

NEWHAM'S HELP AND SUPPORT PATHWAYS FOR CHILDREN & FAMILIES

WE ARE NEWHAM.

**People at the Heart
of Everything We Do**

Introduction

Newham's Safeguarding Children Partnership agencies recently reviewed our guidance on Pathways to Help and Support Children and Families and the indicators of need to support decision-making about risk. This was completed in collaboration with multi-agency partners including over a 100 professionals from Children and Young People's Services (CYPS), Universal and specialist Health services, the Police, Schools, Settings and Children's Centres, through a number of focus groups and workshops.

This guidance is for everyone who works with children and young people and their families in Newham. It sets out the way the partnership want to continue to build relationships, work together, share information and put the child and their family at the heart of everything we do. By having the right conversations, we can navigate the right pathways to help and support children and families enabling them to solve their own problems, find solutions at an early stage and prevent problems from escalating.

The guidance sets out:

- The different Levels of Need experienced by children, young people and families in Newham.
- It offers clarity and support to partners working with them and at what level they should be leading on early support.
- It recognises the contribution partners make to children, young people and families across the Continuum of Need but is intended to provide clarity to practitioners of the different pathways available to help and support children.

Contents

1. An overview of our partnership outcomes and the children's social care practice framework 'circles of support'
2. A help and support guidance chart detailing what to do for children and families experiencing different levels of need
3. A detailed breakdown of specific needs and/or safeguarding concerns facing Newham children and families. These are based on the most popular reasons for referral to the Multi-agency safeguarding hub in 21/22 and include supporting children:
 - with Special Educational Needs and or Disabilities (SEND)
 - at risk or affected by Domestic Abuse
 - at risk of or affected by Neglect
 - at risk of or affected by Exploitation
4. A simple flowchart for referrers on how to provide support at early help level
5. A step down guide for professionals where statutory intervention is no longer needed
6. Guidance on sharing information with partners
7. Links to support services and resources

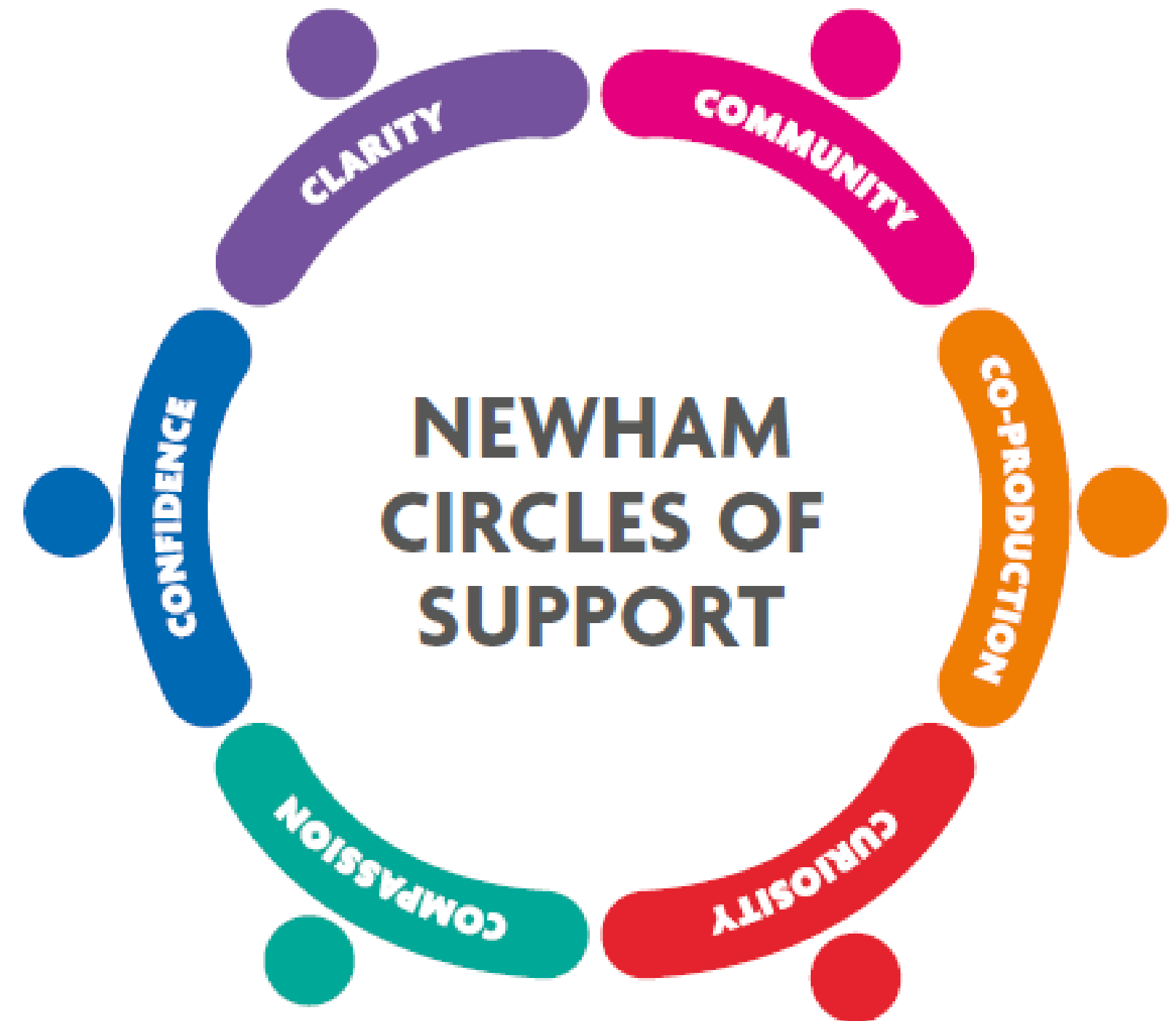
Our outcomes and 'circles of support' practice framework

