challenging behaviour at school, in the community and at home.
- Sexual development and behaviour which may be indicative of abuse.
- Inappropriate sexual or abusive behaviours towards others.
- Regularly missing or absent from home or school.
- Concern in relation to sexual or criminal exploitation.

Continued on the next page →

- Child/young person appears to have been trafficked.
- Severe and/or complex relationship difficulties outside the home (i.e. Peer group) leading to significant impairment of functioning and well-being.
- Missing or trafficked child/young person primarily due to 'pull' factors outside the home.

Self-Care and Independence

- Poor self-care for age, including hygiene.
- Young person living independently and not coping.

End of Level 3



Level 4 – Specialist Support Threshold for Child Protection

Target Group	Indicators	Assessment Process	Accessing Services
Children and Young people who are likely to suffer significant harm, removal from home or serious and lasting impairment without the intervention of specialist services, sometimes in a statutory role, including: ■ Children and Young People who have suffered or are likely to suffer significant harm as a result of abuse or neglect. ■ Children whose parents and wider family are unable to care for them. ■ Families involved in crime or misuse of drugs at a significant level. ■ Families with significant mental or physical health needs. ■ Children and young people who are being sexually or criminally exploited.	PARENTS OR CARERS CAPACITY Basic Care Safety and Protection ■ Parents unable to provide 'good enough' parenting that is adequate and safe.* ■ Continual instability and violence in the home. ■ Parents have or may have abused or neglected the child/young person. ■ Child not protected from sexual or criminal exploitation and abusive situations. ■ Child beyond parental control and placing themselves at risk. ■ Forced marriage of a child/young person under 18 years. ■ Pre-birth assessment indicates unborn child is at risk of significant harm. *The ERY LSCP recognises however that some young people at risk of sexual or criminal exploitation are at the highest level of concern despite the full engagement and best efforts of parents. ERY are committed to finding innovative ways of working with such families, working in full partnership with them to reduce the risk and achieve a good outcome. This alternative approach will be driven through the developing 'edge of care' service. Emotional Warmth and Stability ■ Parents inconsistent, highly critical or apathetic towards the child. ■ Adoption breakdown. ■ Abandoned child or unaccompanied minor. ■ Imminent family breakdown and risk of child being looked after. ■ Missing child or child persistently running away.	Assessing Need: Wherever possible parents should give consent to a request for specialist support. However, if the child is at immediate risk then a referral should not be delayed whilst consent is sought or if it has been refused. In most cases 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, gathering information to form a judgement about needs and risks to develop a plan. Outcome may be: ■ Provision of Advice. ■ Referral to relevant provision. ■ A child in need plan. ■ Step down to TAF. ■ No further action. ■ A S47 child protection investigation.	Note: If the child is at immediate risk or harm  999 (Ask for the Police). If the child or young person is in urgent need of safeguarding call. Children's Safeguarding Hub on:  (01482) 395500 If the child or young person is not at immediate risk complete a Children's Safeguarding Hub Request for Service form (Appendix 3). If you are unsure as to whether the situation meets the threshold for intensive or specialist support you can consult with a social worker within East Riding of Yorkshire Council Safeguarding Hub.

Continued on the next page →

Outcome Sought:

Children receive specialist/statutory integrated support and are protected from significant harm.

Guidance Boundaries and Stimulation

- Lack of appropriate supervision or effective boundaries.
- Child is beyond parental control.
- Child left for long periods on their own without adequate adult supervision or support.

FAMILY AND ENVIRONMENT**Family and Social Relationships and Family Well-Being**

- Persistent domestic violence.
- "Adults who present a risk to children" living in the family home or members of the wider family are known to be, or suspected of being a risk to children.
- Severe parental mental or physical health problems or substance misuse which means that vital parenting roles are not undertaken.
- Family characterised by conflict and serious, chronic relationship difficulties.
- Parent/carer has unresolved mental health difficulties which affect the well-being of the child.
- Adult victim of Domestic Abuse is assessed as high level risk and the child (including unborn) is at risk of significant harm.
- Child's carer or a member of the household, referred to MAPPA (multi-agency arrangements to protect the public managed by Probation).
- Child needs to be looked after outside of their immediate family or parents/carers due to abuse/neglect.

Housing, Employment and Finance

- Physical accommodation places child in danger:
- Persistent lack of adequate food, warmth or essential clothing.

