

PROCEDURES AND GUIDANCE

Protocol for Assessment and Support

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I. Related Guidance

This document should be read alongside:

- [Effective Support for Children, Young People and Families Guidance](#)
- [Working Together to Safeguard Children](#)
- [Children's Social Care National Framework](#)
- [Early Help Assessment Guide](#)

The vision of Assessment for children, young people and their families within the East Riding of Yorkshire is all partners will contribute to child-focused, evidence-based, and analytical assessments; involvement of the child's family network will be central to assessment process and assessment will be undertaken *with* them. Robust assessment will guide planning and shape flexible, responsive services that meet children's and families' needs with the right level of support at the right time. Assessments will be carried out by a skilled workforce with strong knowledge of child development and family engagement.

Assessment in services and agencies that work with children and their families refers to the structured process used by professionals to understand a child's needs, strengths, risks, and family circumstances to understand what support a child and their family might need and plan appropriate interventions for this or safeguarding actions. The shared goal is to make sure the child is happy, healthy, and safe, and to offer help if needed.

The child will be at the heart of assessment and intervention and the focus will remain on achieving the best possible outcomes for the child.

2. Introduction

2.1 Local Protocol for Assessment and Support

[Working Together to Safeguard Children](#) outlines what the Local Authority and its partners must do to protect and promote children's welfare. It also requires them to publish a Local Protocol for Assessment and Support, helping children, families, and professionals understand the assessment and support process when a child is referred.

We know that navigating services can be complex, therefore this protocol has been developed to aid multi-agency practitioners' understanding of what happens when a child is referred for assessment and support. The purpose of the protocol is to:

- Provide a clear framework for referral, assessment and ongoing work with families where it is identified that there is a vulnerable child
- Ensure that children's needs are prioritised and they are safeguarded from abuse and harm through robust assessment and planning
- Provide guidance in terms of good assessment practice

In this document the 'child' refers to all children and young people who are subject of the assessment. A child is defined as anyone under 18, including unborn children. Age, independence, education, military service, hospitalisation, or custody does not affect a child's status or entitlement to services and protection.

2.2 Practice Principles underpinning the protocol

To protect children from harm, professionals must be vigilant, informed, confident in their judgement, and assertive in taking action. All multi-agency practitioners should understand their safeguarding role and feel confident to challenge concerns respectfully, ensuring timely and proportionate support for children in need or at risk.

High quality assessments are timely, transparent and proportionate to the needs of individual children and their families. East Riding approach utilises [Signs of Safety](#), Social Pedagogy and Systemic and Restorative Practices.

This means that all assessments in East Riding will:

- Identify what is working well for the child and their family and network;
- Identify worries, risks or dangers for the child in the family
- Identify what needs to change for the care of the child to be safe and stable in the long term;
- Promote and utilise multi-agency practice with relevant professional expertise employed to strengthen understanding and safety planning;
- Be undertaken in partnership with the family and their naturally occurring network, meeting them directly and eliciting their wishes, views and feelings and observing relationships;
- Ensuring that each child and each member of their network understands the assessment process and type of help offered and is able to contribute their own ideas and plan of support to improve the child's outcomes.

Every child deserves a full and productive life. In East Riding of Yorkshire, we all share responsibility for creating safe, supportive environments that foster confidence, friendship, security, and happiness. We are committed to working in partnership to remove barriers, narrow gaps, and help every child and young person reach their potential.

[The Children's Social Care National Framework](#) has laid out in statutory guidance the purpose, principles for practice and expected outcomes of Children's Services. The guidance recognises that to achieve the right outcomes for children and young people partnership vision and working needs to be at the centre.

The outcomes within the Framework reflect the core principles of Children's Services. They align with those of the National Framework and are considered Meaningful Measures:

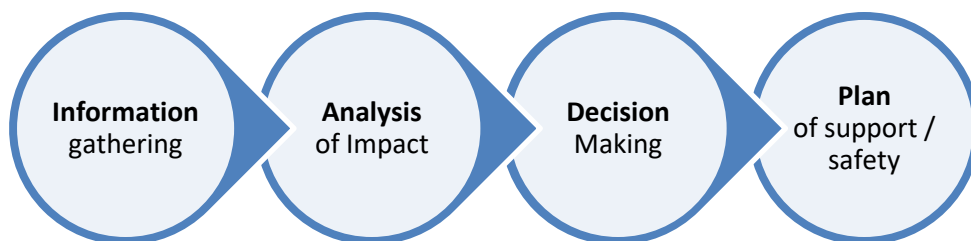
- **Outcome 1:** children, young people and their families stay together and get the help they need
- **Outcome 2:** children and young people are supported by their family network
- **Outcome 3:** children and young people are safe in and outside of their homes
- **Outcome 4:** children in care and care leavers have stable, loving homes

A version of the National Framework has been developed for children, young people and their families and should be shared with them - [The Children's Social Care National Framework](#).

2.3 Purpose of Assessment

The purpose of the assessment is always:

- To gather important information about a child and their family and network
- To analyse their needs and/or the nature and level of any risk and harm being suffered by the child
- To make a decision whether the child and their family are in need of support; and where applicable if this is as a child in need (section 17) or a child who is suffering or likely to suffer significant harm (section 47)
- To provide support to address those needs to improve the child's outcomes and welfare and where necessary to make them safe



At all times professionals should follow best practice standards within assessment for children and families

Assessments have purpose throughout the [Universal Windscreen](#) and may be undertaken by various lead professionals. All assessment should be a dynamic process that responds to changing needs and risks from both within and outside the family. It must clearly identify the impact on the child, with information gathered, recorded, checked systematically, and discussed with the child and their parents/carers where appropriate.

Services identified through assessment should be provided without delay if the partner agency establishes it would be within the child's best interests and/or the agency's duty and responsibility to offer them. A good assessment tracks the impact of support on the child and family and reviews its effectiveness. While services may be given to parents or carers, the focus must remain on the child's needs and how those services affect them.

Good assessments support professionals to understand whether a child has needs relating to their care or a disability and/or is suffering or likely to suffer significant harm. The specific needs of disabled children and young carers should be given sufficient recognition and priority in the assessment process to ensure any support offered is proportionate, timely and undertaken at the appropriate level of need for the individual child and their family.

2.4 Professional/Agency response

Working together means working with each other, utilising expertise of other professionals alongside a shared accountability for the assessment and management of risk. All agencies and professionals involved with the child and the family, have a responsibility to contribute to the Assessment process. This might take the form of providing information in a timely manner and direct or joint work.

Once consent from the family has been gained (please note this consent may be overridden in cases where child protection concerns exist) and a referral for assessment has been accepted by the relevant agency, a lead multi-agency practitioner will be allocated to the family. This assessment will be undertaken with consideration of the Assessment Framework Domains as outlined within this protocol.

Partner agencies will be consulted with throughout the assessment; they will be asked to share any information that will contribute to the open assessment, including any assessments they themselves have undertaken. Best practice would involve a multi-agency meeting at this stage to share and validate the information each agency holds. As part of the triangulation of information the lead multi-agency worker will check and request checks from partners of historical records to consider any relevant previous involvement or specialist assessments undertaken and consider this within the assessment.

Therefore, professionals in all agencies who come into contact with children, who work with parents/carers or who gain knowledge about children through working with adults, must:

- Be alert to potential indicators of abuse or neglect
- Be alert to risk which individual abusers or potential abusers, may pose to children
- Be alert to the impact on the child of any concerns of abuse or neglect
- Be able to gather and analyse information as part of an assessment of the child's needs

Accordingly, professionals in all agencies should take action wherever necessary to ensure that no child is left in immediate danger and take all reasonable steps to offer a child immediate protection; Children Act 1989 S.3 (5) (a) and (b).

3. Working Together Effectively in the East Riding

3.1 Stronger Together Approach

East Riding Children, Families and Schools have created a bespoke practice model that reflects and connects the vision, value base and behaviour of multi-agency practitioners as one approach to working with others – Stronger Together.

Central to the Stronger Together Approach for multi-agency professionals and services is a values base where:

- We work in a strengths-based way
- We value relationships and understand the importance of being kind
- We work collaboratively with families – doing ‘with’ not ‘to’
- We understand the importance of working with the whole family, including the family network and wider community
- We are child-centred and understand the importance of purposeful direct work

East Riding Stronger Together Approaches utilises four areas that support multi-agency practice; it is strengths based, solution-focussed, and relational in recognising that the very best work with families takes place within the context of excellent, collaborative relationships.

The approach utilises four elements in working with families:

Restorative Practice

Systemic Practice

Social Pedagogy

Signs of Safety

3.2 Families First Partnership

[The Families First Partnership \(FFP\) Programme](#) is a national initiative aimed at improving multi-agency collaboration to safeguard children and support families. It shifts focus from crisis response to early, proactive help by embedding integrated working across services.

Central to the programme is a unified Family Help Assessment and Plan, which streamlines support, reduces duplication, and maintains statutory social care where needed. The goal is a more preventative, empowering system that enhances child safety and family resilience.

FFP promotes shared accountability, making safeguarding a collective responsibility across all partner agencies. It influences daily practice by encouraging closer collaboration, clearer communication, and consistent participation in joint planning and decision-making.

Agencies are expected to align their work with the shared Family Help Plan, engage families earlier, and consider the needs of all family members to ensure better outcomes for children. Safeguarding decisions will be informed by a broad, multi-agency perspective.

4. East Riding Continuum of Need

4.1 Effective Support Windscreen

The Effective Support Windscreen demonstrates the East Riding approach to working with children in need of support, and their families. It identifies four levels of need:

1	<p>Universal: Most children will be kept safe from harm and be given the opportunity to achieve their potential with support from Universal Services.</p> <p>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.</p>
2	<p>Additional: Children with additional support needs are usually best supported by those who already work with them, organising additional support with local partners as needed.</p> <p>This may include Universal Services, Family Help Teams or other identified services.</p>
3	<p>Intensive: Some children and families may need specific targeted or intensive level of support to achieve good outcomes; a family might benefit from a more intensive response than current services working with them can provide or where issues are complex and/or multiple.</p> <p>This may include Universal Services, Family Help Teams, Social Work Teams of other targeted services within East Riding; the going review of which will be the responsibility of the named Lead Multi-agency practitioners.</p>
4	<p>Specialist: 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.</p> <p>This will be led by Social Work Teams with support from Partner Agencies and Services.</p>

The descriptors and indicators of the levels of need are set out in [Effective Support for Children, Young People and Families Guidance](#). 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.

The age of the child and any protective factors that may enhance resilience need to be taken into consideration and the needs of all children of a family need to be explored individually and collectively.



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.

Over time the need for support for children and their families may change; this may increase with a need for more intensive or specialist support to meet more complex needs and situations and may decrease as interventions have impact or circumstances and identified needs change.