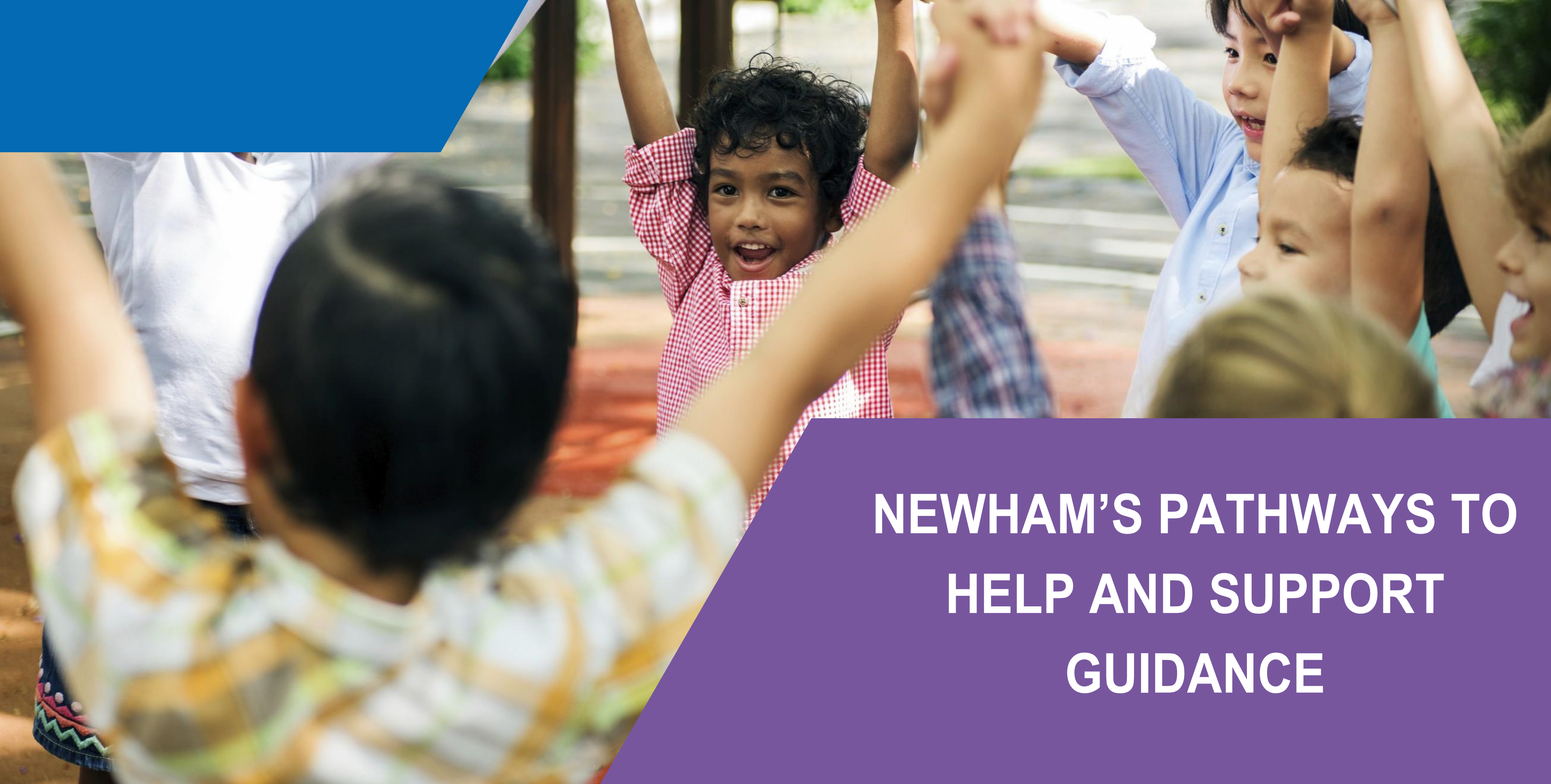
As a partnership we aim to ensure that all children, young people in Newham are:

- .Cared for, safe and protected from harm
- .Happy and enjoy improved health and wellbeing
- .Proud of and protect the environment they grow up in
- .Able to access, participate and receive a great education
- .Thrive and achieve their full potential

We will do this by **embedding integrated ways of working** so that we **use resources more effectively** to bring about positive changes for children and families. **Taking a relationship-based approach** that **helps families to help themselves and each other** by **building on their existing strengths and relationships** within the community and their wider networks. Clear and responsive communication with children, families and partners is critical to our approach. Where children and families need more intensive support to protect a child or young person from harm, our services are committed to ensuring:

- Children and young people are at the centre of all that we do
- We take a systemic approach to understanding complex issues
- We provide support by building on strengths
- We respond to risk with confidence
- Our practice is purposeful, planned and focussed
- We are part of the community of Newham





NEWHAM'S PATHWAYS TO HELP AND SUPPORT GUIDANCE

WE ARE NEWHAM.