CHILD OR YOUNG PERSON'S DEVELOPMENTAL NEEDS**Health**

- Class A or serious drug misuse.
- Acute mental health issues.

Continued on the next page →

- Suspected non-accidental injury, abuse or neglect.
- Any bruising in a non-mobile infant.
- Serious self-harm.
- Significant regression in speech, communication or interaction where no medical cause has been identified.
- Female genital mutilation.

Health Extra Familial

- Disclosure of significant harm from child/young person which is caused by and/or takes place in an extra-familial context.
- Young person has been victim of knife or gun-related injury.

Social, Emotional, Behavioural, Identity

- Challenging behaviour resulting in serious risk to the child and others.
- Failure or inability to address complex mental health issues requiring specialist interventions.
- Under 13 engaged in sexual activity.
- Under 18 concerns re coercion to engage in sexual activity.
- Subject to sexual or criminal exploitation.
- Missing from home for repeated short periods of time or prolonged periods.
- Young people with complicated substance misuse problems requiring specific interventions and/or child protection and who can't be managed in the community.
- Concern in relation to potential radicalisation.
- Child subject to MAPPA.

See Appendix 6 for Contextual Safeguarding Extra Familial Environmental Factors and RIT Risk Levels

Self-Care and Independence

- Child is left "home alone" without adequate adult supervision or support and at risk of significant harm.
- Distorted self-image and lack of independent living skills likely to result in significant harm.