Detailed tables on the four levels of need can be found on the [ERSCP website](#) and should be referred to when considering a request for additional services.

4.2 Assessment Triangle

The [Framework for the Assessment of Children in Need and their Families](#) provides conceptual scaffolding for assessments of children and their families; this framework encourages professionals to consider all aspects of the child's life, rather than focusing on a single issue.

Known as The Assessment Triangle it sets out three domains for assessment:

- **Child's Developmental Needs:**

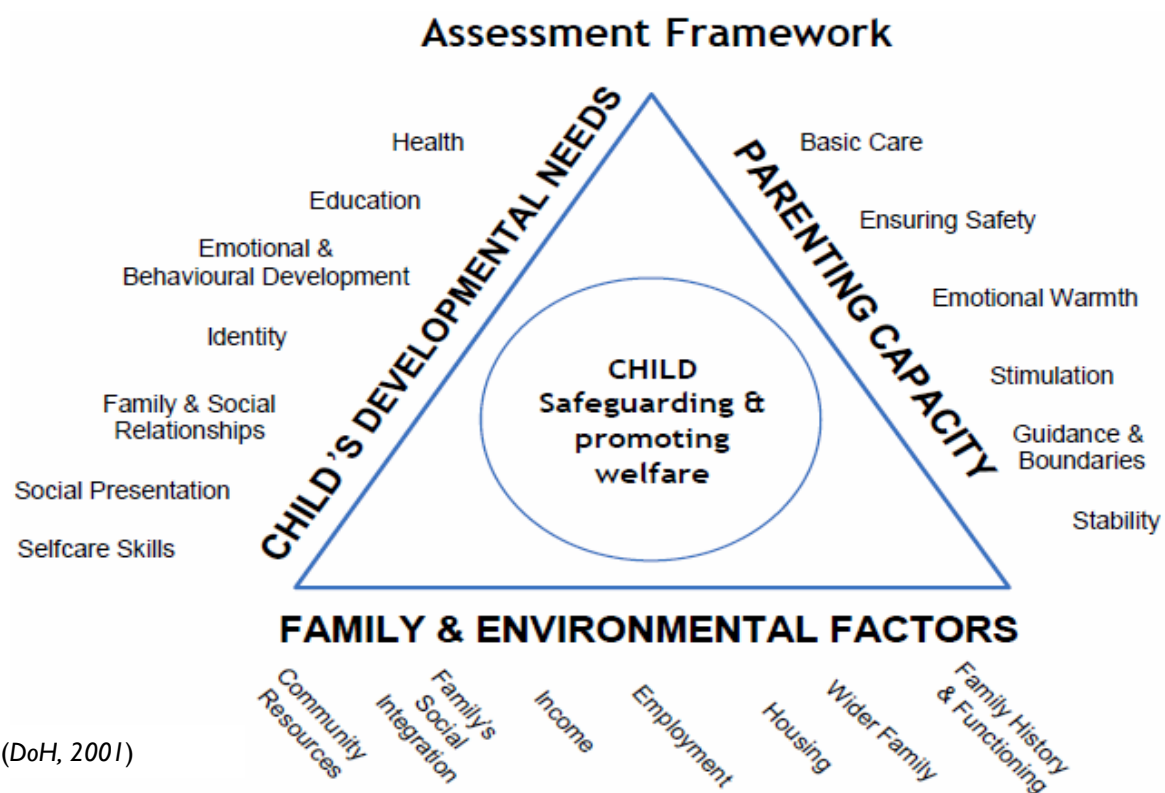
This domain explores the child's physical, emotional, social, and cognitive development. It considers their strengths, vulnerabilities, and any specific needs related to their age and stage of development

- **Parenting Capacity:**

This domain assesses the parents' or caregivers' ability to meet the child's needs. It includes factors like their knowledge and skills, their emotional well-being, and their capacity to provide a safe and nurturing environment.

- **Family and Environmental Factors:**

This domain examines the wider context in which the child lives. It considers family history, relationships, housing, financial stability, community resources, and any cultural or social factors that may influence the child's well-being.



Assessment is an ongoing process that responds to changing needs, strengths, and concerns. Practitioners must take a holistic view, considering the needs and vulnerabilities of the whole family - not just the child.

Understanding family context, including parenting capacity, sibling relationships, and environmental factors, helps identify risks and protective factors, leading to more accurate assessments and better outcomes.

Safeguarding decisions should be informed by a broad, multi-agency perspective, involving professionals across health, education, policing, and the voluntary sector. This collaboration builds a fuller picture of the child's lived experience and ensures well-coordinated, timely, and proportionate interventions.

Practitioners must also be aware of research, local protocols, and emerging risks - such as [FGM](#); [self-harm](#); [risk outside the home](#); [neglect](#) - to analyse the impact on an individual child.

Multi-agency practitioners must clearly explain the assessment process to children and families, including reason for the assessment, expected timelines for decisions and next steps. Once complete, the assessment should be shared with the family and relevant agencies.

4.3 Signs of Safety Assessment Framework

While Signs of Safety is well established in Children's Social Care, it also supports effective multi-agency practice. A shared Signs of Safety language provides a consistent, strengths-based vocabulary that improves collaboration, clarity, and alignment across agencies in supporting children's safety and wellbeing.

Signs of Safety has 7 core components and Scaling Question(s);

1. Harm (Worry in Family Help)
2. Danger Statement (Worry Statement in Family Help)
3. Complicating Factors
4. Existing Strengths
5. Existing Safety
6. Safety Goals (Wellbeing Goal in Family Help)
7. Next Steps

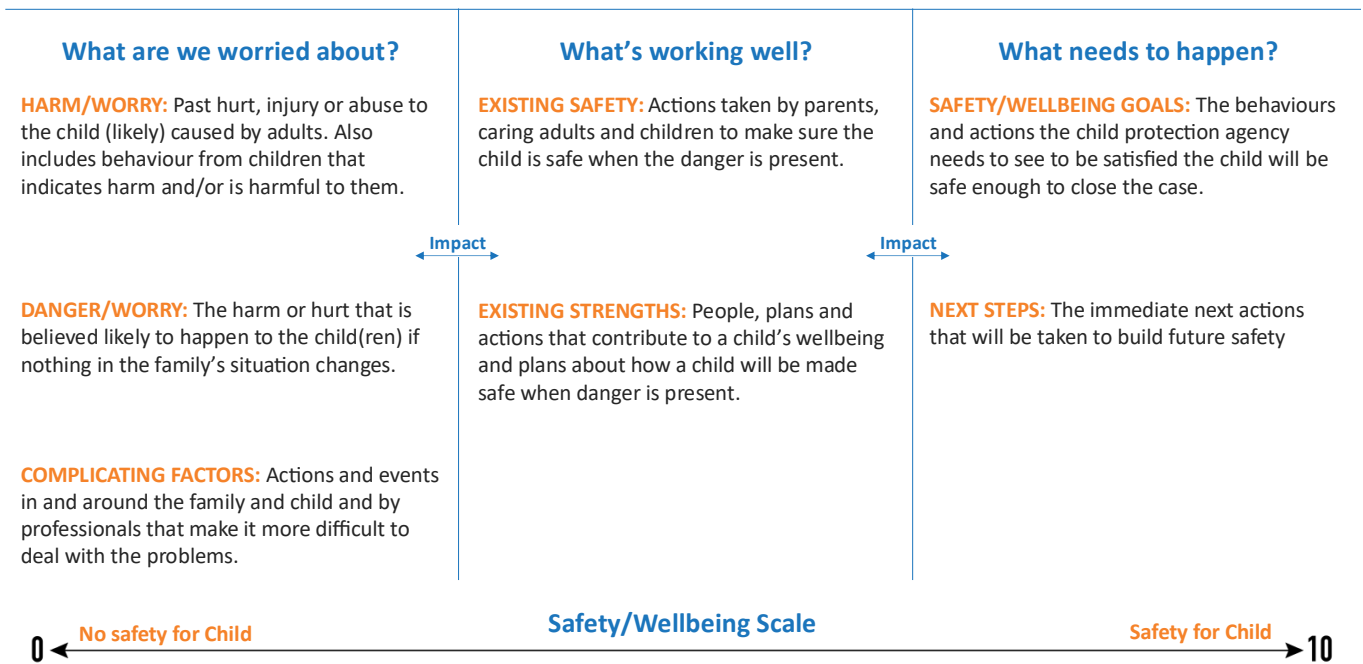
Scaling within the Signs of Safety approach is a collaborative tool used to assess and discuss safety, progress, and confidence in interventions with families. It helps professionals, families, and children (where appropriate) express their views, compare perspectives, and track progress as they are asked to rate a situation on a scale from 0 to 10, where:

- 0 represents the worst-case scenario (e.g., no safety or trust),
- 10 represents the best-case scenario (e.g., full safety and confidence in the plan).

Signs of Safety utilises specific practice tools for professionals and families to work together to address the worries about a child which help to facilitate a shared understanding of the situation and work toward meaningful change.

The Signs of Safety Assessment and Planning Framework or 'Case Map' uses the seven analysis categories to guide practitioners in their interventions with children and their families. These categories help structure assessments and planning in a clear, collaborative, and focused way on both risks and strengths.

Signs of Safety Assessment and Planning Framework



Danger/Worry: This category identifies what professionals are worried could happen to the child if nothing changes. It's based on patterns from past harm and current concerns and helps define the risks moving forward.

Complicating Factors: These are issues that make the situation more difficult but are not necessarily direct risks to the child—such as parental mental health, substance misuse, or domestic violence. They provide context for understanding the family's challenges.

Strengths: These are positive attributes or resources within the family, such as love, commitment, or routines that support the child's wellbeing. Strengths are not necessarily protective but show potential.

Existing Safety: This refers to demonstrated behaviours that have kept the child safe in the past. Unlike strengths, safety must be observable and proven—such as a parent removing a dangerous person from the home. This must be linked to the Danger/Worry.

Safety/Wellbeing Goals: These are clear, behaviour-focused goals that describe what needs to happen to ensure the child's safety in the future. They are developed collaboratively with the family and network.

Next Steps: This is the detailed, actionable plan that outlines how the safety goals will be achieved. It includes who will do what, when, and how, and involves the family's support network to ensure sustainability.

Scaling: Used to rate the child's safety on a scale from 0 to 10, where 0 means the child is at serious risk and 10 means they are safe enough for intervention to end.

4.4 Referral for Assessment

In East Riding, we prioritise delivering the right assessments services, and support for children and families instead of using rigid checklists that overlook family strength and complexities.

What matters is having timely, meaningful conversations to identify children in need. The [Effective Support for Children, Young People and Families Guidance](#) and practice tools are designed to improve these conversations and guide professionals to the most appropriate support, enabling early intervention.

Children and their parents/carers can access Universal (Level 1) and most Additional (Level 2) help and support by referring directly to the services they want to access. Professionals can refer children and families to Level 1 and Level 2 services with their consent.

