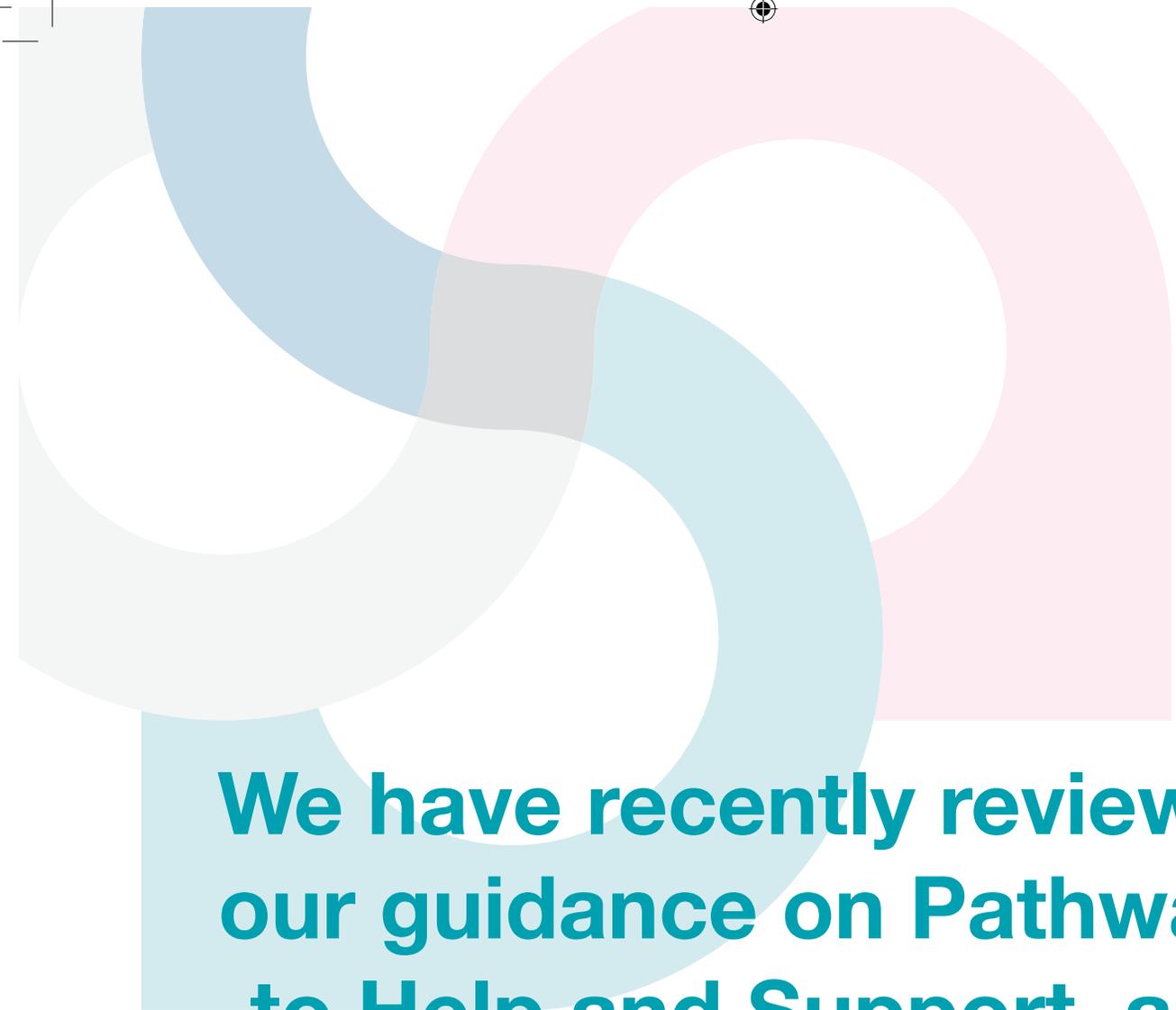


# Newham's Pathways to Help and Support

Revised January 2017





**We have recently reviewed our guidance on Pathways to Help and Support, and Levels and Indicators of Need, so that they align with the London Thresholds document: Continuum of Help and Support 2016.**



## PATHWAYS TO HELP AND SUPPORT

Pathways to Help and Support provides a framework for professionals who are working with children and families. It provides information on the different levels of need, which a child may experience, as well as some of the factors that may indicate a child or young person needs additional support to achieve their full potential.

