

Hull Safeguarding Children Partnership

Threshold of Needs Guidance Document 2024

Right Support, Right Time, Right Place



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1. Introduction

As stipulated in the Children Act 1989, a child is defined as anyone who has not yet reached their 18th birthday. This guidance therefore covers any person that is under 18.

Safeguarding children is everyone's responsibility. We all have the ability to transform lives by working together with, and for families. In doing so, we can bring about positive change to help children and families in the community flourish.

This guidance has been developed to help and support practitioners working with children across all agencies and organisations, when faced with a decision about the safety and wellbeing of a child. Multi-agency working is at the heart of effective support and practice and by enabling the right support at the right time, we can be confident that children experience changes that help them thrive.

Children and families in Hull, deserve the highest standards of practice, from compassionate and skilled practitioners, who can support them to address the challenges they face. To do this we have a shared ambition for children and their families to live in an 'Inspiring City'. We have a whole system approach that exists across the Hull Safeguarding Children Partnership to provide additional support for children when this is needed. The guidance sets a revised and shared vision of providing help, support, and protection; *'The right support at the right time and from the right place'*.

In Hull, we want to be ambitious for all children, so they feel safe, happy, healthy, and able to achieve whilst ensuring children are protected from abuse and neglect. This guidance sets out the levels of intervention which may be required to support families to build on their strengths, keep them safe, build resilience and overcome challenges to find solutions. **This guidance will never provide all the answers and does not replace the need to talk and share information and work in collaboration right across the partnership. It is crucial that practitioners have good communication and exercise professional curiosity at all times.**

All practitioners have a shared responsibility and should use their safeguarding leads and consultations with the Early Help and Safeguarding Hub (EHaSH) for support, guidance, and reflection. Protecting children can be complex which is why a multi-agency approach is essential and is fundamentally required for achieving better outcomes for children. It will support practitioners regarding decision making and is aligned to Hull's chosen relationship based model 'Signs of Safety'. The Guidance can be read in line with [SofS Assessment Support Guidance.pdf](#). It aligns with [Hull Early Help and Prevention Strategy 2021-25 \(proceduresonline.com\)](#), [Domestic Abuse Strategy 2021 to 2024 \(hull.gov.uk\)](#) and [Hull Community Plan 2024 - 2034](#)

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The newly revised guidance is central to delivering on the Department of Education [Working together to safeguard children 2023: statutory guidance \(publishing.service.gov.uk\)](#), and the strategy set out in Stable Homes, Built on Love (2023) which outlines the Government's commitment to support every child to grow up in a safe, stable, and loving home. [Guide for children and young people: Stable Homes, Built on Love - GOV.UK \(www.gov.uk\)](#)

In the context of the [Children's social care national framework \(publishing.service.gov.uk\)](#) we are fully committed to ensuring that:

- Children and families stay together and get the help they need.
- Children are supported by their family network.
- Children are safe in and outside of their homes.
- Children in care and care leavers have stable and loving homes.

We will do this by:

- Ensuring children's voices and experiences are kept at the centre of all our work.
- Practitioners will take a whole family approach.
- Work collaboratively with our partner agencies to ensure multiagency working is the foundation of practice.

2. How we work with and support children and families

Signs of Safety is a strength based approach in Hull. As a multiagency workforce we are committed to using the Signs of Safety model when working with children and families. Signs of Safety assesses risk and identifies solutions through four straightforward questions:

1. What are we worried about?
2. What's working well?
3. What needs to happen?
4. The Scaling Question which is critical. The scaling question might be designed around a particular concern, or by which we assess the threshold of need for professional involvement. It is always on a scale of 0-10 and indicates the level of concern we may have for children. On a scale of 0 to 10, how worried are you about this child or family? where 10 means that you are confident that the child is safe and thriving and 0 means that you are worried a child is at risk of immediate and significant harm.

These questions underpin the conversations we need to have with families when we believe that children are not receiving the care and support, they need or may be at risk of harm.

When thinking about a child or family who might need help and support, practitioners and professionals should use these four questions as a basis of evaluating their concerns.

In addition, we might want to think about a number of questions such as:

- What have you seen or heard that worries you?
- What are you most worried about?
- What do you think will happen if nothing changes?
- Are things getting worse?
- What is the child worried about?