Universal

FISH Website: [Families Information Service Hub \(FISH\)](#)

East Riding Local Offer for SEND Website: [Local offer](#)

Telephone: 01482 396469

(Monday-Thursday 08:30-16:30; Friday 08:30-16:00)

Email: fish@eastriding.gov.uk

Additional

ERYC Family Help: [Family help](#)

Telephone: 01482 391 700

(Monday-Friday 09:00-16:30)

Email: ehphub@eastriding.gov.uk

Best Start Family Hubs are accessible throughout the East Riding and The School and Community Teams work with all schools, having an identified practitioner attached to every school. Working alongside partner agencies this provision will enable children and their families to access help easily and quickly, identifying and addressing any issues early.

For children and families who require Intensive (Level 3) and Specialist (Level 4) support and/or protection from harm or risk of harm a referral to the Children's Safeguarding Hub is required, this can be made by partnership agencies professionals or members of the public.

Intensive and Specialist

ERY Children's Safeguarding Hub: [Reporting concerns](#)

Tel: (01482) 395500

Monday to Thursday 8.30-17:00; Friday 8.30-16:30

Outside of office hours: (01482) 393939

The Children's Safeguarding Hub acts as a single 'Front Door' for children needing support or protection. Referrals may lead to signposting, a Family Help Assessment or screening to understand the full context before deciding on services. Consent is required for multi-agency checks unless there's a risk to the child or public interest; any decision not to obtain consent must be recorded. If the outcome of a referral is unclear, the Children's Safeguarding Hub can initiate a multi-agency threshold discussion.

All safeguarding concerns about a child must be referred to the Children's Safeguarding Hub; the concern will be considered by the Children's Safeguarding Hub for a decision to refer to Children's Social Care Services.

If a professional has a concern about a child or is not sure which service a child should be referred to the Children's Safeguarding Hub offer a weekly Partner Engagement meeting to support multi-agency practitioners understanding of threshold guidance and application. This meeting does not replace the safeguarding referral process nor negate a multi-agency practitioner's responsibility to make a professional judgement about the level of need and/or risk.

4.5 Assessment Actions and Outcomes

All assessments will be allocated in a timely and proportionate manner, based on the level of need identified at the point of referral. This decision-making process will be clearly communicated with the allocated service to ensure transparency and shared understanding. While all assessments will be completed within statutory timescales, they may be undertaken more quickly where it is deemed necessary to safeguard the child or meet the needs of the family.

This approach reflects ERSCP's commitment to prioritising the welfare of children and working collaboratively across agencies to ensure effective and responsive support and safeguarding practice.

The outcomes of an assessment may be as follows:

- No further action;
- Additional support which can be provided through universal services and single service provision; early help or family help services;
- The development of a multi-agency child in need plan for the provision of child in need services to promote the child's health and development;
- Undertaking a Strategy Discussion/Meeting, a Section 47 child protection enquiry;
- Emergency action to protect a child.

Where the assessment recommends any partnership agency and/or services involvement starts or continues, an identified lead multiagency practitioner will need to develop a plan with the child, the family and their naturally occurring network, and in partnership with the

multiagency team around the child and their family. This plan will clearly detail who is involved in the plan, their required actions and review period of the proposed plan.

5. Family Help

5.1 Early help

Early help is the first response from multi-agency partners when children and families need extra support. It's not a specific service, but a collaborative approach involving various teams and partner agencies working with the whole family and their natural network. The aim is to build family capacity to manage challenges, resolve issues, and prevent future problems.

Professionals should, in particular, be alert to the potential need for early help for a child who:

- Is disabled and has specific additional needs
- Has special educational needs
- Is a young carer
- Is showing signs of engaging in anti-social or criminal behaviour
- Is witnessing parental conflict
- Is in a family circumstance presenting challenges for the child, such as substance misuse, adult mental health problems and domestic violence
- Is showing early signs of neglect and/or abuse

If a child's needs require a coordinated multi-agency targeted approach to bring together help and support for a child and family, a Family Help Assessment (FHA) should be considered and initiated by referring to the Children's Safeguarding Hub.

All intervention and referrals within an early help response are made with informed parental consent.

5.2 Family Help Assessment

All referrals for a FHA are made with parental consent and the Family Help Hub will consider the information and recommend possible next steps:

- Referral to Family Help
- Directed self-help for family members
- Advice and information for the referring practitioner

FHA's provide a consistent approach to assessment across East Riding multi-agency services and ensure a whole family approach in identifying services to meet a child and families' needs. The assessment should be undertaken with the agreement of the child and family. It requires honesty about the reason for completing the assessment, clarity about the presenting

concerns, the perspectives of all family members including those in their wider family support network and most importantly, the feelings and wishes of the child.

The FHA will be used to assess a child and family's needs when:

- there are concerns about how well a child is progressing in terms of their health, welfare, behaviour, progress in learning or any other aspect of their well-being.
- a professional in any agency has concerns that a child will not progress towards meeting good outcomes without additional services.
- a child with an Education Health Care Plan (EHCP) may still also need an FHA if there are wider family needs that are not able to be addressed within the EHCP.

A FHA will not be limited to be but include;

- **Consent:** The process is voluntary and requires informed consent from the child (if appropriate) and their family
- **Child and Family Details:** Basic information about the child, family members, and household.
- **Current Services:** Details of professionals or agencies already involved.
- **Reason for Assessment:** What prompted the need for early help.
- **Strengths and Concerns:**
 - What's going well for the child/family.
 - What issues or risks are present (e.g. health, education, housing, relationships).
- **Family Network:** Explore extended family connections with people who can help and support to create sustainable wellbeing and safety for the child
- **Voice of the Child and Family:** Their views, wishes, and feelings are central to the process.
- **Scaling and Prioritisation:** Assessing the severity and urgency of needs.
- **Action Plan:**
 - Goals and desired outcomes.
 - Steps to be taken and by whom.
 - Timescales for review.
 - Agreement on how information will be shared among professionals

Analysis and decision-making should be a collaborative process between the lead practitioner and the multi-agency team working with the family, including the team manager of the leading service.

The assessment should take **no longer than 45 working days to complete**, unless there are justified reasons for the assessment to take longer. Team managers will make a record of the reasons for extending the assessment timescale and maintain oversight to the completion of the assessment in supervision with lead practitioner.

In addition, assessments may be undertaken within a shortened timescale where it is deemed necessary to meet the needs of the child and their family.

The assessment will identify any emerging needs and provide support early; coordinate services around the child and family with a plan if required; and prevent and/or escalate more serious safeguarding concerns for statutory involvement.

6. Children's Social Care

6.1 Assessment under the Children Act 1989

N.B. A full list of statutory assessments under the Children Act 1989 is in the appendix to this protocol.

Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Local authorities undertake assessments of the needs of individual children to determine which services to provide and what action to take.

Analysis and decision-making should be a collaborative process between the lead practitioner and the multi-agency team working with the family, including the social work qualified manager.

The analysis should include:

- The impact of past harm on the child;
- The future danger to the child if nothing changes;
- Any complicating factors which may prevent change/make change more difficult;
- What is working well in the family, including strengths and safety;
- What needs to happen to ensure future safety and wellbeing for the child, and allow specialist services to withdraw.

The Lead Practitioners' analysis should be challenged by others working in the multi-agency network, including the social work qualified practice supervisor or manager, as part of multi-agency working.

All completed assessments will be shared with the family by the multi-agency practitioner that undertook the assessment with them.

Assessment outcomes must be explained in clear, jargon-free language, using terms familiar to the child or family. Written assessments should also be easy to understand, with 'words and pictures' used to support children where needed.

If a child or parent speaks a different language, an interpreter must be provided. Alternative communication methods should be used for those with speech, language and communication needs, involving professionals who know the child's needs where appropriate.

Completed assessments should be shared with the child and their family in person, and a record of when this has been done added to the child's file.

6.2 Child and Family Assessment (s.17)

When a child is referred to Children's Social Care Services for a statutory assessment of need, they will have a multi-agency assessment under section 17 of the Children Act 1989 in accordance with [Working Together to Safeguard Children](#).

All s.17 assessments in East Riding that are undertaken have supervision and management oversight from an experienced Social Work Team Manager.

Assessments include visits to the child's home and, where appropriate, their nursery or school. Social workers gather information from the child, parents/carers, siblings, extended family, support networks, records held and involved professionals. Children may be seen alone and with their family.

At initial allocation the Children's Assessing Social Worker in consultation with the team manager, will consider the following as part of the planning process for an Assessment:

- reason for the referral and any alleged or suspected concerns;
- information that will be shared with the child's parents/carers and key agencies;
- obtaining consent, where appropriate for agency checks to be undertaken;
- the child and family's linguistic, cultural and communication needs;
- access to the child and how the child's views will be obtained;
- engaging non-resident parents;
- which professional agencies will be required to contribute to the assessment;
- effective communication with parents with learning disabilities Adult/Child Mental Health and/or Alcohol or Substance Misuse
- violence in the home
- specific needs of unborn children
- contingency arrangements for emerging information, changing or new circumstances that increase risk to the child;
- social and environmental factors affecting risk i.e. Group Offending/ Child Criminal & Sexual Exploitation;
- non-resident children of adults in the household;
- obtaining the family history and involvement with services;
- services that are required to immediately alleviate need, this may include interventions provided by the Family Help Service.

The assessment should take **no longer than 45 working days to complete**, unless there are justified reasons for the assessment to take longer. Team managers will make a record of the reasons for extending the assessment timescale and maintain oversight to the completion of the assessment in supervision with the social worker.

In addition, assessments may be undertaken within a shortened timescale where it is proportionate or deemed necessary to safeguard the child or meet the needs of the family.

Completed assessments will determine:

- if the child is in need of services provided under s17 Children Act 1989
- if the child is need of accommodation under s20 Children Act 1989
- what actions, if any, are required to safeguard the child in the immediate or longer term
- the type and level of services that are required to improve the child's outcomes.

The Assessment will be used to formulate a child's plan for all children and for those progressing to a child protection conference will contribute to the social work report for Initial Child Protection Conferences. An updated assessment by the allocated social worker will be required for subsequent Review Child Protection Conferences.

6.3 Child Protection Enquiry (s.47)

Child Protection Enquiries under Section 47 of the Children Act 1989 are triggered if a child is taken into Police Protection, is subject to an Emergency Protection Order, or there are reasonable grounds to suspect that the child is suffering or likely to suffer significant harm - such as serious abuse allegations, unexplained or non-accidental injuries, or neglect.