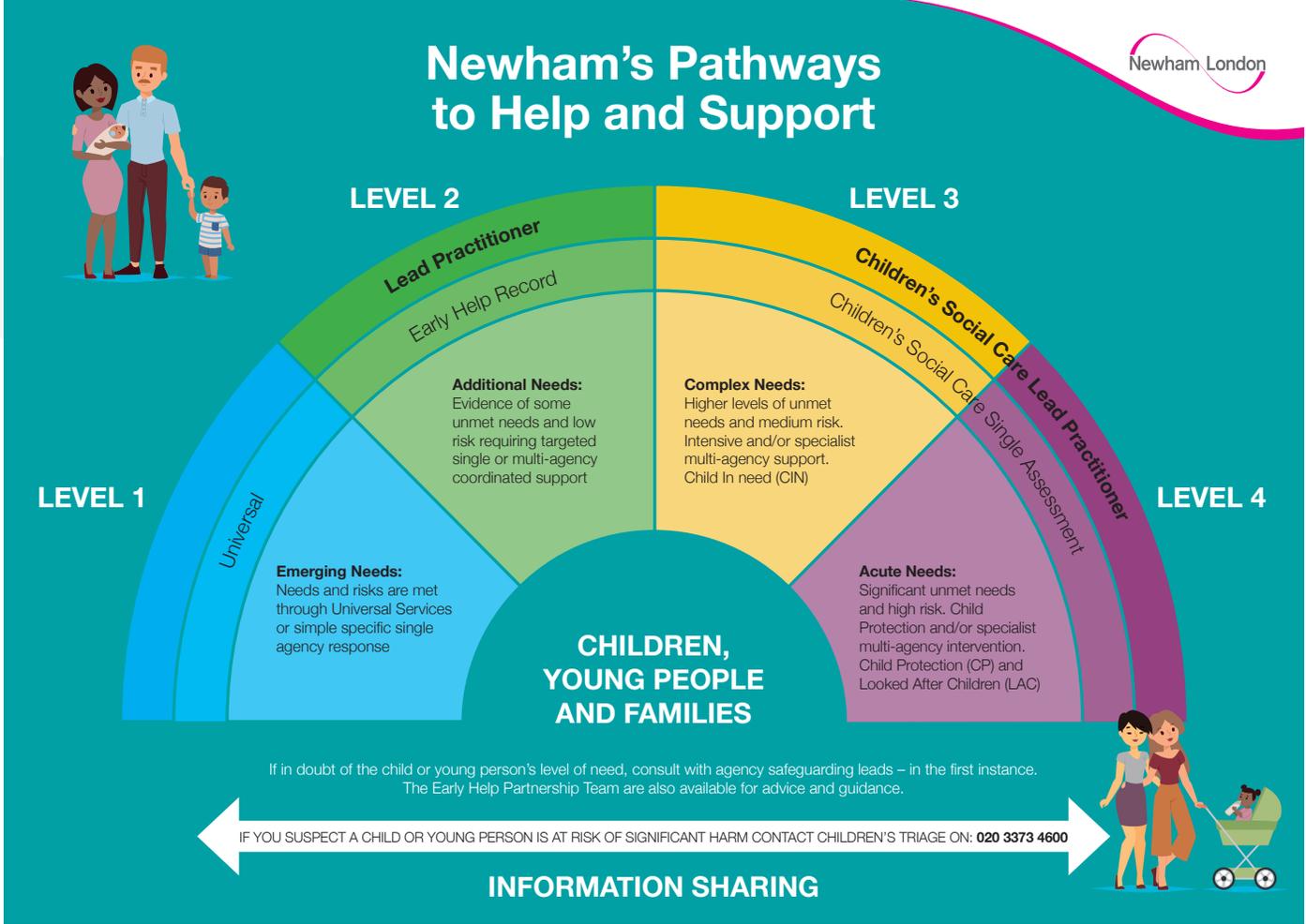
By offering services on a continuum of need professionals can work in an integrated way, responding flexibly to different levels of need, in different families. The framework recognises that however complex a child's needs are universal services will always be provided alongside any specialist additional service.