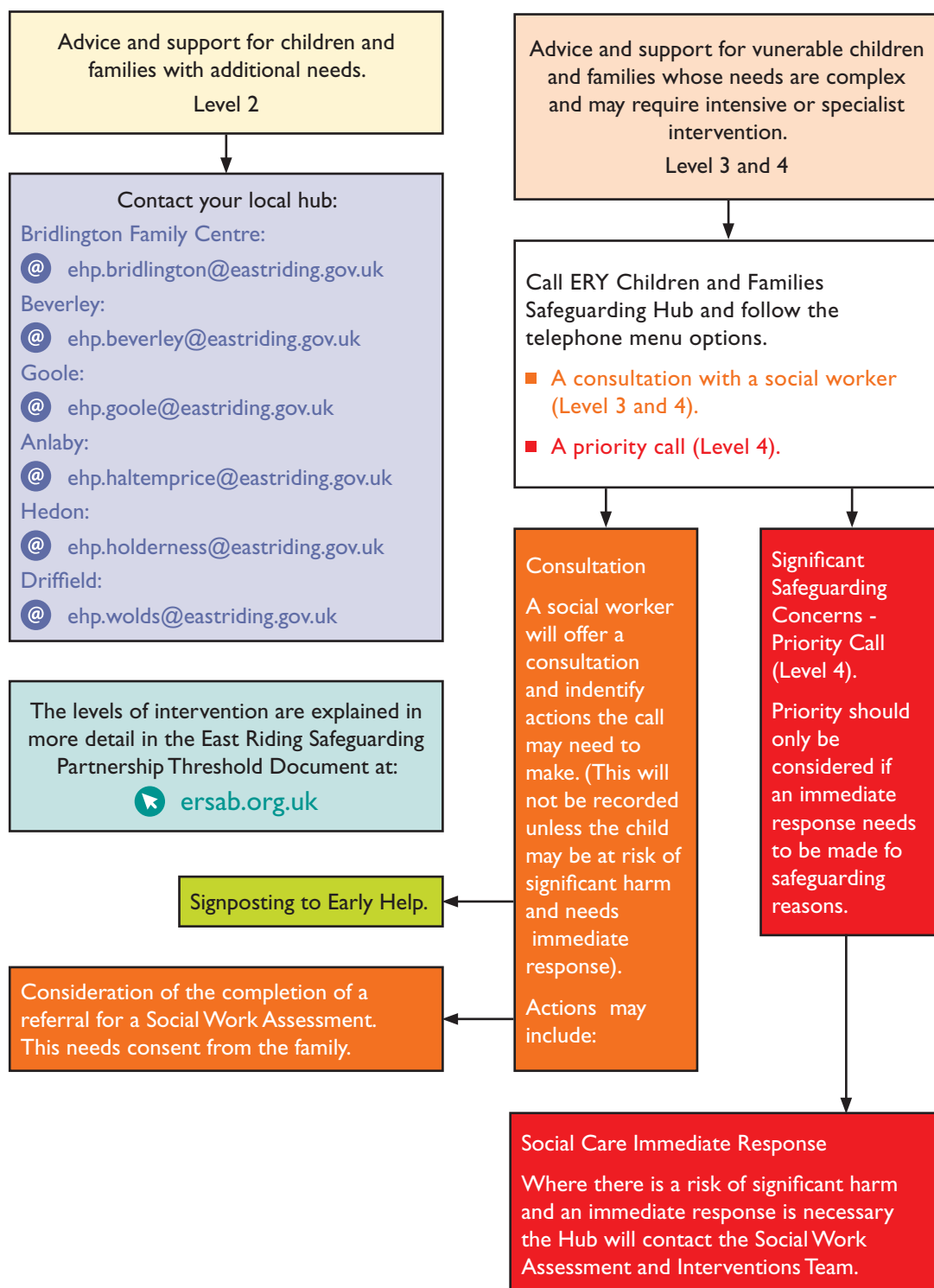
End of Level 4

APPENDIX 2

ERY Children and Families Effective Support Flowchart

☎ (01482) 395500 (Monday - Friday, 8.30am - 5pm)

☎ (01482) 393939 (Out of hours)





Request for Service

Requests for Early Help or Safeguarding Services should be made using this inter-agency request for service form. The form is in line with the requirements of Working Together to Safeguard Children and local procedures.

Before completing this form please refer to the East Riding Safeguarding Children Partnership Threshold Guidance and (if available) seek advice from your organisational safeguarding lead or safeguarding professional.

However If you are concerned a child has suffered or is likely to suffer significant harm and is at immediate risk call the Children's Safeguarding Hub on:

(01482) 395500 or call 999 (asking for the Police).

In these circumstances please complete this form to confirm your referral within 24 hours.

CONSULTATION OFFER

If you are considering a request for additional needs you are welcome to contact an Early Help practitioner on the number below to discuss prior to making the request:

(01482) 391700

If you are requesting intensive, targeted or specialist support please consider contacting the Safeguarding Hub for a consultation with a Social Worker before completing.

Section A – Referrer's Details

Date of referral:		Time of referral:		☐ This referral is a follow up to a telephone call	☐ This is a new referral
Name of referrer:			Referrer's role / relationship to the child:		
Organisation:			Address of referrer:		
Contact number:			E-mail:		

Section B – Consent to make a request for service

Consent should always be sought from an adult with parental responsibility for the child/young person (Or from the child themselves if they are competent) before passing information about them to either Children's Safeguarding or Early Help community Hub. If a practitioner believes a child is at risk of significant harm, they have a duty to make a referral. These referrals do not require consent, but it is good practice to inform an adult with parental responsibility that the referral is being made, UNLESS doing so would place the child at risk of significant harm or may lead to the loss of evidence

Have you obtained consent to make the request for service?

☐ No

☐ Yes

Date obtained:

If yes, what is the parent / carer and child's view of the referral:

If no, explain the immediate risk of significant harm that has prevented you from obtaining consent:

Section C – Why are you making this request today?

e.g has something happened, have your concerns increased?

Has the child suffered or likely to suffer significant harm? <i>If yes, please contact the safeguarding hub immediately and before completing this form.</i>	☐ Yes	☐ No
Is this child at risk of exploitation?	☐ Yes	☐ No
Is this child at risk of radicalisation?	☐ Yes	☐ No

Section D – The Child's Details

Surname:		First name(s):	
D.O.B or expected date of delivery:		Gender:	
School / early years setting:		GP surgery and NHS number:	
Name of person(s) with parental responsibility:			
Child's home address:		Postcode:	
		Telephone:	
Current address (if different from above):		Postcode:	
		Telephone:	
Child's ethnicity:			
White: ☐ White British ☐ White Irish ☐ Any other white background	Black or Black British: ☐ Caribbean ☐ African ☐ Any other black background	Mixed: ☐ White and black Caribbean ☐ White and black African ☐ Any other mixed background	Asian or Asian British: ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Any other Asian background Other Ethnic Groups: ☐ Chinese ☐ Any other ethnic group ☐ Not known
Child's first language or preferred means of communication:		Is an interpreter or signer required?	☐ No ☐ Yes <i>Please give details:</i>
Child's religion:	☐ Buddhist ☐ C of E / Anglican ☐ Eastern religion ☐ Hindu ☐ Jehovah's witness ☐ Jewish ☐ Methodist ☐ Mormon ☐ Muslim ☐ Not known ☐ No religion ☐ Other ☐ Other Protestant ☐ Pentecostal Christian ☐ Roman Catholic	Has an Early Help Assessment (EHA) been completed?	☐ No ☐ Yes <i>Please give details:</i>
Does the child have a Special Educational Need or Disability?	☐ No ☐ Yes <i>Please give details:</i>	Does the child have an Education Health and Care Plan?	☐ No ☐ Yes ☐ Not known

Section E – Residing Household Details

If you are also referring a sibling of the child in Section A who is under the age of 18 years, please list them in this section and indicate that you are also referring them. Please also list the names and details of all children (under 18) and adults who are currently residing in the home.