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- What impact is all of this having on the child?
- Does the child or the family receive support from anywhere else? If they do, is it making things better?
- Does the child or family do anything or have anything in place already that makes things even a little bit better?
- What do you think needs to happen to make things better for this family?
- What services or agencies are needed to support this family?

Using the Signs of Safety approach as the basis of a conversation about a family's needs can help understand present and past concerns and highlight existing strengths and safety. Here we have included the quick guide for making a referral with a signs of safety approach [SofS Assessment Support Guidance.pdf](#)

The use of a strength-based approach can often lead to families overcoming difficulties and challenges through adapting or tailoring universal or targeted services, without the need for statutory child protection services.

If you are worried about a child or family, please see the link [Worried about a child | Hull](#)

3. Continuum of need -Children in need of help and protection

Hull's framework has four levels of support. These levels can support practitioners to decide what assessments, support, and intervention that children and families (including an unborn child) may require to meet their needs.

The windscreen diagram in this document is designed to illustrate the relationship between universal services, additional support, targeted help support and specialist support, and offers:

- A shared language and understanding of levels of service provision across the partnership; and supports practitioners in understanding threshold of need.
- A process to assess and manage need, to enable practitioners and agencies to balance support needs within the right level of intervention.
- The framework is to support children and families at the right time and ensure early intervention that prevents worries from escalating. We want to ensure the right intervention, through the right services at the right time and by the right place, to minimise unnecessary transitions.

The key principles underpinning the threshold of need are:

Multi-agency working is essential and is at the foundation and heart of good practice.

The safety and wellbeing of children is always a priority and central to decision making. There is also a need to consider child(ren) in line with their family network to understand any strengths, risks, and safety in place.

Practitioners should be thinking whole family approach.

It is important to consider the accumulative effect of multiple incidents or longstanding concerns where abuse and/or neglect is suspected. Accumulative harm refers to the impact of a collection of circumstances and events in a child's life over a period of time which result in significant harm. Accumulative harm diminishes a child's sense of safety, stability, and wellbeing. These children may require targeted and specialist service interventions from a wide range of agencies. There is a wide variety of services that respond to the needs of children and families requiring additional support. Working Together to Safeguard Children 2023 requires

services to form a strong support offer around the family and share information as appropriate to promote the safety of children and wellbeing of families.

It also references the importance of including the Voluntary, Community and Social Enterprise (VCSE) sector within local safeguarding arrangements. In Hull, we have a strong VCSE sector which is available to children and families throughout all levels of intervention. Partners should consider services that are available within the VCSE sector to strengthen the support offered to children and families, at any point of intervention. These include, but are not limited to social prescribers, childcare settings, faith groups, and sports clubs. Please consider services that are available within the VCSE sector to strengthen the support offered to children and families. The [Live Well Hull – Live Well Hull](#) website provides overview of some services available to children, families, and adults within Hull.

All agencies should make reasonable adjustments to enable children and their families to have access to services, as required under the Equality Act 2010.

Working Together to Safeguarding Children (2023) states 'A Lead Practitioner is identified who can undertake a section 17 family support and assessment'. The Lead practitioner role is currently under revision in Hull and the guidance will be updated to reflect agreed arrangements in due course.

Supporting documents can assist with assessments, planning, and decision making around threshold and interventions and can be found at Section 10.