In accordance with [Working Together to Safeguard Children](#) and ERSCP [Child Protection Policy](#), all child protection investigations in East Riding will:

- be planned through an initial (or review) Strategy Discussion or Meeting with the Police and Health, and other agencies as relevant;
- be undertaken either jointly with the Police or solely by Children's Social Care Services (single agency);
- be informed by the Children's Safeguarding Hub checks/information;
- identify what needs to happen to ensure the child is safe for the duration of the investigation i.e. safety planning or temporary living arrangements away from the source of risk or harm with a relative, family friend or foster carer;
- initiate an assessment, in which the child will be met with alone;
- Where a crime has been committed against the child, obtain the child's evidence by undertaking a video recorded interview carried out by the police and where delays will not occur due to availability or scheduling, it is best practice to take place with a specially trained social worker in attendance;
- where necessary, include a physical examination of the child by a paediatrician;
- determine whether an Initial Child Protection Conference (ICPC) is required to develop a multi-agency safeguarding plan (Child Protection Plan) for the child.

Where an ICPC is needed, it is to be convened within **15 working days of the strategy discussion** at which section 47 enquiries were initiated. This is a multi-agency response for all partners and [Child Protection Policy](#) should be adhered to.

7. Child and Family Plan

When assessment leads to support or intervention, a Child and Family Plan must be created with the child, family, and network, in partnership with relevant services. The plan should outline services, actions, responsibilities, and goals, including education where relevant. If services are for parents or carers, the plan must include clear outcomes for the child and expectations for adults. Known transition points - such as changes in services, schools, or lead practitioners - must be planned in advance with the child's network.

Family network meetings should be held early and tailored to each family's context and identified needs of the child.

The plan will be reviewed regularly, in line with statutory guidance, to analyse whether sufficient progress has been made to meet the child's needs. Review of the plan should consider whether any improvements in adult behaviour are sufficient and sustained and whether the pace of that change is appropriate for the child. Reviews also consider how the family network supports change and whether further help is needed.

Where harm occurs outside the home, the plan should help parents understand and respond to the child's needs using a strengths-based approach. Plans are reviewed regularly to assess progress, the sustainability of adult behaviour change, and the pace of improvement for the child. All multi-agency practitioners must follow the required practice standards of their agency and practice in line with [ERSCP Risk Outside the Home Procedures and Guidance](#).

A copy of the plan, and any updated versions, should be provided to the family, all multi-agency professionals involved and recorded on the child's file by the lead multi-agency practitioner for the child.

8. Resolving Multi-agency Issues

Professionals will sometimes have different experiences of the child and family and understanding these differences will actively contribute to the understanding of the child and their family. Differences of opinion between professionals should be resolved speedily through conversation and discussion.

Effective working together relies on good information sharing resolving disagreements to the satisfaction of workers and agencies, and a belief in a genuine partnership and joint working to safeguard children.

Where different opinions cannot be resolved through case discussion and joint working, the [Escalation and resolving inter-agency disagreements guidance](#) should be followed.

9. Compliments and Complaints

East Riding multi-agency practitioners work with children, families, carers, and professionals to achieve the best outcomes. Feedback is key to understanding what works and where improvements are needed, supporting reflective practice and highlighting good work. Compliments and complaints also inform service development.

We promote a culture of open conversation to build strong, collaborative relationships between professionals. Strong partnerships with families and professionals lead to better outcomes for children. These conversations should happen early to reach shared understanding and resolve differences quickly.

If parents have feedback or complaints regarding conduct of a partner agency within the ERSCP then they should follow this up in line with those organisations feedback procedures.

Compliments of Complaints can be made by:

- Having a conversation with the multi-agency practitioners or their manager
- East Riding Of Yorkshire Council: [Feedback - complaints and compliments](#)
- Humberside Police: [Feedback | Humberside Police](#)
- NHS Humber & North Yorkshire ICB: [Compliments and complaints - Humber and North Yorkshire Integrated Care Board \(ICB\)](#)

Appendix A – ERSCP Process Flowcharts

Family Help and Child Protection:



SUPPORT CONTACT DETAILS

Universal

FISH Web site: www.eastriding.gov.uk

Telephone: 01482 396469

Email: fish@eastriding.gov.uk

Additional

ERYC Early Help:

Monday to Friday 9am – 4.30pm

Tel: (01482) 391700

Intensive and Specialist

ERY Children’s Safeguarding Hub:

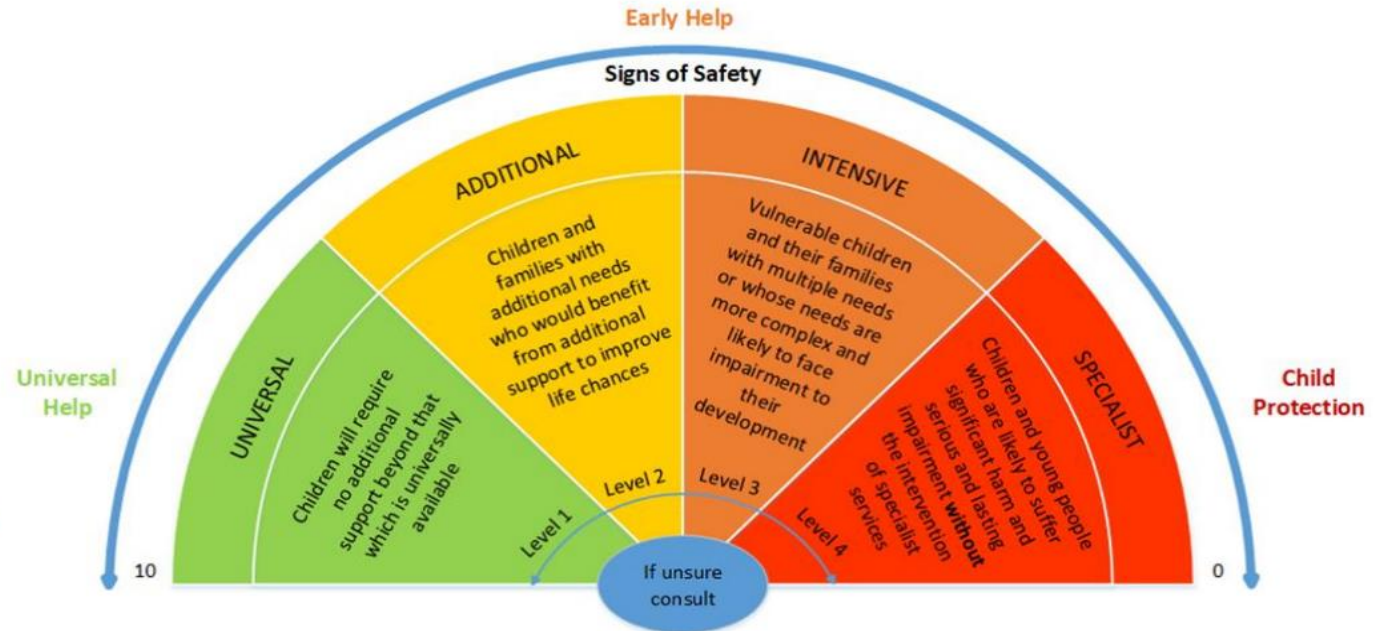
Monday to Thursday 8.30am-5pm, Friday 8.30am - 4:30pm and can be contacted on:

Tel: (01482) 395500

CEDT should only be contacted in an emergency out of hours: (01482) 393939

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

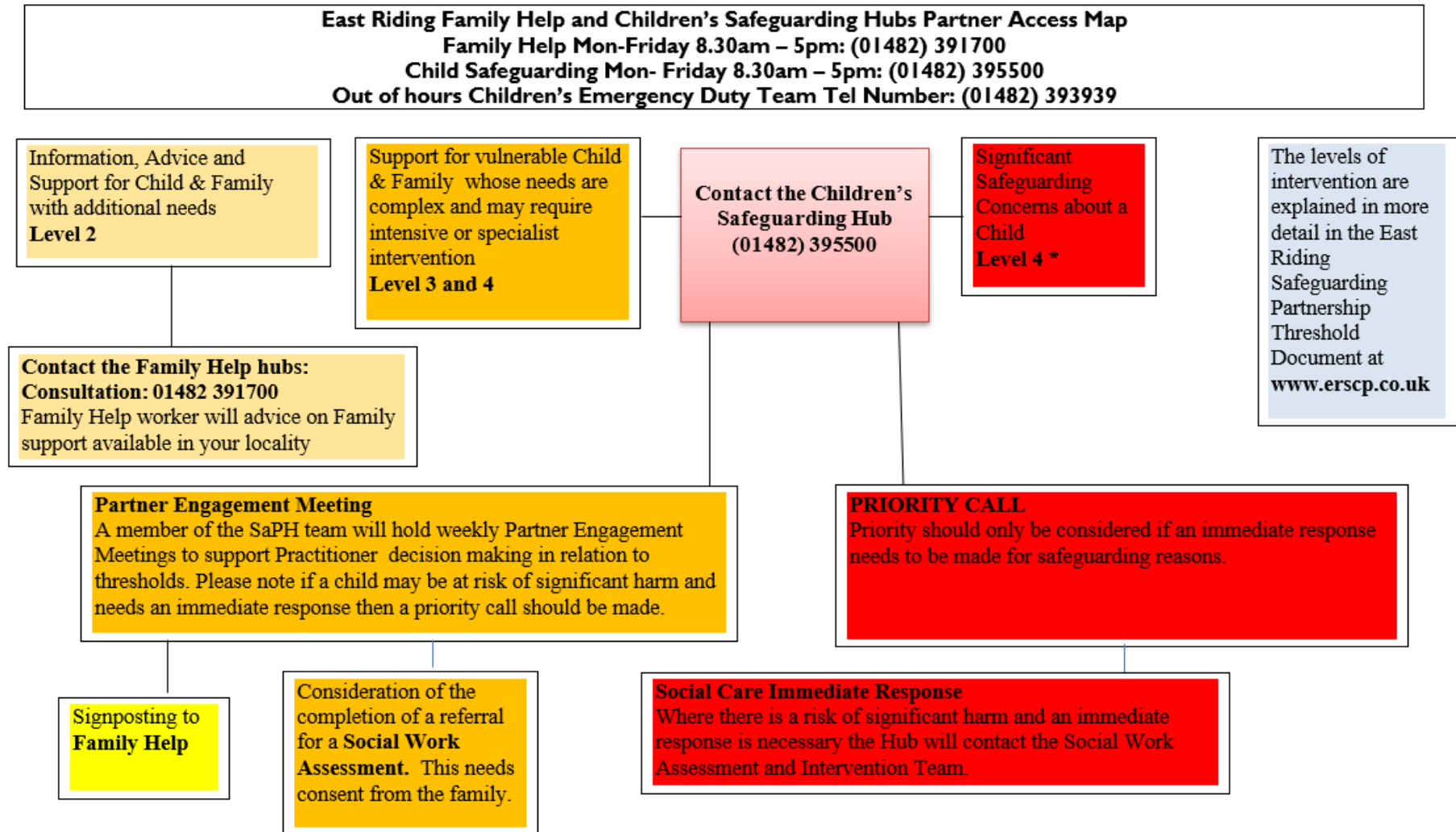
Effective support for children, young people and families in the East Riding of Yorkshire



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.