Surname:	First name(s):	DOB:	Age:	Relationship to the child mentioned in section A:	First language or preferred means of communication:	Also referring:
						☐ Yes
						☐ Yes
						☐ Yes
						☐ Yes
						☐ Yes

Section F – Non-Residing Family Details

Please also list the names and details of all children (under 18) and adults who are family members that do not reside in the home (i.e. separated parents, half-siblings).

Surname:	First name(s):	DOB:	Age:	Relationship to the child mentioned in section A:	First language or preferred means of communication:	Also referring:
						☐ Yes
						☐ Yes
						☐ Yes
						☐ Yes

Section G – Details of your /concerns, request for support

On a scale of 0 – 10, how safe is the child right now?

0 = so worried the child is certain to get harmed or harmed again.

10 = not worried, the child is safe.

Scaling:

Please describe the reason for your scaling

How does the current situation impact on the child?

How does the parent / carer and child feel about your concerns, request for support?

What needs to change to make things better or safer for this child and family?

Has the child suffered any harm and how do you know?

Has the child suffered any harm and how do you know?

Section H – What is working?

What is going well for this child and family?

What has already been done to address any concerns and how has this helped?

What resources / services are currently in place?

What resources / services are currently in place?

Section I – What needs to Change?

What would the family like to change?

What change do you think needs to happen?

Section J – Services Already Working with the Family

Role	Full Name	Telephone	Email Address	Address and Postcode

This form should be sent to one of the following Hubs dependent upon identified need:

Bridlington Family Centre: @ ehp.bridlington@eastriding.gov.uk
 Beverley: @ ehp.beverley@eastriding.gov.uk
 Goole: @ ehp.goole@eastriding.gov.uk
 Anlaby: @ ehp.haltemprice@eastriding.gov.uk
 Hedon: @ ehp.holderness@eastriding.gov.uk
 Driffield: @ ehp.wolds@eastriding.gov.uk

(Send request form to the Hub nearest to where the child lives)

If the child is at urgent and significant risk of serious harm the Safeguarding Hub should be contacted by telephone and followed up in writing within 24 hours.

Safeguarding Children Hub:

Monday to Thursday 8.30am - 5pm and Friday 8.30am - 4:30pm

☎ (01482) 395500

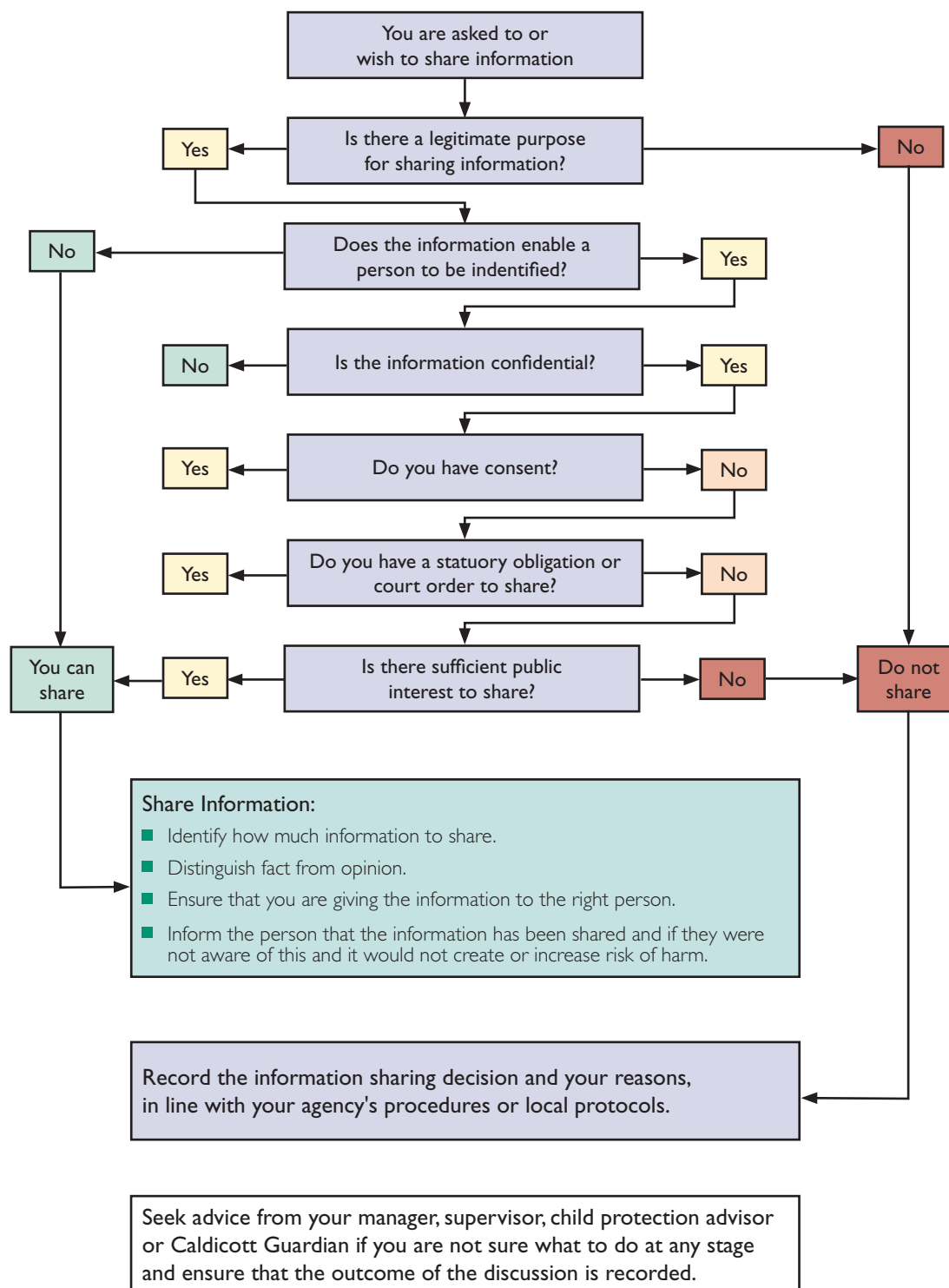
Out of hours:

☎ (01482) 393939

@ safeguardingchildrenshub@eastriding.gov.uk

APPENDIX 4

Key Principles for Information Sharing - Process Map



For further guidance go to:

- erscb.org.uk/information-sharing-and-consent/
- eastriding.gov.uk/council/working-with-our-partners/caring-for-children/information-sharing/



APPENDIX 5 – ADDITIONAL CONTACT INFORMATION

Families Information Services (FISH)

Details of services for children and young people aged 0-20 years

☎ (01482) 396469

👉 eastriding.gov.uk/living/children-and-families/the-family-information-service-hub/

ERY Early Help

Conversations about the support available from the Early Help Locality Hubs is available Monday to Friday 9am to 4pm.

☎ (01482) 391700

ERY Children's Safeguarding Hub

The ERY Children's Safeguarding Hub is available Monday to Thursday 8.30am-5pm and Friday 8.30am - 4:30pm.

☎ (01482) 395500

Out of hours staff will respond to concerns / enquires received outside the above daytime hours on:

☎ (01482) 393939

Humberside Police

Protecting Vulnerable People:

☎ (01430) 808403

If a child is suffering abuse and requires urgent attention because of immediate danger, call the Police on 999 or 101.

East Riding Safeguarding Children Partnership Training

☎ (01482) 396994

Local Authority Designated Officer (LADO)

☎ (01482) 396999

Safeguarding Advisor (Schools)

☎ (01482) 392139

Education Welfare Service and Children Missing Education (CME)

☎ (01482) 392146

NHS East Riding of Yorkshire

☎ (01482) 650700

Humber NHS Foundation Trust

☎ (01482) 335810

Hull University Hospitals Trust

☎ (01482) 675103

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

👉 erscp.co.uk

Working Together to Safeguarding Children 2018

👉 gov.uk/government/publications/working-together-to-safeguard-children--2

Information Sharing 2018

👉 assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

Lead Professional Guide

👉 webarchive.nationalarchives.gov.uk/20130401151715/www.education.gov.uk/publications/eOrderingDownload/LeadPro_Managers-Guide.pdf