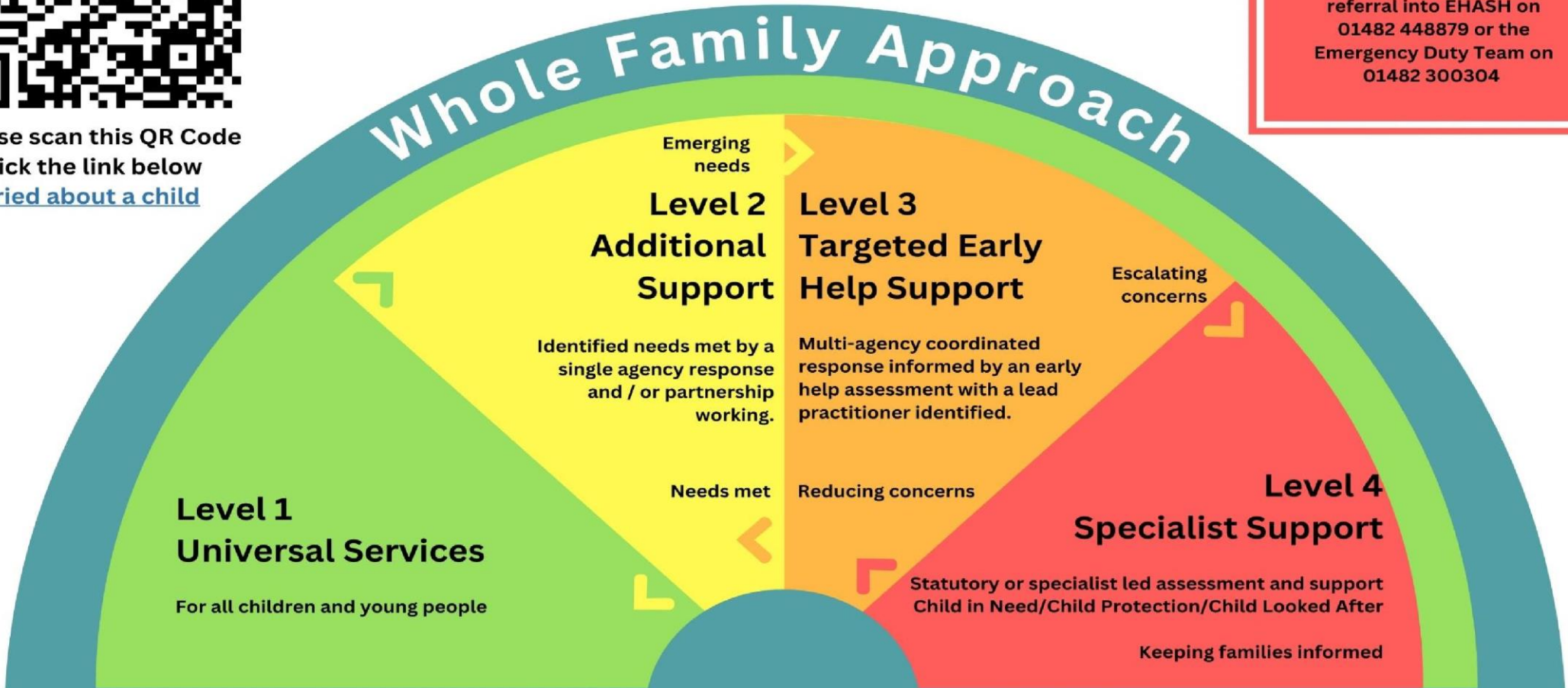


Please scan this QR Code
or click the link below
[Worried about a child](#)

THRESHOLD GUIDANCE

‘Right support, right time, right place’

If a child is considered at immediate risk of harm. Contact the relevant emergency services on 999 followed by an urgent referral into EHASH on 01482 448879 or the Emergency Duty Team on 01482 300304



To keep children safe and provide family help we will:
Keep children at the center of all we do.
Consider a whole family approach.

Ensure multi-agency working is the foundation for effective practice.

4. Identifying Needs

The Identifying Need table (see below) provides examples of presenting risks, needs, or concerns and gives an indication of the level of need that may be most appropriate. The table is an illustration of where children or families' circumstances may fit within the levels of the framework. These are not definitive check lists: they are prompts designed to assist the conversations between practitioners, and with children and families, to be able to make informed decisions about what level of support might meet their individual needs and circumstances.

If you are unsure about the level of need, practitioners should seek advice from their own manager and their agency safeguarding lead/team on how to determine the level of need a child or family may be presenting. It is also advisable to contact other agencies who are, or who have been involved with the family as they may have information relevant to the decision-making process.