People at the Heart
of Everything We Do

Newham help and support guidance chart



NEWHAM
SAFEGUARDING CHILDREN
PARTNERSHIP

TIERS	Tier 1: Children and young people whose needs are met in universal services or by a single agency	Tier 2: Children and young people in need of targeted or intensive early help support	Tier 3: Children and young people with complex needs requiring specialist support	Tier 4: Children and young people with acute needs requiring protection from significant harm
NEEDS	The child or young person has no significant additional Needs that can be met by time limited interventions within universal services and voluntary and community sector organisations.	The child or young person has low level needs which are not being met by universal services, and so requires someadditional early help. An early help assessment and actionplan with a lead professional will help identify all areas of need and coordinate a planned response with the child, parents / carers and partners. This may involve bringing in other agencies to provide additional support- A team around the family approach should be taken.	The child or young person has complex additional needs or there is a safeguarding concern that requires specialist intervention. Their needs require specialist input as well as coordinated multi-agency support. Needs may meet Section 17 of the Children Act. Children requiring support at tier 3 will usually meet a number of the indicators of need listed below. Previous interventions delivered at early help level may not have met the child or young person's needs.	The child or young person has an acute level of unmet and complex need and / or requires urgent intervention to protect against significant harm. A child and family assessment is required under Section 47 of the Children Act 1989. Children requiring support at tier 4 will usually meet a numberof the indicators listed below.
PATHWAYS TO FURTHER HELP AND SUPPORT/ NEXT STEPS	<ul style="list-style-type: none">No referral is required, support for identified needs to be met within universal services if needs arise	<ul style="list-style-type: none">A lead professional should be identified for this child/ young person in your setting. You should gain parental consent, complete an Early Help Assessment Plan with the family, and lead on its implementation bringing in additional agencies as needed.If you require advice or support to meet this child/ren's needs you can contact the Newham Early Help Hub at: EarlyHelpPartnershipTeam@Newham.gov.uk or the Multi-Agency Safeguarding Hub(MASH) Consultation line: 020 3373 4600 (9am – 5.15pm)	<ul style="list-style-type: none">Contact the Local Authority MASH to discuss the needs of the child/ren with a social worker on: 020 3373 4600 (9am – 5.15pm)If a referral is required following your discussion with the MASH, you should seek parental consent his unless to do so will put the place the child at risk.Complete the online portal Form indicating a need for support at tier 3 and attaching any previous early help assessments or actions plans. Children's Services will assess the referral and determine if a Section 17 assessment is required	<ul style="list-style-type: none">URGENT action is required, If a child is at immediate risk of harm call the police 999If they are not at immediate risk, contact MASH to make a referral on: 020 3373 4600 (9am – 5.15pm) or the Emergency Duty Team 020 8430 2000 (out of hours)Parental consent is not required for a referral at tier 4.The parent or carer should be notified of the referral unless to do so will place the child or young person at greater risk of harmFollowing a phone call to MASH, complete a Multi-Agency Referral Form indicating a need for support at tier 4 and attaching any previous early help assessments or action plans
INDICATORS OF NEED	Child's/Young Person's Developmental Needs	Child's/Young Person's Developmental Needs	Child's/Young Person's Developmental Needs	Child's/Young Person's Developmental Needs
	Health: healthy, no physical or mental health condition or disability; access to health services; regular physical activityand healthy diet; no history or substance misuse and is meeting expected milestones and making good progress	Health: physical or mental health condition or disability; missed health checks or immunisations; no physical activity / unhealthy diet impacting on health; early signs that drug oralcohol use is having a negative impact on social wellbeing/ not meeting expected milestones	Health: physical or mental health condition or disability significantly affects daily functioning; chronic health problems due to lack of access to services; and or concerns related to family functioning; no physical activity / unhealthy diet seriously impacting on health despite sustained interventions; substance misuse dependency impacting mental and physical health and daily functioning	Health: complex physical or mental health condition or disability has significant impact on activities on daily living and outcomes; complex and chronic health problems due to lack of access to services; no physical activity / unhealthy diet seriously impacting on health and placing at risk of significant harm despite sustained interventions; substance misusedependency places child at significant risk of harm
	Social development: strong friendships and positive, respectful social interactions	Social development: limited social interaction; language andcommunication difficulties; victim or perpetrator of bullying – some support required	Social development: socially isolated; significant communication difficulties; negative interactions and lack of respect; victim or perpetrator or persistent or severe bullyingdespite early help interventions	Social development: completely isolated; little or no communication skills or positive interaction with others; negative interactions and lack of respect; victim or perpetrator of persistensor severe bullying which places wellbeing at risk
	Learning, education and employment: Making progress and accessing the curriculum and wider social and cultural activities within the ordinarily available offer; and meeting developmental milestones.	Learning, education and employment: Requires additional support to meet educational, social and cultural milestones, at risk of becoming NEET. Child has an identified or probably additional need which requires support from multi-agency professionals. Emerging concerns about school attendance and engagement. Barriers to working effectively with parents and carers.	Learning, education and employment: In order to access the curriculum the child or young person requires targeted or specialty support / resources within schools and settings. Behaviors that impact on learning and social opportunities. Escalating concerns about attendance and engagement in schools and settings resulting in a risk of, or actual, fixed term exclusions. Considerable barriers to engaging with parents and carers.	Learning, education and employment: significant delay / impairment to developmental milestones; at risk of significant harmas a result. Permanent exclusion and or considerable difficulty with engagement/attendance. Social and emotional isolation. High risk taking behaviours. Not in education, employment or training.
	Behaviour: age appropriate, legal activities; self-control appropriate to age and development; does not run away from home is absent or go missing; does not have caring responsibilities	Behaviour: emerging anti-social behavior / risk taking; issues with dysregulation / early interest in extremist ideology / age inappropriate sexualized behaviours. Incidents of being missing from home and non-school attendance. Exposed to frightening behaviour.	Behaviour: anti-social behaviour and risk of gang involvement;has associations/affiliation with negative peer groups involved in offending behaviour (group violent offending, street robbery, use of weapons, drugs offences) expresses support for extremism and violence; regular lack of age appropriate self- control; engaged in or victim of harmful use of internet and social media; persistently missing or absent from home, caring responsibilities have negative impact; and intolerant interactions with others. Child or young people behaves violently towards parent/carer/ family.	Behaviour: involved in persistent, serious criminal activity (group violent offending, weapons use, possession with intent to supply drugs/offences) and known gang involvement; expresses support for extremism and violence; little or no age appropriate self-controlplaces self and others at risk; significant concerns child is at risk ofharm due to internet and social media activity; significant concern child is being groomed for involvement in extremist activity; child persistently missing or absent with significant concern about sexual exploitation and / or criminal activity; caring responsibilities have negative impact.

	Family / environmental factors	Family / environmental factors	Family / environmental factors	Family / environmental factors
	Protection from harm – physical and sexual abuse: child is protected from danger or significant harm, and is not subject to either sexual, emotional or physical abuse	Protection from harm – physical and sexual abuse: evidence of sexual abuse or inappropriate sexual behaviour within wider family network but child is protected from this; child occasionally not protected from accidental harm; physical chastisement within legal limits impacts on child’s emotional wellbeing and / or leads to concerns of escalation without intervention; harmful traditional practices are culturallyprevalent, but child is protected from these	Protection from harm – physical and sexual abuse: parent /carer unable to protect family from significant harm; possible inappropriate sexual behaviour from parent / carer; family homepreviously been used for criminal activity, including prostitution; physical chastisement beyond legal limits; concern child may be subject to harmful traditional practices	Protection from harm – physical and sexual abuse: parent / carer unable to protect child from harm, placing child at significant risk; parent carer sexually abuses child or is at high risk of doing so; child is being sexually abused or exploited; parent carer significantly physically harms child; evidence that child may be subject to harmfultraditional practices
	Perinatal period: take up of ante / post-natal care; copingwith parenthood and accessing support as required	Perinatal period: ambivalent to / irregular take up of ante /post-natal care; struggles to parent effectively but open to support	Perinatal period: does not access ante / post-natal care; postnatal depression; sustained difficulties in parenting effectively and will not accept support	Perinatal period: does not access ante / post-natal care and uses drugs or alcohol excessively; serious post-natal depression causesserious risk to parent and child; inability to parent effectively and refusal to accept help has significant adverse impact on child
	Parenting capacity to promote child’s health, learning and education, emotional wellbeing; consistent parenting and emotional warmth	Limited parenting capacity to promote child’s health, learningand education, emotional wellbeing; difficulties in setting boundaries and establishing and maintaining a routine	Very limited parenting capacity impacts adversely on child’s health, learning and education; child is emotionally neglected and vulnerable to exploitation; significant risk of parent / child relationship breakdown; parent / carer unable to set boundaries;weak or negative family network	Lack of parenting capacity / deliberately obstructive parenting has significant adverse impact on child’s health, learning and education; long term emotion neglect means child is now at very highrisk of involvement in exploitation as perpetrator or victim; breakdownof parent / child relationship places child at risk of significant harm
	Drug and alcohol use: no evidence of impact on child oron parenting ability	Drug and alcohol use occasionally impacts on child	Drug and alcohol use by parents, carers, family membersconsistently impacts on child	Drugs and alcohol: drug and alcohol use by parents, carers or other family members severely limits parenting capacity and has asignificant adverse impact on child
	Physical or mental ill health or disability: no adverseimpact on child or parenting ability	Physical or mental ill health or disability of parent / carer /sibling occasionally affects ability to meet child’s needs	Physical or mental ill health or disability of parents / carers /family members impacts on the care of the child	Physical or mental ill health or disability of parents / carers/ family members causes or places child at risk of significant harm
	Criminal or anti-social behaviour: no history of criminal activity in family; no family gang involvement	Criminal or anti-social behaviour: history of criminal activity in family; suspicion or some evidence of family ganginvolvement	Criminal or anti-social behaviour: criminal record relating to violent or serious crime may impact on child in household;known gang involvement and drugs supply offences	Criminal or anti-social behaviour: criminal record for serious orviolent crime, drugs supply offences and or known involvement in group violent offending /gang activity by family members has significant impact on child