Children's Safeguarding Hub Partner Access Map:



Harmful Sexualised Behaviour (HSB) Panel:



Harmful Sexual Behaviour Panel Referral

Identified concern about a child displaying sexualised behaviour



Use the Hackett continuum and associated guidance to assess where on the continuum of sexual behaviour the child's behaviour sits.

The following questions can help support this screening:

- | | |
|---|---|
| <ul style="list-style-type: none"> Was the behaviour developmentally appropriate? Was this an isolated incident? Who else was involved and how did they view the behaviour? Were there any other factors involved e.g. force or aggression? | <ul style="list-style-type: none"> Was the behaviour developmentally understandable for this child? What was the context? Were there attempts to secure secrecy? |
|---|---|

Behaviour identified as developmentally appropriate:
Continued universal age appropriate sex and relationship education

Behaviour identified as Inappropriate:
Consider level of need using the effective support guidance
Follow agency safeguarding procedures
Initiate or continue agency response:
e.g. Boundary setting, support and low key behaviour management

Behaviour identified as Problematic:
Consider level of need using the effective support guidance
Follow agency safeguarding procedures
Initiate or continue agency response considering Early Help or Targeted Support
e.g. Behaviour management, socio education with child/ family

Behaviour identified as harmful (abusive or violent):
Follow agency safeguarding procedures
Make a referral through to SAPH unless already open to Children's Social Care



If the behaviour continues, escalates or increases in frequency or complexity despite intervention please refer to the HSB panel



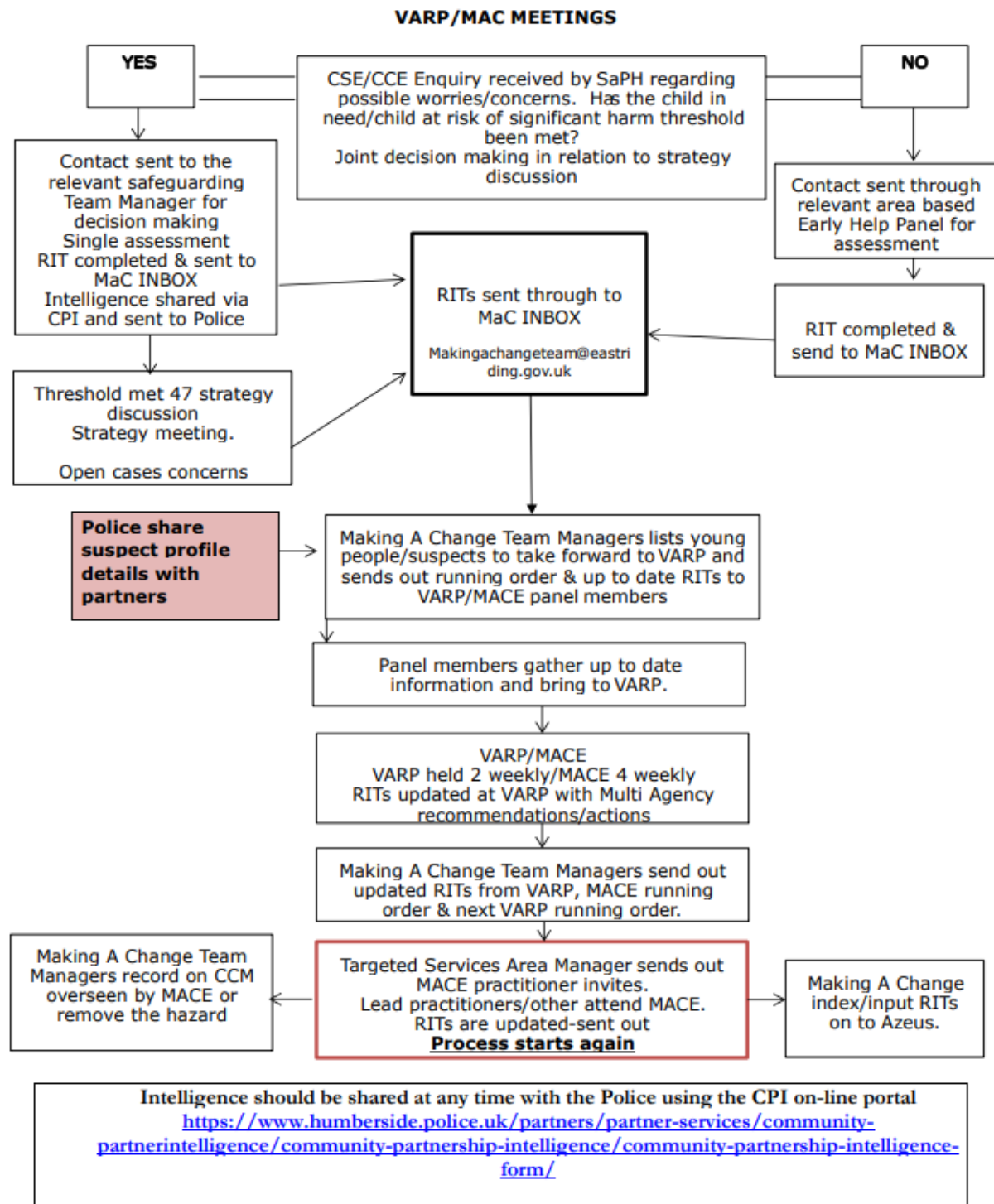
Police, Health, Education and Local Authority:
Complete a HSB Panel referral form and email to:
hsbreferrals@eastriding.gov.uk



All other agencies:
Request for service to be sent to SAPH who will consider level of need and referral to HSB panel

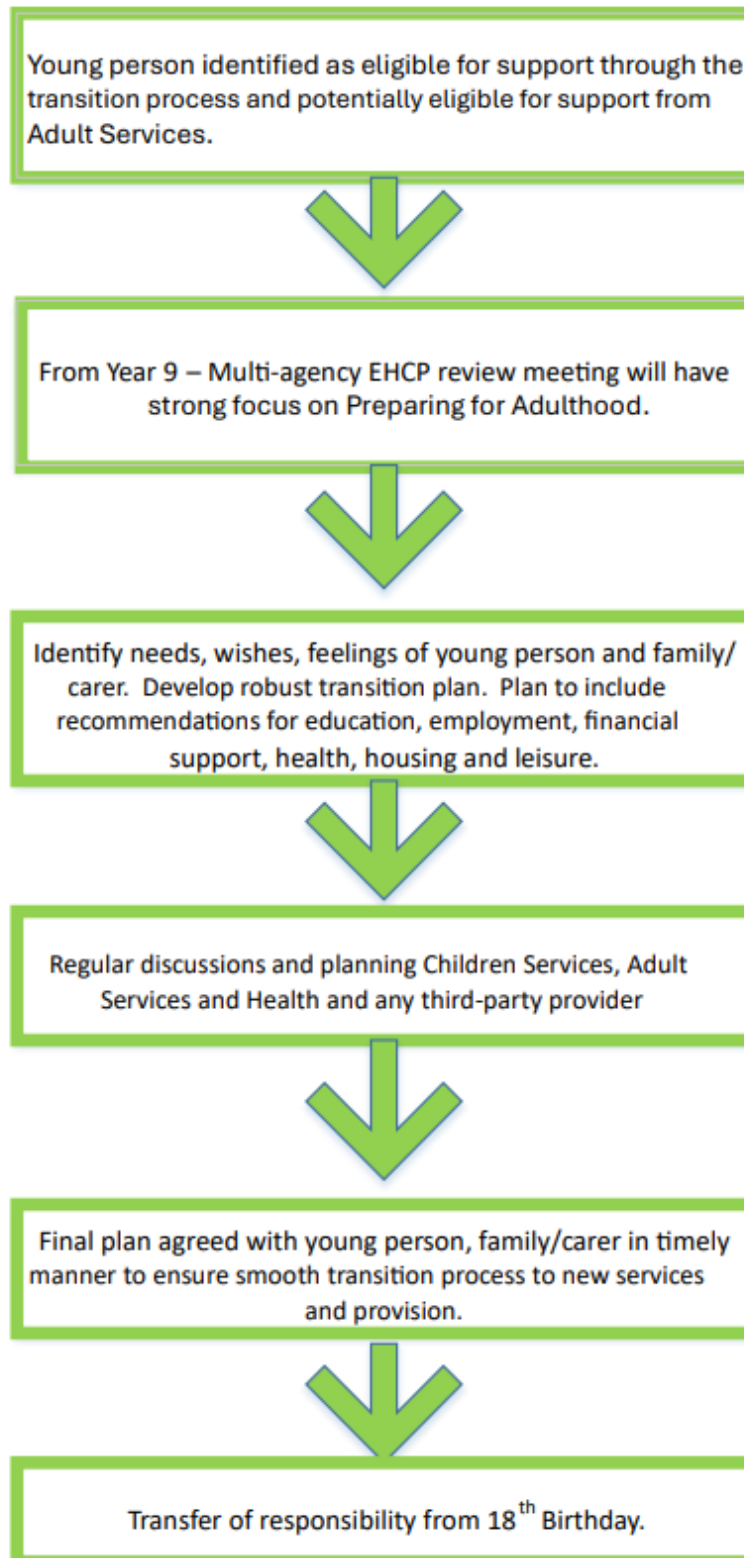
NB! If a child is displaying problematic sexual behaviour and current interventions are not working OR it is determined a child is/ has displayed harmful sexual behaviour this should be referred to the HSB panel.