If you remain unsure, after speaking to your agency safeguarding lead/team about the level of the need, you can contact EHASH for further consultation. Non-urgent consultations can be requested by emailing EHASH@hullcc.gov.uk with the subject line as 'non-urgent consultation'. Consultations will be offered during structured times, and these will occur via Microsoft Teams or telephone. To prepare for a consultation, partners are asked to consider the four Signs of Safety questions outlined in section 2 of this guidance. If the safeguarding concern is urgent and cannot wait for consultation and you believe a child is at immediate risk of harm you should contact the relevant emergency services on 999. In an emergency or for urgent advice, please contact the Early Help and Safeguarding Hub (EHASH- 01482 448879 Option 4) or if out of normal working hours the Emergency Duty Team (EDT 01482 300304) alternatively email EHASH@hullcc.gov.uk and mark the subject line as **Urgent**.

Once professionals have determined the level of need a child or family presents, they are responsible for taking appropriate action. The following table shows the likely course of action dependent on the level of need and risk identified. However, this may vary depending on the individual circumstances.

	Level 1 - Universal No additional needs	Level 2 - Early Help additional support OFFICIALHelp	Level 3 - Multi-agency Targeted Early	Level 4 - Statutory Intervention Acute needs - at risk of significant harm
SOURCE OF HELP AND SUPPORT	<p>No additional help and support required.</p> <ul style="list-style-type: none"> No additional assessment needed. Check if children are in receipt of universal services and signpost to relevant service(s) with consent, if required. 	<p>Needs likely to be met through one agency and/or partnership working.</p> <ul style="list-style-type: none"> Early Help Assessment should be considered but is not a requirement. Consent is required. If an Early Help Assessment is not considered necessary, record action taken in single agency and to complete a record on Early Help Module (EHM) to show Early Help was provided with a reference number to where the case file is held. For help and advice refer to family hubs website Home – Family Hubs (familyhubshull.org.uk) 	<p>Multi-agency response informed by an early help assessment with a lead practitioner identified.</p> <ul style="list-style-type: none"> An Early Help Assessment is required with consent. If the child, young person, or family are currently in receipt of Early Help new information should be sent to the services already involved, to update the Early Help Assessment/Plan. For help and advice refer to family hubs website Home – Family Hubs (familyhubshull.org.uk) To make a referral to targeted early help Early help family support Hull 	<p>Needs likely require intervention from Children’s Social Care and/or the Police. A lead practitioner may also be identified for Section 17 in accordance with Working Together 2023.</p> <p>The Children Act 1989</p> <ul style="list-style-type: none"> Section 17 (Child in Need) Section 47 (Child Protection) Section 31 (Care and Supervision Order) Section 20 (Duty to Accommodate) <ul style="list-style-type: none"> If a child is in immediate danger, you should contact the relevant emergency service on 999. Followed by an urgent referral into EHASH on 01482 448879 or the Emergency Duty Team on 01482 300304 (outside of normal working hours) If there is no immediate danger a referral to the Early Help and Safeguarding Hub is required using the online portal CYP Hub (hullcc.gov.uk) Or via your agreed organisations policy.

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CHILD DEVELOPMENTAL NEED	<ul style="list-style-type: none"> • Achieving milestones. • Any developmental delay is responded to appropriately. • Age appropriate, positive, and healthy relationships with parent/carer. 	<ul style="list-style-type: none"> • Slow in reaching developmental milestones and needs not consistently attended to. • Unsafe use of the internet, including contact with unknown persons. • Missed health checks/immunisations. • Signs of disruptive or challenging behaviour, signs of offending or antisocial behaviour. • Poor attachment. 	<ul style="list-style-type: none"> • Developmental milestones not being met due to persistent parental failure/inability. • Forming relationships with unknown adults. • Difficulty coping with anger, frustration or upset. • Displays challenging disruptive, offending behaviour. 	<ul style="list-style-type: none"> • Non-mobile child with injury. • Non-organic failure to thrive. • Profound permanent multiple disabilities. • Persistent or multiple relationships with unknown adults offending behaviour resulting in risk of significant harm. • Frequently missing from home. • High level emotional health needs.
	<ul style="list-style-type: none"> • Ability to cope with everyday emotional and relationship difficulties. • All identified needs are met by the provision of appropriate services. • Age-appropriate understanding of online safety. • Age-appropriate relationships with peers. 	<ul style="list-style-type: none"> • Unexplained but infrequent absences from school. • Low level mental health issues, self-harm without suicidal thought or intent. • Low level concerns regarding self-care. • Underage sexual activity. • Unsafe or inappropriate use of the internet including contact with an unknown person(s). • Signs that the child is involved in substance misuse. • Difficulties with peer relationships • Children receiving elective home education where educational needs not met. 	<ul style="list-style-type: none"> • Concerns of sexual behaviour/activity • Persistent non-attendance at school with no explanation/Educational neglect • Concerns regarding presentation, hygiene, basic care. • Social exclusion. • Regular missed appointments affecting developmental progress. • Self-harm with suicidal ideation. • Persistent unsafe or inappropriate use of the internet including contact with unknown person/s or coercive or violent online behaviour. • Persistent substance misuse. • Associating with peers who are vulnerable/at risk of exploitation. • Repeated attendances at the emergency department. 	<ul style="list-style-type: none"> • Drug/alcohol misuse affecting development. • Teenage pregnancy under 13 years. • Complex mental health issues affecting development. • Hygiene and presentation concerns resulting in isolation. • Challenging behaviour resulting in serious risk of harm to self or others. • Involved in internet enabled exploitation.