The framework and approach is underpinned by the following principles:

- Children at all levels of need will use universal services
- Children's needs can move from one level to another. It should not be necessary for those needs to be captured more than once
- Children should be enabled to move quickly and effortlessly to the required service response, without necessarily going through each level
- Where needs appear to have been met, families should be able to choose to keep an Early Help Record open so that they can share their plan with services should needs re-emerge at a later stage
- Children and young people have a right to have their voice heard



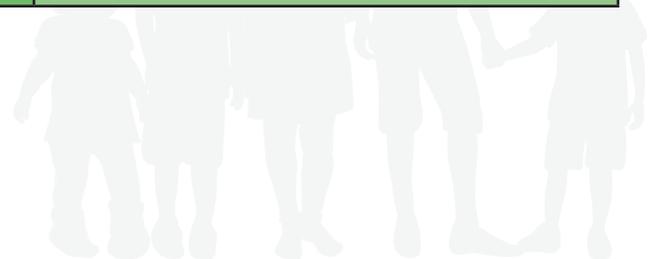
# Newham's Pathways to Help and Support



## THE FOUR LEVELS OF NEED

The four levels of need, the appropriate response to meeting these needs, and where these needs can best be met are described in the table below.

<p><b>Level 1</b></p>	<p>Universal Services (Services for all children and young people)</p>	<p>Children and young people make good overall progress in all areas of development. These children receive appropriate universal services.</p> <p>Children and young people may have an identified need that can be adequately met by a single universal service.</p> <p>Members of the Early Help Partnership Team are available in each of the Neighbourhood Areas to provide support and advice to practitioners – either on an individual basis or through Team Around the School or Neighbourhood Action Meetings.</p> <p>If additional needs are identified, an Early Help Record will be completed and a Lead Professional identified, with step up to Level 2 (or to Level 3 or 4 if requiring statutory intervention).</p>
<p><b>Level 2</b></p>	<p>Vulnerable / Early Help (Multi-agency Support)</p>	<p>Children and young people who require some extra support or intervention.</p> <p>This may be short term, but requires a coordinated response from services. An Early Help Record will be completed with the consent of the family.</p> <p>A Lead Practitioner will be appointed to coordinate the provision of additional services through a Team around the Family approach.</p> <p>Members of the Early Help Partnership Team will be responsible for coordinating Neighbourhood Action Meetings.</p>



<b>Level 3</b>	<b>Complex Multiple Needs</b>	<p>These children and young people require specialist services in order to achieve or maintain a satisfactory level of health or development, or to prevent significant impairment of their health and development and/or who are disabled. They may require long term intervention from specialist services. In some cases these children's needs may be secondary to the adults' needs. This is the threshold for an assessment led by children's social care under Section 17, Children Act 1989 although the assessments and services required may come from a range of provision outside of children's social care.</p>
<b>Level 4</b>	<b>Acute Needs</b>	<p>These children and young people are suffering or are likely to suffer significant harm. This is the threshold for Child Protection. These children are likely to have already experienced adverse effects and to be suffering from poor outcomes. Their needs may not be considered by their parents.</p> <p>This tier also includes Level 4 Health Services which are very specialist services in residential, day patient or outpatient settings for children and adolescents with severe and/or complex health problems. This is likely to mean that they may be referred to children's social care under section 20, 47 or 31 of the Children Act 1989. This would also include those children remanded into custody and statutory youth offending services.</p>

The Indicators of Possible Need contained within London Thresholds document: Continuum of Help and Support 2016 can be used to provide practitioners with an overarching view on the level of support and intervention a family might need.