The indicators above are illustrative of levels of need and the point at which a referral to Children’s Services may be required.These are not exhaustive and are based on Pan- London guidance. This pwwayways to help and support chart should be used in conjunction with professional judgement. The needs of each child and family will be considered individually when making decisions about the best help and support pathway.

More detailed indicator descriptors can be found here: www.londoncp.co.uk/files/revised_guidance_thresholds.pdf

Other documents that may be of help include:

www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused
www.gov.uk/government/publications/working-together-to-safeguard-children--2

In any situation where you believe a child has been, is being or is at risk of being harmed then you should contact:

Newham’s Multi-Agency Safeguarding Hub (MASH)

Monday- Friday 9am to 5pm:

020 3373 4600

Out of hours:

020 8430 2000

If a child is at risk of immediate harm, call the police 999

Supporting children and young people with Special Educational Needs and Disabilities

Children and young people with Special Educational Needs and Disabilities are subject to the same safeguarding concerns and support pathways as all other children and young people in Newham. This section provides information on different types of special educational needs to support identification and appropriate intervention. This guidance should be read in conjunction with the wider document and the Children and Families Act 2014 which outlines support in this area.

Tiers	Tier 1: Children and young people whose needs are met in universal services or by a single agency	Tier 2: Children and young people in need of targeted or intensive early help support	Tier 3: Children and young people with complex needs requiring specialist support	Tier 4: Children and young people with acute needs requiring protection from significant harm
Pathways to further help and support/next steps	<ul style="list-style-type: none">• No referral is required, support for identified needs to be met within universal services if needs arise / meeting expected milestones and making good progress	<ul style="list-style-type: none">• A lead professional should be identified for this child/ young person in your setting/ organisation. You should gain parental consent, complete a SEN Support Plan for the child with the family and professionals. The ‘assess, plan, do, review cycle’ is outline within the SEND reforms and the lead on its implementation bringing in additional agencies as needed.• If you require advice or support to meet this child/ family’s needs you can contact the Newham Early Help Hub at: EarlyHelpPartnershipTeam@Newham.gov.uk or contact the Multi-Agency Safeguarding Hub(MASH) Consultation line: 020 3373 4600 and select option 3 (9am - 5.15pm)• Parents/carers may wish to request a Parent/carers assessment from Children’s Services	<ul style="list-style-type: none">• If there are no safeguarding or acute needs identified, the referral will be passed to the Local Authority’s SEND Service, who can be contacted on: 0203 373 6472 from 10am-4pm (excluding weekends and bank holidays). The SEND service will advise whether a referral for a statutory Education, Health and Care Plan (EHCP) assessment is necessary at this stage.• Contact the Local Authority MASH to discuss the needs of the child/ family with a social worker on: 020 3373 4600 (9am - 5.15pm). If a referral is required following your discussion with the MASH, you should seek parental consent to do this unless to do so will place the child at risk. Complete the online portal Form indicating a need for support at tier 3 and attaching any previous early help assessments or actions plans. Children’s Services will assess the referral and determine if a Section 17 assessment is required. Parents/carers may wish to request a Parent/carers assessment from Children’s Services	<ul style="list-style-type: none">• If a child is at immediate risk of harm, call the police on 999 urgently• If they are not at immediate risk, contact MASH to make a referral on: 020 3373 4600 (9am - 5.15pm) or the Emergency Duty Team on 020 8430 2000 (out of hours)• Parental consent is not required for a referral at tier 4. The parent or carer should be notified of the referral unless to do so will place the child or young person at greater risk of harm• Following a phone call to MASH, complete a Multi-Agency Referral Form indicating a need for support at tier 4 and attaching any previous early help assessments or action plans•
Indicators of Need	<p>Social Communication and interaction: Meeting social communication and interaction milestones. The child is accessing the curriculum and wider social and cultural activities within the ordinarily available offer available offer</p> <p>Cognition and learning: Child is meeting developmental and attainment milestones stages within the ordinarily available offer.</p> <p>Sensory and/or physical impairment The child has no sensory or physical impairment that prevents them accessing education and learning. Meeting sensory ad physical milestones.</p> <p>Social, emotional and mental health: positive sense of self; emotionally resilient</p>	<ul style="list-style-type: none">• Social, communication and interaction difficulties are emerging; this may include difficulty saying what they want to, understanding what is being said to them or they may be struggling to understand or use social rules of communication. These difficulties are starting to impact learning and relationships. This difficulties may be starting to cause social and emotional isolation.• The child or young person may not be meeting their learning milestones and will require additional support to access the curriculum and may need to be placed on the school or setting’s SEN register.• They have sensory processing difficulties which make it difficult for the child to engage in educational, functional and play activities and peer relationship development. <p>Emotional wellbeing: Those who need specific interventions focused on agreed mental health outcomes, e.g. risk taking behaviours, early signs of self-harming behavior, delayed speech, language / communication difficulties. Hygiene and self-care needs struggling to be met. Escalating risks associated with substances.</p>	<ul style="list-style-type: none">• The child or young person has significant communication difficulties which require specialist multi-agency interventions and equipment such as an alternative/augmentative communication (AAC) devices and may need support in all areas of the curriculum on an ongoing basis.• The child or young person has dual or multiple health needs that compound their communication difficulties.• The child or young person are likely to need support in all areas of the curriculum & associated difficulties with mobility and their development require specialist support which may affects someone for their whole life• The child or young person has a vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) will require specialist support and/or equipment to access their learning, or habilitation support.• A child with a physical disability (PD) requires additional ongoing support and equipment to achieve their full social and learning potential <p>Emotional wellbeing: Serious lack of stability and routine appropriate stimulation, boundaries and guidance. Basic care needs not being met,, escalating and significant concerns about self harming, self care and Hygiene. Diagnosed with a mental health condition. Challenging/disruptive behaviour putting self or others in danger. Child/young person presenting vulnerability risk of exploitation.</p>	<ul style="list-style-type: none">• Child or young person is assessed as a risk to themselves or others most or all of the time and physical interventions are required to protect the child.• Parents/carers need significant additional help to meet the needs of the child and support their safety and wellbeing.• The child has experienced such persistent or severe bullying which is causing significant emotional distress.• The child is experiencing significant mental health issues and requires acute intervention• The child’s sensory and physical needs are significant and complex with very specific high level medical needs and/or Multi-Sensory Impairment requiring 1:1 and possibly 2:1 support for personal care• The child’s medical needs are not being met• Evidence of physical, emotional, sexual harm perpetrated by those in the community, including a disclosure by the young person regarding extra-familial harm.• The parent/carer/ family are unable to meet the child’s need with additional support• Extremely low functioning across a range of cognitive assessments, normally below the first percentile