NICE Clinical Guideline 89 'When to suspect child maltreatment' (2009)

👉 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:

☎ (01482) 396940

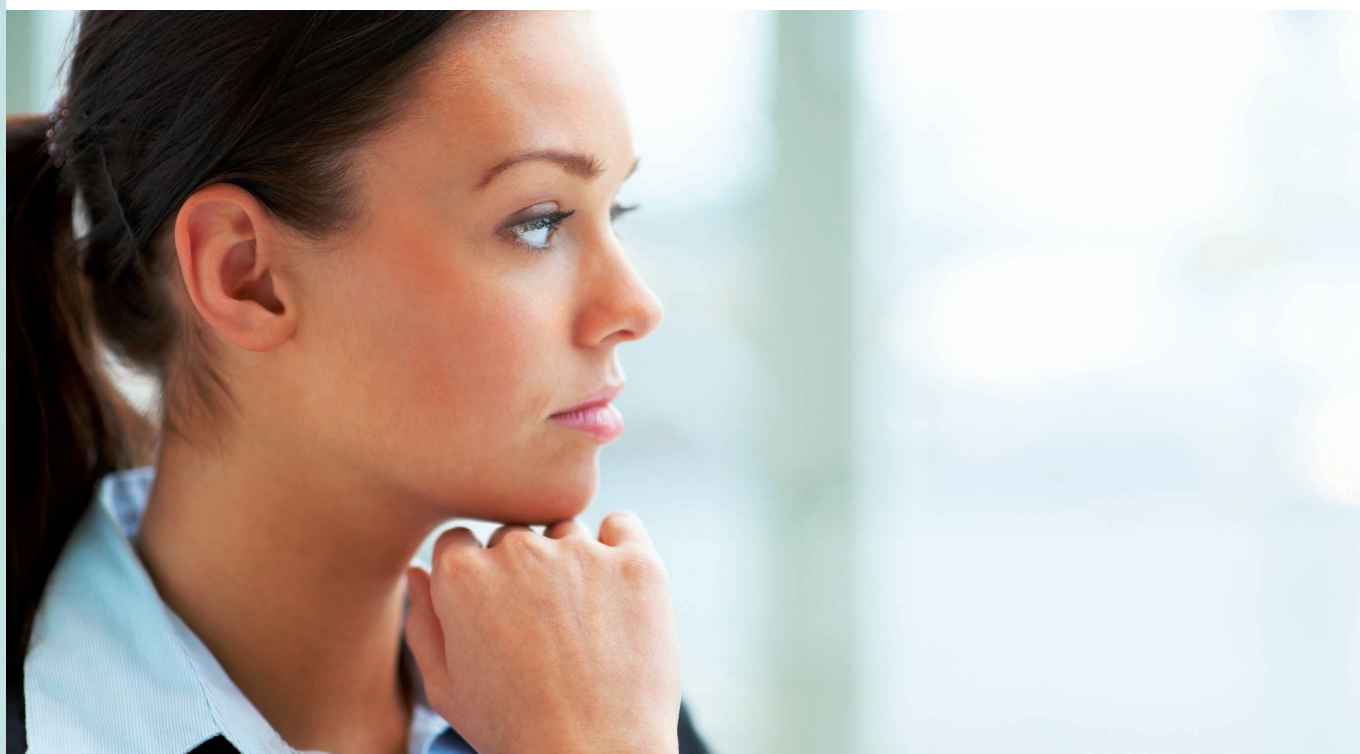
Open between 8.30am - 5.30pm Monday to Thursday and 8.30am - 4.30pm on Friday.

@ safeguardingadultsteam@eastriding.gov.uk

For out of hours enquires, contact the emergency duty team:

☎ (01482) 393939

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



IMPORTANT

If a vulnerable adult is suffering abuse and requires urgent attention because of immediate danger, **call the Police on 101 or 999.**