Vulnerable Adolescent Risk Panel (VARP) and Multi-Agency Child Exploitation (MACE) Meeting:

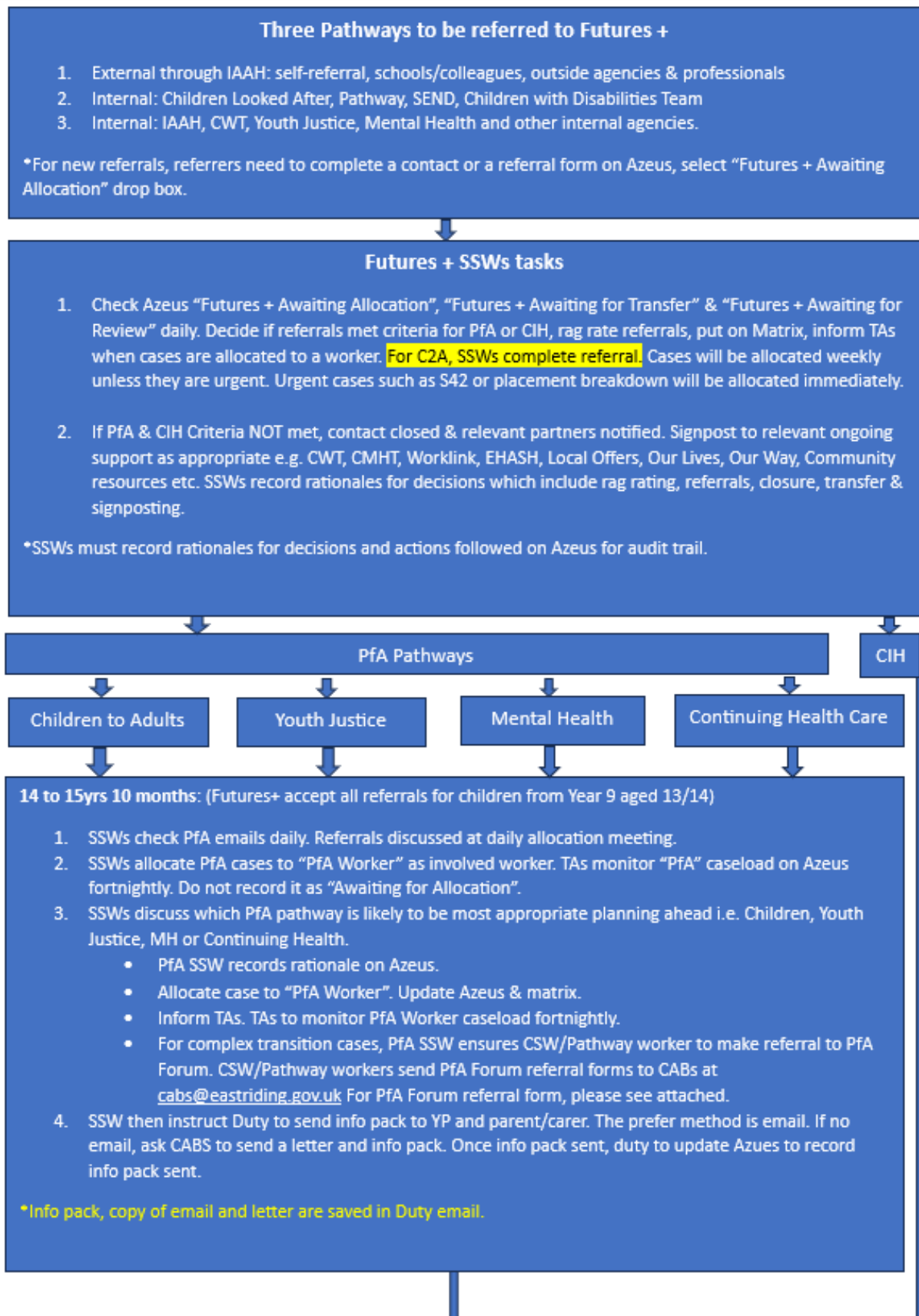


Preparing for Adulthood Pathway:

Preparing for Adulthood – Multi-agency Protocol



Future's Plus Referral Pathway:



Continued on next page

15 years 10 months – 16 years:

1. Once child reaches 15 years 10 months, TAs to email duty (copy SSWs) for duty to call parent/carer to gather more information.
2. Duty to create a new contact on Azeus on the same day. SSWs will make decision whether to progress contact into a referral.
3. If YES, SSWs will complete the new referral and transfer the case from "PfA Worker" to "Futures+ Awaiting Allocation".
4. PfA SSW will organise a referral Pathway meeting with colleagues from the four possible pathways:
 - Children to Adult: (Pathway & CLA i.e. Tom Gregory & Victoria Harrison & Emma Greensmith)
 - Youth Justice: (Prisons & MAPPA i.e. John Heffernan & Julie Burrow)
 - Mental Health: (AMHP, CMHT i.e. John Heffernan & Julie Burrow, Hannah Oxley, Ian Collins)
 - Continuing Health Care: (Complex cases i.e. Adelle Marshall, Anita Boardwell, Kirsty Smith)

At the referral meeting, they need to agree on the pathway and formulate a transition plan as appropriate i.e. make a referral to PfA Forum.

5. When child turns 16 years, SSWs will allocate the case to a named worker. The named worker will be recorded as an "involved worker" on Azeus working alongside with colleagues from the agreed pathway. If child does not have a key worker, it will be allocated to "F+ Transition Worker" as key worker.
6. SSWs will add an action "Progress to Care and Support Assessment" on Azeus.
7. Named worker will introduce self to the family as involved worker, not key worker.
8. Named worker will attend meetings such as EHCP, CLA reviews, PfA Forum to gather information in preparation for adult assessment. Need to record consent on Azeus.

When Child Turns 18 years

MET CRITERIA and IN EDUCATION, stay with PfA

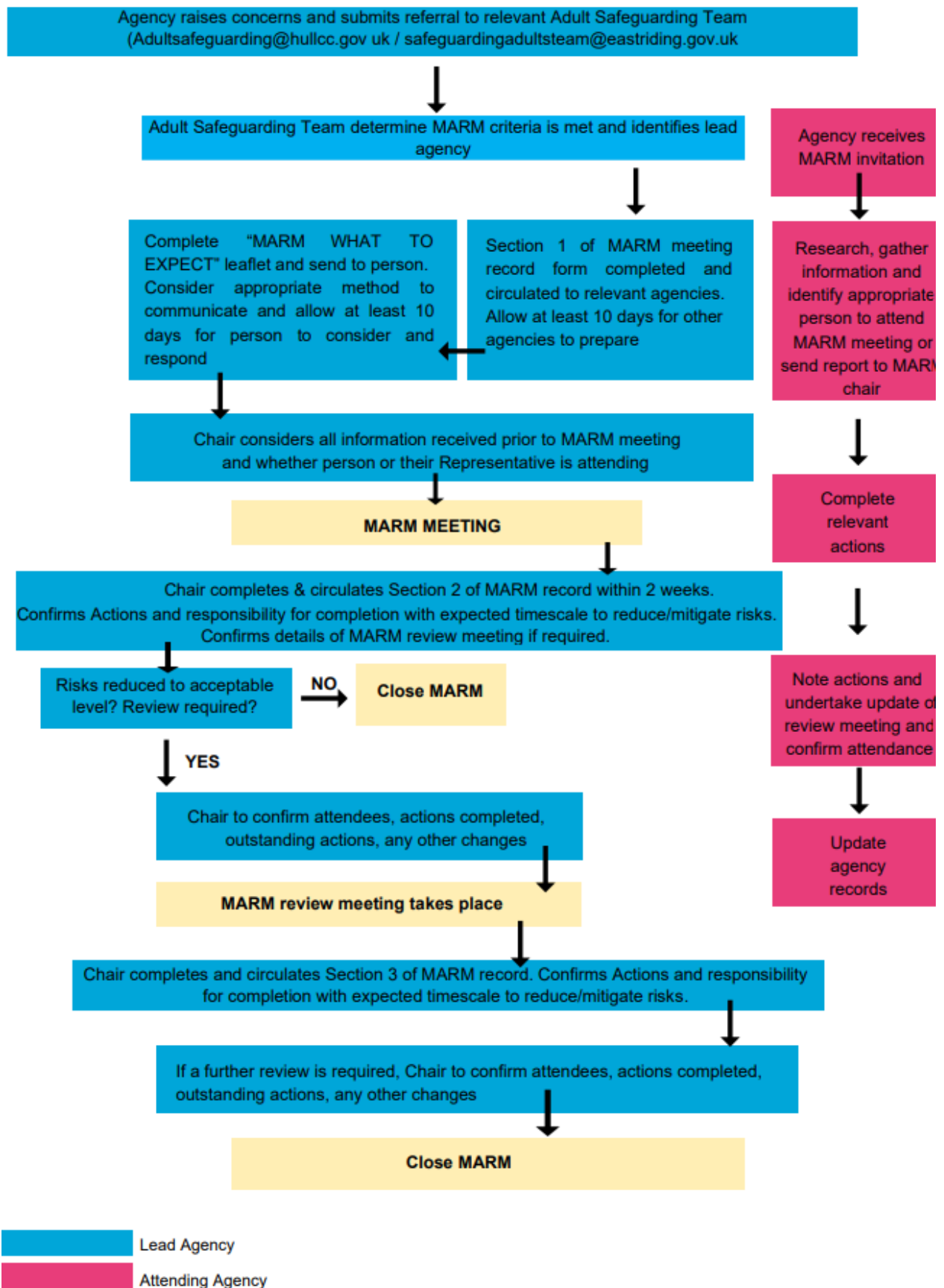
MET CRITERIA BUT NOT IN EDUCATION, transfer to CIH

CIH SSW considers referral to Complex Case Forum. If required, send referral to CABs at cabs@eastriding.gov.uk

NOT MET CRITERIA, refer to other professionals and/or signpost to universal services.

*All actions followed need to be recorded on Azeus for audit trail.

ERSCB Multi-agency Adults Risk Management (MARM) Meeting:



Appendix B – Definitions of child abuse and neglect

As defined in [Working Together to Safeguard Children 2023](#) and [Keeping Children Safe in Education 2024](#)

Abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent fabricates the symptoms of, or deliberately induces illness in a child; see Part B, chapter 19, Fabricated or induced illness.

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- Making children feel worthless, unloved, inadequate, or valued only for meeting others' needs
- Silencing children, mocking their views or communication
- Imposing expectations beyond their age or development, including overprotection or limiting social interaction and learning
- Exposure to the ill-treatment of others, such as domestic abuse
- Serious bullying, including online, that causes fear or distress
- Exploiting or corrupting children
- Emotional abuse is present in all forms of child maltreatment, though it may also occur in isolation

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 Sexual Offences Act 2003. See Part B, General Practice Guidance.

Sexual abuse includes non-contact activities, such as involving children in looking at, including online and with mobile phones, or in the production of pornographic materials, watching

sexual activities or encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including online).

Sexual abuse can take place online, and technology can be used to facilitate offline abuse.

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity. In exchange for something the victim needs or wants and/or for the financial advantage or increased status of the perpetrator or facilitator. The victim may be sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact, it can also occur through the use of technology.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the child may be neglected.

Once a child is born, neglect may involve a parent failing to:

- Provide adequate food, clothing, and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate caregivers);
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional, social, health and educational needs.

Impact of Domestic Abuse

Included in the four categories of child abuse and neglect above are several factors relating to the behaviour of the parents and carers which have significant impact on children, such as domestic abuse. Research analysing serious case reviews has demonstrated a significant prevalence of domestic abuse in the history of families with children who are subject of child protection plans.

Children can be affected by seeing, hearing, and living with domestic violence and abuse as well as being caught up in any incidents directly, whether to protect someone or as a target. It should also be noted that the age group of 16- and 17-year-olds have been found in recent studies to be increasingly affected by domestic abuse in their peer relationships.