<p>PARENTING CAPACITY</p>	<ul style="list-style-type: none"> • Accesses services appropriately e.g., health and education. • Appropriate feeding, diet and nutrition resulting in age-appropriate growth. • Parent/carer ensures child is protected from danger. • Good attachments. • Parent/carer able to implement appropriate boundaries. 	<ul style="list-style-type: none"> • Poor supervision of the child. • Missed health appointments with unscheduled attendances at GP and walk in clinics. • Anti-social behaviour. • Some positive stimulation given but inconsistent. • Inconsistent care arrangements. • Poor response to emerging need. • Concerns about attachment/interaction. • Inconsistent parenting. • Risk of relationship breakdown. • Reported parental conflict/ domestic abuse where impact on child is not 	<ul style="list-style-type: none"> • Parental learning or physical disabilities impacting on child's development or needs. • Parental Substance misuse or mental health issues impacting on child's development or needs. • Poor supervision from the parent/carer resulting in unmet need. <ul style="list-style-type: none"> • Poor response to the child's need from the parent/carer. • Signs of neglect Neglect – Hull Collaborative Partnership • Domestic abuse impacting on child's development. 	<ul style="list-style-type: none"> • Failure to access services likely to result in significant avoidable impairment to the child. • Concerns of neglect, see HSCP guidance for more examples of neglect types Neglect – Hull Collaborative Partnership • Child experience of domestic abuse resulting in risk of significant harm. • Child sustains an injury due to lack of supervision. • Suspected unexplained injury. • abandoned/rejected/persecuted. • Private fostering arrangements.
	<ul style="list-style-type: none"> • Parents/carers respond appropriately to advice given. • Parent/carers are aware of extra familial risks in the community and are confident to raise concerns at an early stage. • Parents/carers are aware of their child's peers and know who to contact to ensure appropriate supervision. 	<p>immediately known, e.g. the child is not present. Reducing parental conflict Hull</p> <ul style="list-style-type: none"> • Parents/Carers unable to give a picture of child or young person's peer group. • Absence of appropriate concern to implement parental safeguards in relation to their child or young person's digital activity. 	<ul style="list-style-type: none"> • Young carers 	<ul style="list-style-type: none"> • Non-compliance/disguised compliance. • No positive stimulation. • Extreme poverty impacting on parental ability to care for the child. • Significant substance/alcohol misuse. • Parental alienation

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">FAMILY & ENVIRONMENTAL FACTORS</p>	<ul style="list-style-type: none"> • Supportive and positive relationships and networks. • Good family relationships. • Accommodation has all basic required amenities. • Secure tenancy. • Family can manage financially using resources to meet needs. • Access to positive activities 	<ul style="list-style-type: none"> • Family affected by low income or unemployment. • Parental advice needed to prevent escalation. • Young carers. • Poor housing/ home environment impacting on the child's health and development. • Poor access to universal/core services. • Early signs of neglect. Neglect – Hull Collaborative Partnership • Low level risk of exploitation as indicted on an exploitation screening tool. • Child is being pressured to become gang involved. • Child is exposed to violence and trauma within their peer associations. • Child is exposed to the selling of substances. 	<ul style="list-style-type: none"> • Transient families: frequent moves impacting on the child's education. • Housing concerns: tenancy at risk, home in poor state of repair and poor home conditions impacting on the child's development. • Relationship breakdown. • Community harassment/ discrimination. • Concerns about networks around the child and associations with criminality. • Parental attendance(s) at the emergency department following a domestic abuse incident, suicidal ideation, drug misuse, mental health concerns. 	<ul style="list-style-type: none"> • At risk of female genital mutilation. • At risk of honour-based violence. • At risk of forced marriage. • Unaccompanied asylum-seeking children. • Edge of care • Risk of homelessness. • Suspicion of physical, emotional, or sexual abuse or neglect. • Medium or high risk of exploitation. • Child or young person showing evidence of using weapons or child or young person being threatened with a weapon. • Child is involved in offending behaviour. • Child or young person appears to have been trafficked. • Child or young person being groomed into violent extremism.
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5. Information Sharing