**[http://www.londoncp.co.uk/files/revised\\_guidance\\_thresholds.pdf](http://www.londoncp.co.uk/files/revised_guidance_thresholds.pdf)**

The indicators should not be used in a 'tick box' way, but should be used as a reference guide to support professionals in their decision making, including conducting further assessments, referring to other services, and understanding the likely thresholds for higher levels of intervention.

If there is a combination of indicators of need under Level 2, the case may be a Level 3 case overall.

Needs do not remain constant, and the needs of a child or family will change over time.

Where a plan has been agreed, this should be reviewed regularly to consider whether sufficient progress has been made to meet the child's needs, as well as the level of risk faced by the child.

Professionals in all agencies who come into contact with children or who work with adult parents/carers or who gain knowledge about children through working with adults should:

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

**Where there is an urgent and immediate need to protect a child, the police should be contacted. Otherwise, for all other children who may be at risk of significant harm, Newham's Triage service should be contacted on: 020 3373 4600.**

**Further information on child protection in Newham can be found at <https://www.newham.gov.uk/Pages/Services/Child-protection.aspx>**

Note: Pathways for specific themes such as Domestic Abuse and Sexual Violence, SEND, Child Sexual Exploitation and Children Missing from Education are currently in development and will be added to this document with specific case examples in early 2017.



## SUPPORTING CHILDREN AND FAMILIES IN NEWHAM AT EACH OF THE LEVELS OF NEED

### LEVEL 1 – UNIVERSAL

Children who are best supported at Level 1 are those whose needs can appropriately be met by Universal services. Universal services are services and intervention which are available to all children.

#### Examples of universal services and interventions include

Schools	GP Surgeries	Children's Centres
Hospitals	Health Visitors (0-5)	Police
Leisure Centres	School Health (School aged children)	

At Level 1, support is generally by a single agency and is contained within the service.

Some children will require support which is additional to, or different from, that which is normally provided. In the majority of cases, the needs of a child or young person can be met through personalising universal provision.

Members of the Early Help Partnership Team are able to provide advice and guidance as necessary, for how the needs of children can be met within universal services.

The Team will also provide training to all practitioners delivering early help and facilitate network meetings to build knowledge, confidence and expertise.

## LEVEL 2 – VULNERABLE/EARLY HELP

At times, a child's needs may not be able to be met by universal interventions alone and will best be met through a more targeted response. At this point the child's needs will still be considered as 'emerging', rather than as complex (Level 3) and will therefore be below the threshold for specialist or statutory interventions. Under these circumstances, initiating a targeted early help response will be a way of working with the family to meet their needs early on, thus reducing a requirement for specialist or statutory interventions and improving the child's outcomes longer term.

As a preventative rather than a statutory response, the family's consent will always be required to participate in early help.

### Examples of Emerging Need

Some developmental milestones are not being met.

The child undertakes no physical activity and has a diet which impacts on their health.

The child is known to be undertaking alcohol or drugs frequently with occasional impact on their social wellbeing.

The child has a negative sense of self and abilities.

The child has few friendships and limited social interaction with their peers.

The child occasionally shows physical symptoms which could indicate neglect such as poor hygiene or tooth decay.

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.

Universal services have an important role to play in identifying and providing early help to children and families where they can. Practitioners in universal services are well placed to identify emerging needs as they work with all children in the borough.

In the very early years, it may be a midwife or health visitor who notices emerging need, or this may come to light in a nursery or a children's centre.

Often these needs will be identified in schools which for many children (and particularly those who are new in the borough) will be the first time they have had contact with practitioners.

When indicators of Level 2 needs are identified, staff in universal services will take responsibility for exploring issues with the child and family, with guidance and support as necessary from the Early Help Partnership team.

Many Universal services in the borough also offer a targeted Early Help response to provide additional support to families at Level 2.