[The Domestic Abuse Act 2021](#), explicitly states that children are victims of domestic abuse if they see, hear or experience the effects of the abuse and the child is related to either the victim or the abuser.

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Risk from Outside of the Home/Contextual Safeguarding

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at education settings, from within peer groups, or more from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including exploitation by criminal gangs and organised crime groups such as county lines, trafficking, online abuse, teenage relationship abuse, sexual exploitation and the influences of extremism leading to radicalisation.

Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered.

Potential risk of harm to an unborn child

In some circumstances, agencies or individuals are able to anticipate the likelihood of significant harm with regard to an expected baby (e.g. domestic abuse, parental substance misuse or mental ill health).

These concerns should be addressed as early as possible before the birth, so that a full assessment can be undertaken, and support offered to enable the parent/s (wherever possible) to provide safe care.

Appendix C - Statutory assessments under the Children Act 1989

s.17 – Provision of services for children in need, their families and others

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Children in need may be assessed under [section 17 of the Children Act 1989](#), in relation to their special educational needs, disabilities, as a carer, or because they have committed a crime. Where an assessment takes place, it will be carried out by a social worker. The process for assessment should also be used for children whose parents are in prison and for asylum seeking children. When assessing children in need and providing services, specialist assessments may be required and, where possible, should be coordinated so that the child and family experience a coherent process and a single plan of action.

When undertaking an assessment of a disabled child, the local authority must also consider whether it is necessary to provide support under [section 2 of the Chronically Sick and Disabled Persons Act](#) (CSDPA) 1970. Where a local authority is satisfied that the identified services and assistance can be provided under section 2 of the CSDPA, and it is necessary in order to meet a disabled child's needs, it must arrange to provide that support.

s.47 – Local authority's duty to investigate

Concerns about maltreatment may be the reason for a referral to local authority children's social care or concerns may arise during the course of providing services to the child and family. In these circumstances, local authority children's social care must initiate enquiries to find out what is happening to the child and whether protective action is required. Local authorities, with the help of other organisations as appropriate, also have a duty to make enquiries under [section 47 of the Children Act 1989](#) if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare. There may be a need for immediate protection whilst the assessment is carried out.

s.20 – Provision of accommodation for children

Some children in need may require accommodation because there is no one who has parental responsibility for them, because they are lost or abandoned or because the person who has been caring for them is prevented from providing them with suitable accommodation or care. Under [section 20 of the Children Act 1989](#), the local authority has a duty to accommodate such children in need in their area.

s.31A – Care Order Care Plans

Following an application under [section 31A](#), where a child is the subject of a care order, the local authority, as a corporate parent, must assess the child's needs and draw up a care plan which sets out the services which will be provided to meet the child's identified needs.

s.17ZA – Young Carers Assessments

If a local authority considers that a young carer may have support needs, they must carry out an assessment under [section 17ZA](#). The local authority must also carry out such an assessment if a young carer, or the parent of a young carer, requests one. Such an assessment must consider whether it is appropriate or excessive for the young carer to provide care for the person in question, in light of the young carer's needs and wishes.

Appendix D – Other Assessment for specific need

Where a child has other assessments, it is important that these are coordinated so that the children and their family does not become lost between the different organisational procedures. This document clearly outlines how all multi-agency professionals should be undertaking assessments and and/or contribute to assessment in East Riding.

Pre-Birth / Unborn Children

Research and experience show that unborn and very young babies are highly vulnerable. Early antenatal risk assessment and intervention planning can significantly reduce harm. This stage offers a key opportunity for a proactive, multiagency approach with families facing known vulnerabilities and risks.

Professionals must prioritize the unborn baby's needs, considering the roles of the father/partner, other caregivers, existing children, and the wider family, and how these factors affect the baby's well-being. Fathers can often be overlooked, so their involvement should be encouraged—unless it poses a risk to the child or mother, such as in cases of domestic abuse or harassment.

Pregnancy in a child under 18 should be considered carefully but not automatically viewed as a risk. For those under 16, professionals should consider consulting or referring to Children's Social Care. Sexual activity in this age group must raise concerns about potential harm or child sexual exploitation. Any pregnancy in a child aged 13 or younger must be referred to Children's Services and reported to the police, as penetrative sex with a child under 13 is classified as rape under the Sexual Offences Act 2003.

Where a referral is received for an unborn child the Children's Safeguarding Hub will determine the next best steps and whether this should progress to Assessment in Children's Social Care or Family Help.

Assessment and Support:

Where assessment is required:

- It should begin as soon as a viable pregnancy is confirmed and the mother registers for midwifery care.
- Must start no later than 16 weeks into pregnancy - If pregnancy is identified late or was concealed, begin assessment immediately.
- Be undertaken in collaboration with midwives, health visitors, and where relevant substance misuse, mental health, and learning disabilities professionals
- Record professional analysis of parental and family history, lifestyle, and support networks and their impact on the child's welfare.
- Identification of risk factors.
- Understanding parental needs.

- Recognizing strengths within the family environment.
- Identifying unchangeable factors and explaining why, including relevant timescales.
- NEST and GCP2A Tool should be considered where Neglect is known or suspected.
- The assessment should be completed as outlined in this document

Outcome of Assessment:

The assessment must make recommendations regarding the need for a team around the family meeting, child in need planning meeting, a Pre-Birth Child Protection Conferences, or a legal planning meeting to consider initiating Public Law Outline prior to birth and / or initiating proceedings at birth.

Children with disabilities

All children with disability are Children in Need under section 17 Children Act 1989 and parents and professionals are therefore entitled to request an assessment as a disabled child.

Duties to a disabled child extend beyond the Children Act 1989: the Chronically Sick and Disabled Persons Act 1970, Section 2 confers a duty on a local authority to provide a service which in its own assessment a child needs.

A parent / carer of a child with disabilities may also require the local authority to undertake an assessment of their ability to provide support under section 1 of the Carers (Recognition and Services) Act 1995 and/or 17ZD of the Children Act 1989.

Some children with disabilities who have complex needs may require a higher level of support via the Children with Disabilities Team.

All requests for a social care needs assessment of children with disabilities should be through the the Safeguarding Children’s Hub who will determine the appropriate next steps, including whether to progress to Assessment in Children’s Social Care or Family Help, in line with the CYPSSS Children with Disabilities Social Work Team – Eligibility Criteria.

The Local Offer sets out services and activities available to children and young people with special educational needs and disabilities.

Where an Education, Health and Care Needs assessment is being undertaken Social Care will contribute to this assessment.

Assessment and Support:

Where assessment is required:

- It will be undertaken as outlined in this document and aligned to ERSCP Safeguarding Children with Disabilities Practice Guidance
- When undertaken as s.17 Child in Need they will be completed by a Social Worker

Outcome of Assessment:

The assessment must make recommendations regarding as to if there is no further role for Children's Social Care if no unmet needs are identified, or if identified needs can be met through universal or partner services such as health, education, or housing.

In some cases, the assessment may highlight the need for ongoing Early or Family Help support or a short-term intervention, such as a short breaks package.

Where a continuing role for a social worker is identified, support will be provided by the Strengthening and Supporting Families Service. In exceptional circumstances, if safeguarding concerns are raised, intervention under Section 47 of the Children Act 1989 may be required.

Young Carers

Young Carers are children under 18 who provide regular, significant unpaid care or emotional support to a family member or friend with physical or mental illness, disability, or substance misuse. Young Adult Carers are aged 16–25 and have distinct needs and rights as they transition to adulthood.

Their caring responsibilities are essential to maintaining the health, safety, or daily wellbeing of the person cared for or the wider family. This definition excludes routine household tasks typically expected within families.

Assessment and Support:

- Assessment should be undertaken by an identified multi-agency practitioner and under Section 17ZA of the Children Act 1989.
- Evaluate whether the level of care provided is appropriate or excessive, considering the young carer's needs and wishes.
- Include the needs of the whole family in the assessment, in line with the Young Carers (Needs Assessment) Regulations 2015.
- Combine assessments where possible to avoid duplication or conflicting information across services.

Outcome of Assessment:

The assessment will determine whether the child qualifies for services as a Child in Need under Section 17 of the Children Act 1989 or how alternative support can be provided from a multi-agency network.

Children involved in the Youth Justice System

The Youth Justice Service is a multi-agency team who work with children and young people with the aim of reducing the number of children and young people entering the criminal

justice system, reducing offending and re-offending. The Youth Justice Service will work alongside Children's Social Care in the assessments outlined in this document.

The Youth Justice Service is responsible for the supervision of children and young people subject to pre-Court interventions and Court Orders however, preventative work is a priority. In order to understand the type and level of support required to address offending behaviour an assessment will be undertaken by a member of the Youth Justice Service (YJS).

Assessment and Support:

- Holistic assessments and interventions using the [AssetPlus tool](#).
- Assessment identifies:
 - Current and previous offending or anti-social behaviour.
 - Risk of harm (current and future), serious harm, and risks to the young person.
- Informed by personal, family, and social factors including:
 - Living arrangements, parenting, family relationships.
 - Education, training, employment.
 - Behaviour patterns, attitudes, resilience, goals, opportunities.
 - Engagement, participation, and factors affecting desistance.
- Evaluates:
 - Potential future behaviour and its impact.
 - Likelihood of reoffending.
 - Risk of Serious Harm.
 - Professional judgement on adverse outcomes affecting the young person's safety and well-being.
- Individualised support plan for the child

Outcome of Assessment:

The assessment can be used to inform court at the sentencing stage and to develop a plan to reduce further offending by taking into account the nature of the offending, the young person's personal circumstances and their attitudes and beliefs.

Children in mental health inpatient settings

Any child admitted to an adolescent inpatient unit should be considered a Child in Need.

All requests for a social care needs assessment of children in mental health inpatient settings should be through the Safeguarding Children's Hub who will determine the appropriate next steps, including whether to progress to Assessment in Children's Social Care or Family Help.

If the child is already known to East Riding Children's Social Care, their plan should be updated to reflect needs during and after admission.

Assessment and Support:

Where assessment is required:

- Assessment will be undertaken as outlined in this document.
- Discharge planning must begin at admission, with the lead social care worker attending reviews and discharge meetings.
- Ongoing meetings, where appropriate, should include the child, their advocate (if applicable), lead social care worker, ward staff, psychiatrist, parents/carers, and wider family as appropriate.
- A Discharge Planning Meeting must be held before discharge to ensure a multiagency plan and appropriate aftercare.
- The child's views and wishes must be considered alongside risks and protective factors.

Outcome of Assessment:

Following discharge, a CIN review, Core Group/Child Protection Conference, or LAC Review should take place to ensure coordinated planning.

For children looked after, a care plan review must occur within 8 days of discharge.