Consent should not be seen as the default lawful basis for sharing personal information in a child safeguarding context, as it is unlikely to be appropriate in most cases.

Information sharing is essential to enable early intervention and preventative work for safeguarding and promoting welfare, and for wider public protection. A key factor identified in many Child Safeguarding Practice Reviews has been a failure by practitioners to record information, to share it, to understand its significance and then take appropriate action.

Seven golden rules of information sharing:

1. Remember that the Data Protection Act 2018 and Human Rights Law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared with, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. Make your information sharing decision after considering the safety and wellbeing of the individual and others who may be affected by their actions.
6. Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion and is shared securely.

7. Keep a record of your decision and the reasons for it- whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Further advice on information sharing is available online at: [DfE non statutory information sharing advice for practitioners providing safeguarding services for children, young people, parents and carers \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/612222/dfe-non-statutory-information-sharing-advice-for-practitioners-providing-safeguarding-services-for-children-young-people-parents-and-carers.pdf)

6. Consent to Receive Support

Early help is a voluntary approach, requiring the family's consent to receive support and services offered. This may be provided before and/or after statutory intervention. If a family does not consent to an early help assessment, practitioners should seek to understand why the family do not give consent, so that they can provide reassurance to the family about their concerns. They should ensure the family has understood the consensual nature of support, and range of services available to meet their needs.

The child and their parent/carer must understand what will happen to any information about them during the period they are receiving Early Help support. This should include how it will be stored and who will have access to it. If a family does not agree to an Early Help Assessment, or stops engaging with a current plan, the lead professional determines if this results in a higher level of risk to the child that would require a referral to Children's Social Care. If necessary, they should speak with their respective manager or agency safeguarding lead/team for advice. It is important to note that if consent is not obtained, this does not stop the need to information share if you are worried about a child(ren).

Practitioners should be tenacious in their attempts to engage parents/carers to give consent to Early Help. The purpose and benefits of the process should be explained clearly, emphasising that it is a process to determine the most appropriate type of support required for a child or family.

The family should be made aware of the referral to the Early Help and Safeguarding Hub (EHaSH), unless to do so would place the child at increased risk of significant harm, prior to referral. Where a professional decides not to seek parental permission before making a referral to children's social care, the decision must be recorded in the child's file with reasons and management oversight. In the event that the parent, carer, or child cannot be made aware of the referral, professionals should determine if the concerns justify making a referral without making the family aware. Practitioners should speak with their respective manager or agency

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Safeguarding Lead/Team for advice, if necessary, contact can be made with Early Help and Safeguarding Hub (EHaSH- 01482 448879) for consultation if you remain unsure.

16 and 17 year olds are presumed in law to be competent, which means they are assumed to have capacity and can give consent in their own right if they can understand information given to them, retain the information given to them long enough to make a decision, can weigh up the advantages and disadvantages of the proposed care/service in order to make a decision, and can communicate their decision. In circumstances where we are working with consent or if consent is required to access services, for young people, aged 16/17 years, consideration should be given to the Mental Capacity Act (2005) and consent sought directly from the young person themselves where appropriate.

The Mental Capacity Act (2005) tells us:

- You have the right to make your own decisions if you have capacity and are aged 16 or over.
- You'll be assumed to have capacity, unless you've had an assessment showing you don't.
- You should receive support to make your own decisions before anyone assumes you don't have capacity, especially from health and social care professionals. You shouldn't be labelled as lacking capacity just because you've made a decision that others don't agree with. • Any decisions made for you must be in your best interests and restrict your freedom as little as possible.