Supporting children and young people at risk of neglect

TIER 1	Tier 1: Children and young people whose needs are met in universal services or by a single agency	Tier 2: Children and young people in need of targeted or intensive early help support	Tier 3: Children and young people with complex needs requiring specialist support	Tier 4: Children and young people with acute needs requiring protection from significant harm
PATHWAYS TO FURTHER HELP AND SUPPORT/NEXT STEPS	<ul style="list-style-type: none">• No referral is required, support for identified needs to be met within universal services if needs arise	<ul style="list-style-type: none">•A lead professional should be identified for this child/ young person in your setting. You should gain parental consent, complete an Early Help Assessment and Action Plan with the family, and lead on its implementation bringing in additional agencies as needed.• If you require advice or support to meet this child/ren’s needs you can contact the Newham Early Help Hub at EarlyHelpPartnershipTeam@Newham.gov.uk or the Multi-Agency Safeguarding Hub (MASH) Consultation line: 020 3373 4600 and select option 3 (from 9am - 5.15pm)	<ul style="list-style-type: none">• Contact the Local Authority MASH to discuss the needs of the child/ family with a social worker on: 020 3373 4600 (9am - 5.15pm). If a referral is required following your discussion with the MASH, you should seek parental consent to do this unless to do so will place the child at risk.• Complete the online portal form indicating a need for support at tier 3 and attaching any previous early help assessments or actions plans. Children’s Services will assess the referral and determine if a Section 17 assessment is required	<ul style="list-style-type: none">• If a child is at immediate risk of harm, call the police on 999 urgently• If they are not at immediate risk, contact MASH to make a referral on: 020 3373 4600 (9am - 5.15pm) or the Emergency Duty Team on 020 8430 2000 (out of hours)• Parental consent is not required for a referral at tier 4. The parent or carer should be notified of the referral unless to do so will place the child or young person at greater risk of harm• Following a phone call to MASH, complete a Multi-Agency Referral Form indicating a need for support at tier 4 and attaching any previous early help assessments or action plans
INDICATORS OF NEED	<ul style="list-style-type: none">• The child shows no physical symptoms which could be attributed to neglect.	<ul style="list-style-type: none">• The child occasionally shows physical symptoms which could indicate neglect such as poor hygiene or tooth decay.	<ul style="list-style-type: none">• The child consistently shows physical symptoms which clearly indicate neglect	<ul style="list-style-type: none">• The child shows physical signs of neglect such as thin or swollen tummy, poor skin tone/sores/rashes, prominent joints and bones, poor hygiene or tooth decay which are attributable to the care provided by their parents/carers.
	<ul style="list-style-type: none">• The child is appropriately dressed.	<ul style="list-style-type: none">• The child or their siblings sometimes come to nursery/ school in dirty clothing or they are unkempt or soiled.	<ul style="list-style-type: none">• The child or their siblings consistently come to school in dirty clothing which is inappropriate for the weather and/ or they are unkempt or soiled. The parents/carers are reluctant or unable to address these concerns.	<ul style="list-style-type: none">• The child consistently wears dirty or inappropriate clothing and is suffering significant harm as a result [e.g. they are unable to fully participate at school, are being bullied and/or are physically unwell
	<ul style="list-style-type: none">• The child has injuries, such as bruising on their shins etc., which are consistent with normal childish play and activities.	<ul style="list-style-type: none">• The child has occasional, less common injuries which are consistent with the parents’ account of accidental injury. The parents seek out or accept advice on how to avoid accidental injury.	<ul style="list-style-type: none">• The child has injuries for example bruising, scalds, burns and scratches, which are accounted for but are more frequent than would be expected for a child of a similar age.	<ul style="list-style-type: none">• The child has injuries, for example bruising, scalds, burns and scratches, which are not accounted for. The child makes disclosure and implicates parents or older family members.
	<ul style="list-style-type: none">• The child is provided with an emotionally and warm and stable family environment.	<ul style="list-style-type: none">• The child’s experiences parenting characterised by a lack of emotional warmth and/ is overly critical and/or inconsistent.	<ul style="list-style-type: none">• The child experiences a volatile and unstable family environment. and this is having a negative effect on the child who, due to the emotional neglect they have suffered is vulnerable to grooming and/or exploitative relationships with abusive adults or risky peer groups	<ul style="list-style-type: none">• The child has suffered long term neglect of the emotional needs and, as a result, is now at high risk of, or is already involved in sexual or other forms of exploitation either as a perpetrator or victim