Other services such as Families First, are targeted specifically at children with additional needs.

### **Examples of Targeted Provision in Universal Services**

Mentoring

Parenting Courses

Counselling

Health Visiting – Universal Plus

### **Examples of other Targeted Provision**

Families First

### **Families First**

Families First comprises an important part of the early help offer in the borough. We are currently working to refocus the service from working with Level 2 and Level 3 cases, to Level 2 cases.

### **Team around the Family (TAF)**

Where the input of more than one agency is required (a multi-agency response), a Lead Practitioner will be identified. This will be any practitioner who is in contact with the family or child.

The Lead Practitioner will develop an Early Help Record with the family as a tool for understanding strengths and needs, establishing goals, and recording the work undertaken by all practitioners in partnership with the family.

The Lead Practitioner will also be responsible for drawing all practitioners who are named in the Early Help Record into a Team around the Family (TAF). The TAF will work with the family in a coordinated way and will meet with the family to achieve the goals established in the plan.

Members of the TAF are responsible for attending TAF meetings, and to implement any identified actions established in the plan, which are relevant to their professional roles. It will align with the Single Assessment Process.

It will be important to obtain the consent of the family prior to completing an Early Help Record. However, the significance of withdrawing consent, or resisting/avoiding professional help should always be reflected on in terms of any risk to the child's welfare. There may be occasions where a practitioner decides to share information without consent in order to ensure that a child is safeguarded. Under these circumstances, reasons for sharing the information must be recorded.

The purpose of the Early Help Record must be clear to the child and their parents/carers.

A good quality Early Help Record must:

- identify strengths, needs, risks, support and available services
- take account of the child's developmental needs, their health and progress
- assess what the child and their parents/carers want to achieve
- consider the parenting capacity of the parent/carers and look at the impact of parental circumstances and behaviour on the child
- consider what it is like to be a child in this family
- reflect the voice of the child with child's views being central
- identify what needs to change
- establish goals and family changes to support positive progress
- provide a shared understanding by the child, the parents, family and practitioners on how the needs of the child will be met through professionals, the actions of their parents/carers, and the actions of the child.

Plans should be reviewed after six weeks and then again at 12 weeks following the development of the plan.

A decision will be made around whether to conclude the plan, extend the plan or, to step down support to Level 1. There may also be occasion to step up support to Level 3 or 4.

The Lead Practitioner must discuss what information will be stored and shared securely with other practitioners and the reasons for this, and receive consent of the family to do so.

Early Help Partnership Coordinators and Practitioners will continue to provide training on delivering early help and completion of the Early Help Record.



### **LEVEL 3 – COMPLEX MULTIPLE NEEDS (CHILD IN NEED)**

Children with complex and/or multiple needs may not be able to have these met through early help alone. Universal services may have been supporting families through early help at Level 2 for some time and feel that need has escalated, or an incident may have occurred within a family which increases their level of need immediately and dramatically. Under these circumstances, Early Help Practitioners and Coordinators will be placed to provide advice and guidance to universal services to consider whether the child is able to be supported safely at Level 2, or whether they may meet the criteria of a Child in Need. These are defined in the Children Act 1989 as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services, or a child who is disabled.

#### **Examples of Indicators of children with complex multiple needs who need statutory and specialist services. A referral to Triage is required.**

##### **The list is not exhaustive – please refer to the London Thresholds document.**

Some development milestones are not being met which will require support of targeted/specialist services.

The child undertakes no physical activity and has a diet which seriously impacts on their health despite intensive support from early help services.

The child's substance misuse dependency is affecting their mental and physical health and social wellbeing.

The child has a negative sense of their self and abilities to the extent that it impacts on their daily outcomes.

The child or young person is isolated and refuses to participate in social activities.

The child consistently shows physical symptoms, which clearly indicate neglect.

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.

Where Level 2 intervention is considered the best response, Early Help Partnership Practitioners and Coordinators will work with universal practitioners to look at strategies for refreshing the existing early help approach and for overcoming barriers to achieving outcomes.