7. Making a Referral to the Early Help and Safeguarding Hub (EHaSH)

URGENT!

If you believe a child is at immediate risk of harm you should contact the relevant emergency services on 999.

In an emergency or for urgent advice, please contact the Early Help and Safeguarding Hub (EHASH) or if out of normal working hours the Emergency Duty Team (EDT) by telephone:

- EHASH - 01482 448 879 option 4 Mon- Thurs 8.30 am -5pm and Friday 8.30am – 4.30pm. alternatively email EHASH@hullcc.gov.uk and mark the subject line as URGENT.
- EDT - 01482 300 304 (Out of hours) Mon- Thurs 5pm- 8.30am and Friday 4.30pm – Monday 8.30am

After speaking to your line manager and/or organisational safeguarding lead/team or reading this threshold guidance, and a decision is reached that the level of need for a child or young person requires a referral into EHaSH this must be made, without delay. EHaSH is the route for support for both Early Help and Children's Social Care services. Referrals should be made the same day as the concern is identified. The earlier in the working day a referral is made the better. This is particularly important where referrals are made by nurseries, schools, and other educational establishments, so that decisions can be made whilst the child(ren) is still in a safe place.

Referrals should be made via the online portal [CYP Hub \(hullcc.gov.uk\)](https://cyp.hullcc.gov.uk) or you should follow your own internal organisational policy. The Request for service form can be accessed here: [Worried about a child | Hull](#)

When making a referral, all names should be checked to ensure they are spelt correctly. All contact details should be checked to ensure they are up to date and accurate. All sections of the request for service form should be completed with as much detail as possible that is relevant to your concern(s), including risks, strengths, and any complicating factors. Any supporting evidence (for example the Early Help Assessment or HSCP neglect toolkit) should be attached to the form when it is submitted. When the referral

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is submitted the referrer will receive a reference and a copy of the completed form. All referrals are screened by social workers in EHaSH in order to reach a decision as to how the child and family may be best supported.

Once a decision has been made about how the referral will be dealt with, the referrer will receive written feedback. If the referrer does not agree with the decision made, then the HSCP Escalation and Resolution procedure should be utilised and can be accessed here: [Escalation and Resolution - Professional Resolutions... \(trixonline.co.uk\)](https://trixonline.co.uk/escalation-and-resolution-professional-resolutions)

Out of hours concerns are dealt with via the Emergency Duty Team (EDT) 01482 300 304 Mon- Thurs 5pm- 8.30am and Friday 4.30pm – Monday 8.30am. EDT is an emergency team to respond to crisis and immediate risk, safeguarding enquires that are not urgent should be dealt with via day services.

The Hull Social Work Academy have created a guide for practitioners on 'how to make a good referral' and can be accessed here: [making-a-referral-guidance-feb-24 \(hullcollaborativepartnership.org.uk\)](https://hullcollaborativepartnership.org.uk/making-a-referral-guidance-feb-24)

This guide will help practitioners when making a referral into EHaSH and provides advice and guidance about the best ways to record your worries on the referral form so there is a clear understanding of the level of risk to the child(ren). This supports assessing social workers in EHaSH to make decisions in regard to what is the required threshold and what intervention is most appropriate for the child/family. When a referral is made into EHaSH, partners will receive feedback on the threshold decision made and what level of intervention this has been assessed as.

8. Early Help Assessment

What is a targeted Early Help Assessment?

Targeted Early Help Assessments are used to assess the needs of the child(ren) or family. They provide a framework for professionals and families to work together to improve outcomes for children. Early Help assessments require consent to be undertaken.

There are a range of assessment tools that may be used there may not be a 'one size fits all' Early Help assessment tool, rather a range of tools used across the partnership that may be recognised as suitable targeted Early Help assessments that may determine the help and support families require, for example 'Outcome Star Assessment' and the 'Attend Framework' use in/by Schools.

When should an Early Help Assessment be completed?