Supporting children and young people affected by domestic abuse

TIER 1	TIER 2	TIER 3	TIER 4
Tier 1: Children and young people whose needs are met in universal services or by a single agency	Tier 2: Children and young people in need of co-ordinated or intensive early help support	Tier 3: Children and young people with complex needs requiring specialist support	Tier 4: Children and young people with acute needs requiring protection from significant harm
PATHWAYS TO FURTHER HELP AND SUPPORT/NEXT STEPS	<ul style="list-style-type: none">No referral is required, support for identified needs to be met within universal services if needs arise <p>A lead professional should be identified for this child/ young person in your setting. You should gain parental consent, complete an Early Help Assessment and Action Plan with the family, and lead on its implementation bringing in additional agencies as needed.</p> <ul style="list-style-type: none">If you require advice or support to meet this child/ren’s needs you can contact the Newham Early Help Hub at EarlyHelpPartnershipTeam@Newham.gov.uk or the Multi-agency Safeguarding Hub (MASH) Consultation line: 020 3373 4600 and select option 3 (9am - 5.15pm).Support from agencies such as Hestia can be considered.	<ul style="list-style-type: none">Contact the Local Authority MASH to discuss the needs of the child/ family with a social worker on: 020 3373 4600 (9am - 5.15pm). If a referral is required following your discussion with the MASH, you should seek parental consent to do this unless to do so will place the child at risk.Complete the online portal form indicating a need for support at tier 3 and attaching any previous early help assessments or actions plans. Children’s Services will assess the referral and determine if a Section 17 assessment is required	<ul style="list-style-type: none">If a child is at immediate risk of harm, call the police on 999 urgentlyIf they are not at immediate risk, contact MASH to make a referral on: 020 3373 4600 (9am - 5.15pm) or the Emergency Duty team on 020 8430 2000 (out of hours)Parental consent is not required for a referral at tier 4. The parent or carer should be notified of the referral unless to do so will place the child or young person at greater risk of harmFollowing a phone call to MASH, complete a Multi-Agency Referral Form indicating a need for support at tier 4 and attaching any previous early help assessments or action plans
INDICATORS OF NEED	<ul style="list-style-type: none">The expectant mother /non abusive parent /carer is a victim of occasional or low-level nonphysical abuse or parental conflict. The perpetrator choses to be controlling or otherwise abusive some of the time, which impacts negatively on the children undermines the survivor’s parenting and the family ecology. <ul style="list-style-type: none">There are isolated incidents of physical and/or emotional violence in the family. The harmful impact of such incidents is mitigated by other protective factors within the family such as supportive grandparents who are able to look after the child when there are arguments/disputes in the family home. <ul style="list-style-type: none">Experience of underlying inequality in parental relationship that disadvantages non abusive parent due to financial abuse, threats based on legal status/increases vulnerability. The perpetrator’s choice of behaviour impacts negatively on the family ecology .	<ul style="list-style-type: none">The expectant mother /parent/carers has previously been a victim of domestic violence and is a victim of occasional or low-level non-physical abuse. A perpetrator chose to be physically abusive in the past and currently choses to be controlling or otherwise abusive some of the time, which impacts negatively on the children, undermines the survivor’s parenting and the family ecology <ul style="list-style-type: none">One or more adult members of the family is physically and emotionally abusive to another adult member/s of the family. The perpetrator/s show limited or no commitment to changing their behaviour and little or no understanding of the impact their violence has on the child. The perpetrator is emotionally harming the child/ren who witness or are otherwise aware of the violence. <ul style="list-style-type: none">The expectant mother/non abusing parent/carers is coerced to remain within an abusive relationship because of their vulnerability due to mental health support needs, addiction, legal status. A perpetrator chose to be physically abusive in the past and currently choses to be controlling or otherwise abusive, which impacts negatively on the children’s safety and wellbeing undermines the survivor’s parenting and the family ecology	<ul style="list-style-type: none">Domestic abuse which has taken place on a number of occasions. The perpetrator choses to be violent, controlling and abusive which seriously impacts negatively on the children’s safety and wellbeing, undermines the survivor’s parenting and the family ecology <ul style="list-style-type: none">One or more adult members of the family is a perpetrator of persistent and/or serious physical violence which may also be increasing in severity,Frequency or duration. The perpetrator is emotionally harming the child/ren who witness or are otherwise aware of the violence. The children may also be at risk of physical violence if, for example, they seek to protect the adult victim. <ul style="list-style-type: none">The expectant mother/parent/carers is a victim of domestic abuse which has taken place on a number of occasions.The perpetrator choses to be violent, controlling and abusive which impacts negatively on the children’s safety and wellbeing