Unaccompanied Asylum-Seeking Children and Age Assessments

An unaccompanied asylum-seeking child (UASC) is under 18, applying for asylum independently, and separated from both parents or any responsible adult. These children share the basic needs of all children but may also face cultural, ethnic, or religious challenges. Many feel isolated, may have experienced trauma or torture, and often suffer undiagnosed mental or physical health issues.

East Riding Children, Families and Schools Service may carry out an age assessment when there is uncertainty about the age of an unaccompanied or trafficked asylum-seeking child. This is typically requested by the Home Office when there is significant doubt, but a social worker may also recommend it if there are strong reasons to question the claimant's age. Age assessments are not routine but are used to ensure access to age-appropriate services.

Assessment and Support:

- All UASC will be accommodated under s20 Children Act 1989 for the duration of assessments undertaken to assess their full range of need
- Children who may have been trafficked to the UK will be referred to the [National Referral Mechanism \(NRM\)](#), some may require a s47 enquiry and the development of a robust safety plan.
- In undertaking assessments of children from abroad, multi-agency practitioners will consider if the child has been trafficked, their emotional, physical, educational and

mental health needs, their life and family in their country of origin and their journey to the UK, their immigration status and accommodation needs.

- Advice and support should be given to promote links or reunification with the child's family where it is possible and safe to do so and interpreting services should be made available as required.
- Assessment will be undertaken as outlined in this document.

Outcome of Assessment:

The assessment will determine care and support needs from services as a Child in Need under Section 17 of the Children Act 1989 or how alternative support can be provided from a multi-agency network.

Where a continuing role for a statutory service is identified, support will be provided by children's social care.

Support under sections 17 and 20 ends when a UASC turns 18. The [Children \(Leaving Care\) Act 2000](#) then applies to those previously accommodated, requiring a needs assessment and Pathway Plan. Due to uncertainty around asylum outcomes, planning must consider possible return to the child's country of origin. If a child becomes Appeal Rights Exhausted, secondary legal advice is sought and a Human Rights Assessment may be completed. Further leave applications must be made before current leave expires. Ongoing liaison with UK Visas and Immigration is essential to monitor status and adjust services.

Homeless 16- and 17-Year Olds

When a 16- or 17-year-old is seeking support because they are homeless or threatened with homelessness housing services and children social care will pro-actively work with young people and their families to identify and resolve the issues which have led to the homelessness crisis.

Some young people may lack stability and security within their families. In such cases, East Riding will thoroughly assess their needs to determine the appropriate accommodation and support required.

Assessment and Support:

- All young people placed in emergency accommodation under s20 Children Act 1989, and those at risk of imminent homelessness who remain living at home or with a safe family member/friend, will have a full assessment of their needs undertaken by their allocated social worker.
- A Family Network Meeting will be held to explore care alternatives and mobilise support from family, friends, trusted adults, neighbours, community groups, and churches for a young person living away from home.

- Assessment will consider what duties are owed to the young person under [Part VII, Housing Act 1996](#).
- Assessment will be undertaken as outlined in this document.

Outcome of Assessment:

The assessment must make recommendations regarding as to if there is no further role for Children's Social Care if no unmet needs are identified, or if identified needs can be met through universal or partner services such as health, education, or housing.

Children returning home

Where the decision is made for a child or young person to return home from care an assessment will be undertaken as part of the care planning process.

When a child is voluntarily in care (Section 20) and the decision is made for him / her to return home, a Care Plan must be drawn up to support the child once they return home with the primary aim of reducing the likelihood of the child returning to the care system in the future. The Care Plan should be agreed between the child, the child's family, and any involved professionals at a planning meeting.

Assessment and Support:

- Assessment and care planning will be completed by a social worker
- It will be undertaken as outlined in this document
- Multi-agency partners will always work towards successful reunification for children through the following steps:
 1. Assessment of risk and protective factors.
 2. Robust decision making around potential plan for reunification.
 3. Views of parents and their network, voice of the child, goalsetting, support plans and safety planning.
 4. Planning for reunification and returning home.
 5. Ongoing support to maintain a successful transition.

Outcome of Assessment:

The Independent Reviewing Officer will be notified of the outcome of the assessment in relation to the above and a review will be convened to consider the plan.

The Director of Children's Services must approve any young person leaving care aged 16 to 17 years in line with Placement Planning Regulations.

Children at risk of Female Genital Mutilation

Female Genital Mutilation (FGM) refers to procedures that involve removing part or all of the external female genitalia for cultural or non-medical reasons. It is medically unnecessary, extremely painful, and can lead to serious health complications both immediately and later in

life. The age at which FGM is performed varies widely, typically between 5 and 8 years old, but it can also occur in infancy or before marriage or pregnancy.

FGM is more widespread than commonly recognised, both globally and within the UK. It is deeply rooted in certain cultural traditions, and intervention by statutory agencies may be met with resistance.

FGM is illegal in the UK. Under the [Female Genital Mutilation Act 2003](#), it is a criminal offence for UK nationals or permanent residents to carry out, assist, or arrange FGM abroad—even in countries where the practice is legal.

If any agency becomes aware of a child who may have been subjected to or is at risk of FGM they must make a referral to the Children’s Safeguarding Hub who will determine the appropriate next steps.

Assessment and Support:

- Holistic assessment should be undertaken as outlined in this document and aligned to ERSCP [Effective Support for Children, Young People and Families Guidance](#).

Outcome of Assessment:

The assessment must make recommendations regarding as to if there is no further role for Children’s Social Care if no unmet needs are identified, or if identified needs can be met through universal or partner services such as health, or education.

In some cases, the assessment may highlight the need for ongoing Early Help support or a short-term intervention.

Where a role for a children’s social care is identified, support will be provided by the Strengthening and Supporting Families Service. Children Services will work with the police and make enquiries to safeguard a girl’s welfare under section 47 of the Children Act 1989 if it has reason to believe that a girl is likely to be subjected to or has been subjected to FGM.

Private Fostering

Under the law, if a child under 16 (or under 18 with a disability) goes to live with someone who is not a close relative for 28 days or more, this is known as private fostering. It is a private arrangement between the child’s parent and the carer, who may be a cousin, great aunt, family friend, a friend’s parent, or someone previously unknown to the family.

Living with close relatives - such as a parent, grandparent, sibling, uncle, aunt (by blood or marriage), or step-parent - is not considered private fostering.

The [Children \(Private Arrangements for Fostering\) Regulation 2005](#) sets out the role of the local authority, the parent and private foster carer and related professionals as well as the [National Minimum Standards for Private Fostering](#).

Some children may live with adults who are not classified as close relatives but are not privately fostered. This includes children under court orders like Special Guardianship, Child Arrangement Orders, or Care Orders.

Assessment and Support:

- The assessment will ascertain whether prospective carers and parents have made appropriate arrangements to meet the needs of the child:
 - The suitability of a private foster carer and their household should include evidence of their ability to parent effectively and meet the child's health and well-being needs.
 - The child should feel part of the family, be fully integrated into the community, and have their identity supported.
 - They should also receive appropriate educational support and be able to maintain relationships with people important to them.
 - The property must be suitable for the child, with no health or safety concerns.
 - The child's wishes and feelings should be explored, including their experience with the private foster carer, future aspirations, positives and challenges, and suggestions for improvement.
 - If other children live in the household, assess the impact on both the privately fostered child and the resident children to ensure the arrangement works well for everyone.
 - Speak with the child's parents to confirm their consent to the arrangement and obtain it in writing.
 - If there was a previous carer, discuss their involvement in family time, decision-making, and financial support.
- All multi-agency checks will need to be completed.

Outcome of Assessment:

The assessment needs to ascertain whether there is any additional support required for the child. If there are concerns around financial support, then discussions can take place with managers around completing a financial assessment. This would be undertaken through Child in Need Procedures.

Special Guardianship

Special Guardianship provides a permanent care option for children who cannot remain with their birth families, offering greater security than other arrangements without the complete legal separation of adoption. It suits children who need stability but wish to maintain ties with their birth family, and is also appropriate where adoption is not culturally or religiously acceptable.

A Special Guardianship Order (SGO) gives more legal security than a Child Arrangements Order. Special Guardians share Parental Responsibility with the child's parents but can act independently.

Assessment and Support:

Guidance from the Family Justice Council outlines local authorities are expected to:

- Undertake full and comprehensive assessments of prospective special guardians.
- Provide special guardianship support plans tailored to the child's and guardian's needs.
- Identify and assess potential carers, often through Family Group Conferences or similar models.
- Ensure that interim care arrangements are in place when there is little or no prior relationship between the child and the proposed

Courts can issue a Special Guardianship Order (SGO) during any family proceedings related to a child's welfare, including adoption, based on a local authority assessment - even without a formal application.

Applicants for an SGO for a child must give three months' written to their Local Authority. N.B. For Looked After Children, this goes to the authority responsible for the child; otherwise, to the authority where the applicant lives.

Outcome of Assessment:

The Local Authority must submit a report to the Court making the recommendations they believe are in the best interests of the child.

Prevent

Prevent is a statutory requirement for East Riding Council to safeguard and support those vulnerable to radicalisation and influences towards extreme ideologies, this is referred to as the Prevent Duty.

The Prevent Duty, under the [Counterterrorism and Security Act 2015](#), requires all specified authorities to have "due regard to the need to prevent people from being drawn into terrorism". East Riding of Yorkshire Council, and partners, have a core role to play in countering terrorism at a local level and helping to protect vulnerable individuals from those that may want them to harm others or themselves.

Assessment and Support:

- East Riding Prevent Strategy is a part of the Community Safety Partnership - [Prevent – Support for people at risk of radicalisation](#)
- Holistic assessment should be undertaken as outlined in this document and aligned to ERSCP [Effective Support for Children, Young People and Families Guidance](#)

Outcome of Assessment:

Prevent operates in a pre-criminal space, providing support and re-direction to vulnerable individuals at risk of being radicalised and drawn into terrorist activities before any crimes are committed. Radicalisation is comparable to other forms of manipulation, harm and abuse and is considered a safeguarding and protection process.

Private Law

Legal proceedings that deal with disputes between individuals - usually family members - are mostly without the involvement of the state or local authority. There are instances during private law proceedings where the court may direct the local authority to become involved, most commonly section 7 and section 37 reports.

All private law referrals will be directed through the Safeguarding Children's Hub and screened against the protocol between Association of Directors of Children's Services and Cafcass.

Assessment and Support:

Where assessment is required:

- section 7 reports and section 37 reports will be sent through to the relevant children social work team
- They will be undertaken as outlined in this document
- Completed within agreed timescales of the court

Outcome of Assessment:

A section 7 report must make recommendations as to if there is no further action, agreement has been reached between those with PR, any specific arrangements for the child, further investigation of if safeguarding processes have been/need initiating

A section 37 report must make recommendations if application for a Care Order or Supervision Order should be made, provision of services or support plan, or if there is no further action for children's social care.