APPENDIX 6

Contextual Safeguarding Extra Familial Environmental Factors and RIT Risk Levels

Universal Support Level RIT: Low Risk	Additional and Intensive Support Levels RIT: Medium Risk	Specialist Support Level RIT: High Risk
■ Young people and where present, staff and/or other appropriate adults in a context report friendship groups to be supportive and age-appropriate friends. ■ Young people state that they feel safe in this context. ■ Young people report they are exposed to a range of ideas and opportunities to give them choices about their lives. ■ Young people are aware of safeguarding responses. ■ Young people and staff (if present) report that sexual behaviour is developmentally appropriate in context. ■ Young people report that relationships are socially acceptable, consensual and reciprocal.	■ Location where multiple young people congregate during missing episodes leading to harm. ■ Location where young people are aware of others carrying weapons and feel compelled to do so themselves. ■ Context in which there is underage and problematic alcohol consumption. ■ Multiple young people can identify the context as one in which problematic behaviours occur and/or they feel unsafe. ■ Peer group or context is one in which a number of young people repeatedly display problematic and harmful behaviours. ■ Young people have experienced or displayed instances of sexually inappropriate behaviour and language, including sexual harassment. ■ Young people and peers normalise and accept harm and inappropriate behaviour. ■ School has a high rate of permanent exclusion over a long-term period. ■ Instances of sexual abuse/violence within school or other context. ■ Young people groomed into sexual or criminal exploitation as either victim or instigator at school, through school-based networks or other contexts. ■ Non-consensual harmful sharing of sexual images. ■ Multiple or a pattern of suicide and/or significant self-harm. ■ Young people have been intentionally victimised by peers or adults using significant grooming, coercion or force. ■ Peer bystanders in the context actively encourage or normalise highly problematic behaviours including abuse, exploitation and those associated.	■ Young people are exposed to physically violent, highly intrusive behaviours, which may at times appear sadistic in nature. ■ Significant harm occurring due to young people avoiding the context/school in order to stay safe. ■ A peer group in which serious harmful sexual behaviour takes place. ■ Peer recruitment of young people into criminal exploitation at school, in the local area or between students i.e. online. ■ Young people commit crimes together causing them imminent or significant risk of harm. ■ Young people involved in group sexual offences. ■ Highly problematic normalisation of illegal substances. ■ Context where a young person is murdered. ■ Highly problematic normalisation of illegal substances. ■ Context where a young person is murdered. ■ Context in which there is underage and problematic alcohol consumption, alongside other risk factors, e.g. in the presence of adults of concern/at high risk times of day. ■ Serious concerns about context where young people carry or are exposed to weapons e.g. knives, guns or acid. ■ Serious concerns about young people carrying and using drugs in this context. ■ Location in which young people are being repeatedly coerced into criminal or sexual exploitation. ■ Location where young people are exposed to adults who pose a risk of significant harm. ■ Community disorder i.e. riots/ uprising/extreme radicalisation with implications for young people or particular locations of risk.

APPENDIX 7

Mental Health and Emotional Well-being Service Referral Form

Date of referral:		Time of referral:		☐ This referral is a follow up to a telephone call	☐ This is a new referral
Name of referrer:			Referrer's role / job title:		
Organisation:			Address of referrer:		
Contact number:			E-mail:		

Please note, to inform worker for initial assessment, ALL sections to be completed unless recorded as not applicable or information not known/unavailable at this stage.

Client name:		Preferred name:	
D.O.B and age:		Gender:	
Ethnicity:		Religion:	
Spoken Language(s):		Interpreter Needed?	☐ No ☐ Yes Please give details:
Accommodation status:	Example: Living with Parents	Who is living at the address?	
Address:		Postcode:	
Person with parental responsibility (PR):		Relationship:	
Address (if different):		Postcode:	
Contact Details:	(Mobile number, home number and email address.)		

Educational establishment and named person to contact:	
If the client would not like to be contacted through parents please state why, and provide contact details for the young person:	

Capacity and Consent:

<i>Is the person with PR aware of the referral?</i>	☐ Yes	☐ No	☐ Unknown
<i>Is the child/young person aware of the referral?</i>	☐ Yes	☐ No	☐ Unknown
<i>Has person with PR consented to the referral?</i>	☐ Yes	☐ No	☐ Unknown
<i>Does the child/young person have capacity to consent?</i>	☐ Yes	☐ No	☐ Unknown
<i>Has the child/young person consented?</i>	☐ Yes	☐ No	☐ Unknown

Reason(s) for Concerns: (Please complete all areas)

Emotional/Behavioural presentation any relevant mental health history
specifically anxiety, worried, low mood and depressive symptoms.