Supporting children and young people at risk of exploitation

TIER 1	Tier 1: Children and young people whose needs are met in universal services or by a single agency	Tier 2: Children and young people in need of co-ordinated or intensive early help support	Tier 3: Children and young people with complex needs requiring specialist support	Tier 4: Children and young people with acute needs requiring protection from significant harm
PATHWAYS TO FURTHER HELP AND SUPPORT/NEXT STEPS	<ul style="list-style-type: none">No referral is required, support for identified needs to be met within universal services if needs arise.	<ul style="list-style-type: none">A lead professional should be identified for this child/ young person in your setting. You should gain parental consent, complete an Exploitation Screening Tool and an Early Help Assessment and Action Plan with the family, and lead on its implementation bringing in additional agencies as needed.If you require advice or support to meet this child/ren's needs you can contact the Multi-agency Safeguarding Hub (MASH) Consultation line: 020 3373 4600 and select option 3 (9am - 5.15pm)If the child or young person's needs do not require social care intervention but there is a risk of exploitation, the MASH will refer the child directly into the Prevent Child Exploitation & Harm Hub (PCEHH) for further support. Details on the PCEHH can be found here or contact the hub directly at PCEHH@newham.gov.uk for further information.	<ul style="list-style-type: none">Contact the Local Authority MASH to discuss the needs of the child/ family with a social worker on: 020 3373 4600 (9am - 5.15pm). If a referral is required following your discussion with the MASH, you should seek parental consent to do this unless to do so will place the child at risk.Complete the online portal form indicating a need for support at tier 3 and attaching any previous exploitation screening tools, early help assessments or actions plans. Children's Services will assess the referral and determine if a Section 17 assessment is required.	<ul style="list-style-type: none">If a child is at immediate risk of harm, call the police on 999 urgentlyIf they are not at immediate risk, contact MASH to make a referral on: 020 3373 4600 (9am - 5.15pm) or the Emergency Duty team on 020 8430 2000 (out of hours)Parental consent is not required for a referral at tier 4. The parent or carer should be notified of the referral unless to do so will place the child or young person at greater risk of harmFollowing a phone call to MASH, complete a Multi-Agency Referral Form indicating a need for support at tier 4 and attaching any previous early help assessments or action plans
INDICATORS OF NEED	<ul style="list-style-type: none">Child or young person has healthy relationships with peer group, no history of concerns such as abuse, neglect or behavioral or communication needs.	<ul style="list-style-type: none">There are some behaviours displayed by the child or young person which may include distress in peer relationship/ learning, truanting, suspension or exclusion, group exclusions, concerns with peer network, peer on peer violence and threatsThe child may have a special educational need which makes them more vulnerable to manipulation or coercion e.g a communication need, Autism or ADHDThe child has previously experienced harm within the familyThe child is forming relationship with unknown adults or young people, including online	<ul style="list-style-type: none">Concerns about of physical, emotional, sexual harm or neglect in the home and pull factors in the community, that indicates a risk of Child Sexual Exploitation and/or Criminal ExploitationThere is evidence the child may experience protective factors but circumstances and/or behaviours mean there is a heightened vulnerability to exploitation.The child has formed a relationship which is not age appropriate with an adult physically or online	<ul style="list-style-type: none">Evidence of physical, emotional, sexual harm perpetrated by those in the community, including a disclosure by the young person regarding extra familial harm.The child is located in high-risk situations/relationships/activities.Evidence/Assessments/ screening tool suggest that the child is suffering exploitation (they may not recognise this).
	<ul style="list-style-type: none">There is no history of criminal offences within the family and the child has not witnessed or experienced a crime.	<ul style="list-style-type: none">There is a history of criminal activity within the familyThe Child has witnessed or experience low level crime e.g bike or phone stolen where no one was harmed	<ul style="list-style-type: none">A criminal record relating to serious or violent crime is held by a member of the family/ close peer which may impact on the children in the household/ communityThe Child has witnessed or experienced a crime where they or another person was harmed or threatened with violence	<ul style="list-style-type: none">A criminal record relating to serious or violent crime is held by a member of the family/ close peer which is impacting on the children in the household.The Child has witnessed or experienced a violent or serious and/or is at risk of further violence
	<ul style="list-style-type: none">The family members are not involved in gangs.	<ul style="list-style-type: none">There is suspicion, or some evidence that the family are involved in gangs.There are concerns around associations and without support the child may get involved in gang activity.	<ul style="list-style-type: none">There is a known involvement in gang activity.	<ul style="list-style-type: none">There is a known involvement in gang activity which is impacting significantly on the child and family.
	<ul style="list-style-type: none">Extremism: The child and family respects other religions, races and cultures and there is no evidence of involvement in or support for extremism.	<ul style="list-style-type: none">The child is using language which could incite hatred against another person or group Some support for extreme views or ideology, but no evidence of active involvement with extremist organisation.	<ul style="list-style-type: none">Family members, parents or carers expose child to involvement in activity that supports or endorses extremism.The child is being groomed by adults within or external to the family to incite hatred against another person or group and is at risk of extremism	<ul style="list-style-type: none">Extremism: evidence that child is involved in / actively promoting violent extremism; evidence that parent / carer / child planning to travel to conflict zone to participate in extremist activityThe child is acting violently towards another person or group and is at risk of extremism

Supporting children and young people in need of targeted or intensive early help support

1

IDENTIFICATION OF NEEDS

- A Practitioner becomes aware that a child has needs which are not currently being met
- Practitioner has a conversation with their line manager/safeguarding lead about the level of risk to the child’s safety and/or development.

2a

Is the child at risk of significant harm?

(Review Newham’s help and support guidance)

- If yes, please complete a referral to [Newham MASH](#)
 - If no, proceed to question 2b
- If further advice is needed about support /risk, contact the MASH Consultation Line 020 3373 4600 - Option 3 during office hours (Monday to Thursday, 9am to 5.15pm or Friday 9am to 5.00pm)

2b

Can your agency meet the additional needs of the child or family?

- If yes, please complete an agency check to see if the child or family are already being supported by a statutory or early help service by contacting the Early Help Partnership Team via email on earlyhelppartnershipteam@newham.gov.uk
- If no, contact the Early Help Partnership Team (same details as above) to present the family at the next EHSC panel (runs fortnightly on Monday mornings) to seek further guidance and support. In either case, you should complete an Early Help Record.

3

COMPLETE AN EARLY HELP RECORD

- Step 1 – Gain consent from the family to initiate support via the Early Help Record
- Step 2- Speak to the child and the family to gain an understanding of what’s working well, what could be better and how you will work together
- Step 3 - Convene a date/time for a Team around the Family (TAF) meeting with the family and other professionals

4

HOLD A TEAM AROUND THE FAMILY MEETING & CREATE A FAMILY PLAN

Following the completion of Early Help Record:

- Step 1 - identify the key professionals and agencies who can support them
- Step 2 - Identify who the lead practitioner should depending on who has the best relationship with the family
- Step 3- Hold a meeting with the family & team, using the assessment to develop an action plan
- Step 4 - Identify some SMART actions which will help the family achieve their agreed outcomes
- Step 5 – Set a date with the TAF to review the plan
- Step 6 - Share the plan with the TAF and family

5

REVIEW THE PROGRESS

- Step 1- The TAF are asked to feedback on their actions and whether they think the plan is working. Family should also have an opportunity to feedback on how things are going
- Step 2 - Decision is made to: 1. Continue as is 2. Amend the plan 3. End the plan as needs have been fully met 4. Take the family’s needs to a EHSC panel, if support or advice is needed. 5. Escalate the family’s needs to Newham MASH with Early Help Record.

6

END OF THE PLAN/ CLOSURE

If you think the needs of the child have been met and the family’s outcomes have been achieved, then you are ready to close the involvement with the family but only once you’ve consulted with them and the TAF.

NE NEWHAM MULTIAGENCY SAFEGUARDING HUB (MASH)

If at any point you if you think a child is in immediate danger, phone the police immediately on 999.

IF you are worried that a child you know is at risk of serious harm through abuse or neglect, you should tell us by contacting the MASH.

What happens next?

Children's MASH will receive your form or phone call. The service includes representatives from our Children’s Services, Adult Social Care, Early Help Hub, Community Health, Housing, Hestia, Education, Probation and Youth Justice Service and Newham Police.

Each team will check what information they hold about the child and family to make a decision together about which team should respond to your worries.

We will make this decision in at least:

- Within one working day if we think a child is in need of our protection or
- within four working days in all other cases

We will notify you of the outcome of your referral within a maximum of four working days of receiving the referral.

Flowchart for statutory professionals stepping down children and families to early help services and partners

- Can the child or family's need be met by a single agency?
- Does the child or family have a good relationship with an existing universal service?
- Has the universal service been involved in any statutory assessments or plans?
- Do you feel that the family may benefit from ongoing monitoring from a single agency?
- Has the family declined early help support? Universal services can still offer support to the child.