### **Referrals**

Where it is felt that the threshold for a Level 3 response may have been met, universal practitioners will need to make a referral to the integrated service Triage, in order that the circumstances experienced by the child can be risk assessed by the multi-disciplinary Triage and MASH teams and the best approach to intervention identified. Where an Early Help Record exists, the sharing of this with Triage will produce a more informed, more timely Triage outcome for the family.

### **Consent**

Consent will be required from the family before the lead practitioner shares an Early Help Record or makes a referral to the integrated service Triage for consideration of a Level 3 response. Lead practitioners should discuss sensitively and transparently

with the family their reasons for wanting to make a referral, the possible next steps from a referral, and take into account the views of the family. Should the family not give consent to the referral after proactive attempts to gain this, the lead practitioner will need to decide with the help of their organisation's designated safeguarding lead whether they are able to continue working safely with the family at Level 2 or whether the risk to the child is such they will need to escalate the response to Level 4. Early Help Practitioners and Coordinators will be available to guide decision-making in this area. Families should be kept informed of any changes in approach to their intervention, unless it is considered that doing so will place the child at risk.

### **Decision-making**

Once a referral has been made, Triage will determine whether a child's needs require a more in-depth assessment of their needs by a Social Worker from the integrated service or whether an alternative response would be more appropriate. In the case of the latter, this may be intensive early help via the Families First service, or continuation of early help by universal practitioners, who will be offered additional support from Early Help Practitioners and Coordinators in their work with the family.

Level 3 responses to families will be led by the integrated service working in partnership with the universal practitioners who support the family on a day-to-day basis. The first step of a Level 3 intervention will involve information gathering by a social worker as part of the single assessment process, in line with the requirements set out within Working Together 2013. Where an Early Help Record exists, this should be shared with the social worker, subject to consent, to facilitate a more informed, more timely response and remove the need for the family to have to repeat their story unnecessarily.

All single assessments will be based on information gathering about the family history, previous engagement with professional interventions, and current circumstances, identifying both strengths and needs and using a systemic approach. The social worker will work to understand the child's lived experience, therefore children will be at the centre of the assessment process. Their views, wishes and feelings will be sought and reflected in the assessment and the child will always be seen alone and observed in their home environment, of their relationships with family and significant others.

Parents and carers will also be fully involved and informed in the assessment of their children. It will be explained clearly by the social worker what the assessment process will involve. The social worker will explore with the parents/carers their views, wishes and feelings, what support they can expect from the integrated service and its partners, and how they themselves can contribute to improving their child's situation.

At the end of the assessment process, it may be considered that the family's needs have been met sufficiently to continue work safely at Level 2. In this case, early help will be discussed with the family, and subject to consent, the family's plan will be stepped down to an Early Help Lead Practitioner. Early Help Coordinators and Practitioners will be able to guide Early Help Lead Practitioners in working safely with step-down cases where required.

Alternatively, it may be felt that the assessment has identified unmet needs which will best be met through continued multi-agency intervention at Level 3 or 4. In this case, a social worker from the integrated service will be responsible for leading the co-ordination of the family plan and identifying the practitioners who will be best placed to join them to work in partnership with the family to meet the child's needs. The social worker at this point supersedes any previous lead practitioner and all pre-existing family plans will be fed into the CIN plan which will now supersede them. Partner agencies have a duty to support the social worker in their carrying out of the plan, as set out in Working Together.

At the point where the team of practitioners, together with the family, agree that the child's needs have been met sufficiently to continue work safely at Level 2, early help will be discussed with the family, and subject to consent, the family's plan will be stepped down to an Early Help Lead Practitioner. Early Help Partnership Coordinators and Practitioners will be able to guide Early Help Lead Practitioners in working safely with step-down cases where required. Alternatively, the case may need to be escalated to Level 4 if there continue to be unmet needs which pose a higher risk to the child's safety.

**Examples of indicators of children with acute needs who require child protection services. A referral to Triage and/or the police is required.**

Development milestones are significantly delayed or impaired.