General concerns:
Educational establishment observations:
Parental observation:
Young person's view:

Current or previous involvement with services:

Service	Involvement: (Please tick as appropriate)	Date of involvement:	Reason for involvement:
Youth Justice (YOT)			
CAMHS			
MIND			
Substance Misuse Services			
PSYPHER			
Social Care			
Youth and Family Support			
Prevention and Education Team			
SMASH			
Prevent			
Educational Psychologist			
SEND			
MACE			
Other: (Please state)			
Any additional information? (including identified religious/spiritual, cultural needs)			

Risk Alerts

<i>Would the child/young person pose a threat to staff?</i>	☐ Yes	☐ No	☐ Unknown
<i>Would any relation pose a threat to staff?</i>	☐ Yes	☐ No	☐ Unknown
<i>Is a joint visit/work needed?</i>	☐ Yes	☐ No	☐ Unknown
<i>Any further details needed?</i>			

Risk Indicators

(Highlight or tick yes for reported factors, no when it is clear there are no risk factors)

<i>Thoughts of suicide?</i>	☐ Yes	☐ No
<i>Intent/plan on thoughts of suicide? (if applicable)</i>	☐ Yes	☐ No
<i>Any previous suicide attempts?</i>	☐ Yes	☐ No
<i>If yes to any of the above 3 questions, please give detail:</i>		
<i>Thoughts of self-injury?</i>	☐ Yes	☐ No
<i>Intent or plan to cause self-injury?</i>	☐ Yes	☐ No
<i>Current self-injury?</i>	☐ Yes	☐ No
<i>Previous self-injury?</i>	☐ Yes	☐ No
<i>If yes to any of the above 4 questions, please give detail:</i>		

<i>Harm to others? (include thoughts and actions of violence and aggression)</i>	☐ Yes	☐ No
<i>Self-neglect/vulnerability? (to include thoughts and actions of violence and aggression)</i>	☐ Yes	☐ No
<i>Substance use? (including alcohol, cigarettes, drugs, solvents – please circle)</i>	☐ Yes	☐ No
<i>Prescribed Medication? (If Yes please give detail below)</i>	☐ Yes	☐ No
Safeguarding concerns? Definition: A safeguarding concern is when a young person is at risk of abuse (physical, sexual, emotional or neglect). It can also be where the young person themselves may pose a risk of serious harm to others or where there are complex needs in relation to disability.	☐ Yes	☐ No
<i>Young Carer?</i>	☐ Yes	☐ No

Further Risk Details:

If any further details need to be given, please use the space below:

If you answered YES to TWO or more of the questions relating to Self-Injury and/or Suicide please consider referring straight to Child Adolescent Mental Health Service (CAMHS) and sharing.

CAMHS CRISIS TEAM 24 HOUR LINE ☎ 01482 301701

Contact details for making a CAMHS referral:

Hull Contact Point on: ☎ 01482 303688

Referral form: 📄 smartsurvey.co.uk/s/HullContactPoint

East Riding Contact Point on: ☎ 01482 303810

Referral form: 📄 smartsurvey.co.uk/s/EastRidingContactPoint

Any further information where questions did not ask for relevant information?

I understand that should information need to be shared with an appropriate service to provide support that my permission will be asked before doing so. I understand that you do not need permission to share information if it is required by law or where someone, including myself, children or someone known to me is at risk of harm. Where this is the case, only necessary information to safeguard those involved will be shared. I understand that information on this referral and information gathered working with the service will be stored electronically with East Riding of Yorkshire Council. I understand that therapy provided by the Children's Psychological Well-Being Practitioners may record sessions to take to supervision. Any footage will be kept secure and only viewed by the person conducting the sessions, the University whom provide the training and the management of the trainee. The footage will not be used for any other purpose than to support the trainee's learning, to ensure that they are providing the best possible support for the client. If you would like to withdrawn from video footage please ensure that this is included in the comments section below.

Please tick to confirm you have read the above information ☐

Parent/Carer

Signature:		Date:	
Print Name:			
Signature:		Date:	
Print Name:			

Child or Young Person

Signature:		Date:	
Print Name:			

Person Co-ordinating the Referral

Signature:		Date:	
Print Name:			
Relationship			

Any other relevant persons

Signature:		Date:	
Print Name:			
Relationship			
Signature:		Date:	
Print Name:			
Relationship			
Signature:		Date:	
Print Name:			
Relationship			

IMPORTANT INFORMATION

Please email this referral form to the team inbox at: @ yfs@eastriding.gov.uk

Send an email to the address above and we will get back to you. Please note this is a shared inbox for Youth and Family Support. Please ensure the original document and its contents are protected by the referrer after the referral has been made.

The information on this form will be held on our client database, and is covered by the Data Protection Act 1998.