A targeted Early Help assessment should be used at Level 3. Consideration should also be given to using an Early Help assessment at Level 2. The assessment will help to determine whether needs can be met via a single or multi-agency approach. It will also help to determine the help and support that a child or family requires to meet their needs. It is important that the child and parent/carers voice is captured as part of the Early Help assessment process and that they understand and are committed to the action they need to take to improve their own outcomes.

In Hull, multi-agency Early Help may be co-ordinated through the Family Hubs as well as a range of other teams, for example, education or health. Professionals should contact the Family Hub which covers the area where the child or family live to coordinate to ensure any prior assessments and support all relevant agencies who contribute to the assessment and any ongoing action plans. More information can be accessed here: [Home – Family Hubs \(familyhubshull.org.uk\)](http://familyhubshull.org.uk).

What is the process to undertake an Early Help Assessment?

Following a Team Around the Family (TAF) meeting, an early Help Assessment and plan will be developed. This meeting is required to ensure that the support meets the needs of the child(ren) and family. The plan should then be reviewed at regular periods, normally six weeks, until the identified improved outcomes have been achieved. If at any point during the Early Help assessment

process risk is increased, professionals are concerned that the child is suffering, or is likely to suffer, significant harm then a referral should be made to Children's Social Care.

8a. Local Special Educational Needs and Disabilities offer

Support is available to those aged 0 to 25 with a special educational need or disability living in Hull, support is also available for their families and the professionals who work with them.

The Hull SEND Local Offer website is full of information on [Home – Hull SEND Local Offer](#)

- education
- transport
- support services
- activities

9. Useful contacts

EHASH - 01482 448879 (8:30am 17:00pm Monday- Thursday 8:30am 16:30pm Friday)

EDT 01482 300304 (17:00pm- 7:30am Monday- Thursday 16:30- 7:30am Friday Saturday and Sunday/ BH holidays)

CSC- North (01482 612900) East (01482 615075) West (01482 614001)

Family Hubs- Acorns (01482 708953) Fenchurch (01482 497800) Lemon Tree (01482 828901) Little Stars (01482 790277)

Marfleet (01482 705333) The Parks (01482 803978) Priory (01482 305770) Rainbow (01482 502466)

Humberstone Police 999 in an emergency for non-emergency line 101

Non-emergency health advice- 111

NSPCC Helpline- 0800 800 5000

10. Useful Resources and Links

Additional tools and guidance designed to support good assessment, planning and decision making around the threshold of need. This is not a requirement to make a referral to EHASH, however should practitioners have completed assessments these should be attached to the referral. The documents may support practitioners to consider why a referral meets a certain level and this should be included in the referral information.

Thrive Directory [About THRIVE Hull — How are you feeling?](#)

Neglect observational tool and guidance [Neglect – Hull Collaborative Partnership](#)

Solihull [Parenting guides | Hull](#)

Family Star [Family Star | Triangle \(outcomesstar.org.uk\)](#)

[We are SafeLives - Ending domestic abuse](#)

[Hull Safeguarding Children Partnership – Hull Collaborative Partnership](#)

HSCP Policies and Procedures [Welcome to the Procedures Manual \(trixonline.co.uk\)](#)

[Training courses – Hull Collaborative Partnership](#)

[SofS Assessment Support Guidance.pdf](#)

[Early Help and Prevention Strategy 2021 to 2025 \(hull.gov.uk\) making-a-referral-guidance-feb-24](#)
[\(hullcollaborativepartnership.org.uk\)](#)

[Home – Hull SEND Local Offer](#)

[Home – Family Hubs \(familyhubshull.org.uk\)](#)

[making-a-referral-guidance-feb-24 \(hullcollaborativepartnership.org.uk\)](#)

[Escalation and Resolution - Professional Resolutions... \(trixonline.co.uk\)](#)

[Worried about a child | Hull](#)

[CYP Hub \(hullcc.gov.uk\)](#)

[Domestic Abuse Strategy 2021 to 2024 \(hull.gov.uk\)](#)

[Reducing parental conflict | Hull](#)

[Home - Relationship Matters](#)

[Working Together 2023](#)

[Mental Capacity Act 2005 - legal information - Mind](#)

[Mental Capacity Act 2005 | Parents Guide To Support | YoungMinds](#)

[Brief guide Capacity and consent in under 18s v3.pdf](#)