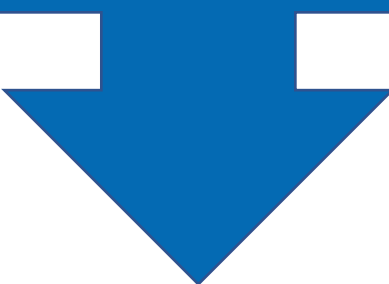
UNIVERSAL EARLY HELP (Schools, Community Health, CVFS etc.)

Step 1 – A decision to transfer a child from assessment or an existing CIN plan should be agreed by the Social Care Manager or at a CIN review meeting. The new lead agency will also be agreed at this point.

Step 2 – Gain consent from the family to be supported by the nominated early help service.

Step 3 - Communicate the decision formally in writing, including sharing the assessment and plan with the family and the professionals who will continue to be involved.

- Has no Lead Professional been identified as part of the assessment or statutory plan?
- Does the family have low risk unmet needs that require multiagency support?
- Does the family require time-limited (8-12 weeks) co-ordination via a Team around the Family (TAF)?
- Does the family require practical support and assistance towards a positive outcome?



TARGETED EARLY HELP Early Help Hub/Children's Centre

Step 1 - Gain consent from the family to be supported by either the Early Help Hub, *BSiL Children's Centre Family Support Team or Families First.

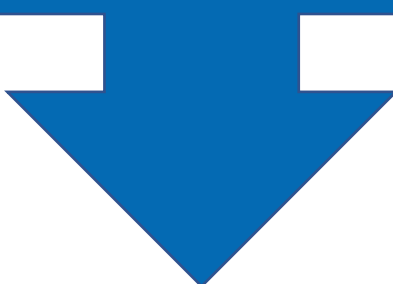
Step 2 – Arrange a consultation with the Early Help Hub Manager or Families First Practice Lead via email. Be clear about the ongoing plan for early help intervention.

Step 3 – Once the family has been accepted, complete the CYPS Closure Summary Form indicating the early help service that will be supporting the family.

Step 4 – The family will be allocated within 24-48 hours of receipt of the referral. Please arrange a handover meeting with the Early Help Practitioner/CC Practitioner/Families First Coach and the family.

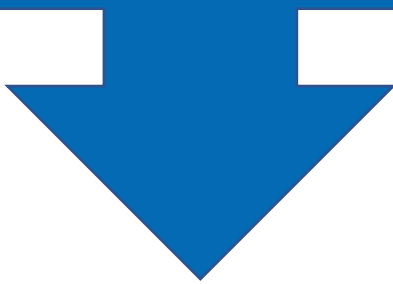
**BSiL Children's Centre Family Support Teams can also work alongside social care as part of a statutory plan. To make a referral, please click [here](#)*

- Would the family benefit from a relationship-based mode of delivery of up to 12 weeks duration?
- Would the family be receptive to whole family working to effect behaviour change and lead towards greater independence?
- Would the family benefit from a three phased approach of engagement, behaviour change and independence?



INTENSIVE EARLY HELP Families First

- Does the young person have known vulnerabilities and indicate emerging risks of exploitation that no longer warrant social care involvement?
- Does the Exploitation Screening Tool indicate low to medium risk?
- Are they at risk of, or already causing harm to young people outside their family?
- Have they been a victim or recipient of youth violence?



INTENSIVE EARLY HELP Preventing Child Exploitation Harm Hub

Step 1 – A decision to transfer a child from assessment or an existing CIN plan should be agreed by the Social Care Manager or at a CIN review meeting. The new lead agency will also be agreed at this point.

Step 2 – Gain consent from the family to be supported by the nominated early help service.

Step 3 – Send an email to PCEHH@newham.gov.uk with the Azeus Reference number, synopsis, risk assessment and plan for ongoing work. You will receive a timeslot for the family to be discussed at the next PCEHH (Every Tuesday morning, 9.30am -11.30am).

Sharing information

The effective sharing of information between practitioners, agencies and organisations is essential for the early identification of need, assessment and service provision to keep children and young people safe. Data protection is not a barrier to sharing information when it is necessary, proportionate and justified to do so. The most important consideration is to safeguard and promote the welfare of the child or young person - this includes safeguarding and promoting the welfare of unborn children.

Working Together is a guide to “inter-agency working to safeguard and promote the welfare of children”. It says that “practitioners should be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children, whether this is when problems are first emerging, or where a child is already known to local authority children’s social care” (Working Together to Safeguard Children, 2018).

The General Data Protection Regulations were incorporated into law in the UK by the Data Protection Act 2018. You must have a legal basis for sharing information; these are set out within the GDPR (Article 6, UK GDPR). Whilst there is no single “best” basis, the most relevant for the purposes of safeguarding and promoting the welfare of children are legal obligation and public task. You must always choose the lawful basis that most closely reflects the true nature of your relationship with the individual and the purpose of the processing.

The processing of information is necessary for you to comply with the law - relevant legislation would include the Children Act 1989 and Section 11 of the Children Act 2004 which places duties on a range of organisations, agencies and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

All agencies, but particularly those who are referring, have a responsibility to endeavour to engage positively with the family they intend to refer, to work alongside children, young people, parents and carers to develop relationships that are experienced as supportive and helpful rather than critical and punitive. Building on strengths while being honest about the worries that are identified is the best way of securing both consent, engagement and participation to improve the lived experience of children and their families.

While it is usually good practice to seek consent for making any referral, there are some exceptions when it comes to protecting children. For example, if having a conversation with the family would place the child, or another child, or someone else, or you the referrer, at increased risk of suffering harm you do not need consent.

Seven Golden Rules:

- 1. Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing**
- 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 be shared**
- 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.**
- 5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.**
- 6. Ensure you only share information that is necessary, proportionate, relevant, adequate, accurate, timely and secure**
- 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.**

Finding more resources and support services

For up to date information on Newham's services supporting:

Children and young people please visit-

<https://www.newham.gov.uk/children-families/journey-child-2>

Early years children and families please visit-

<https://families.newham.gov.uk/kb5/newham/directory/family.page?familychannel=0>

Children and young people with special educational needs

<https://families.newham.gov.uk/kb5/newham/directory/localoffer.page?localofferchannel=0>

To sign up to multi-agency training opportunities please visit:

<https://www.newhamscp.org.uk/learning-zone/>