Despite support, the child undertakes no physical activity and has a diet, which is adversely affecting their health.

The child's substance misuse dependency is putting the child at such risk that intensive specialist resources are required.

The child has such a negative sense of self and abilities that there is evidence or likelihood that this is causing harm.

The child or young person is completely isolated refusing to participate in any activities.

The child shows physical signs of neglect such as a thin or swollen tummy, poor skin tone/sores/rashes, prominent joints and bones, poor hygiene or tooth decay which is re-attributable to the care provided by their parents/carers.

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.

**LEVEL 4 - ACUTE NEEDS (CHILD PROTECTION)**

For a minority of children, the level of need will be so high that a Level 4, or Child Protection, response is required. These children will be considered to be at risk of, or suffering, significant harm. Universal services may have been supporting families for some time and feel that need has escalated, or an incident may have occurred within a family which increases their level of need immediately and dramatically. Under these circumstances, Early Help Practitioners and Coordinators will be placed to provide advice and guidance to universal services to consider whether the child is able to be supported safely at Level 2, or whether they may meet the criteria for a Level 4 Child Protection response.

Where Level 2 intervention is considered the best response, Early Help Partnership Practitioners and Coordinators will work with universal practitioners to look at strategies for refreshing the existing early help approach and for overcoming barriers to achieving outcomes.

Where it is felt that the threshold for a Level 4 response may have been met, universal practitioners will need to make a referral to the integrated service Triage, in order that the circumstances experienced by the child can be risk assessed by the multi-disciplinary Triage and MASH teams and the best approach to intervention identified.

Where an Early Help Record exists, the sharing of this with Triage will produce a more informed, more timely Triage outcome for the family.

It is good practice to obtain consent from the family to make a referral to Triage for a Level 4 response and, where safe and appropriate, all attempts should be made to seek this. However, consent is not mandatory where there is a concern that a child may be at risk of significant harm, and where a discussion with the family or the time delay involved in making contact with the family would place the child at risk then referral should be made without consent.

A Level 4 response may also be triggered from directly within the integrated service, where interventions at Levels 2 and 3 require escalation.

Should the outcome of risk assessment by Triage, or a social worker in the integrated service, confirm that the child may be eligible for a Level 4 response, one or more strategy discussions will be held. The purpose of the strategy discussion is detailed in Working Together. It is to enable children's services and partner agencies (such as education and health services) to share information and make decisions about initiating or continuing enquiries under Section 47 of the Children Act 1989, what enquiries will be made and by whom, whether there is a need for action to immediately safeguard the child, and what information about the strategy discussion will be provided to the family. Decisions will be made regarding the provision of any medical treatment, how to handle enquiries in the light of any criminal investigation and whether other children affected are in need or at risk.

Following the strategy discussion, enquiries under section 47 of the Children Act 1989 may be initiated. These will be co-ordinated by a social worker from the integrated service. Section 47 places a duty on children's services to investigate and make enquiries into the circumstances of children considered to be at risk of significant harm and to decide what action it may need to take to safeguard and promote the child's welfare.

Duties to make enquiries under Section 47 arise in the following circumstances:

- Where the Local Authority has already obtained an Emergency Protection Order in relation to the child or
- Where the Local Authority is informed that a child who lives or is found in its area is the subject of an Emergency Protection Order, is in Police Protection or has contravened a ban imposed by a curfew notice under s.14 of the Crime and Disorder Act 1998 and has reasonable cause to suspect that a child who lives or is found within its area is suffering, or likely to suffer significant harm.

An Initial Child Protection Conference will be convened by the social worker. The social worker will be responsible for leading the co-ordination of the family plan and will identify practitioners best placed to join them in the Core Group. The Core Group will be responsible for the implementation and review of the Child Protection Plan in order to keep the child safe, and will meet regularly at Child Protection Conferences.

At the point where the team of practitioners, together with the family, agree that the child's needs have been met sufficiently to ensure that they are no longer at risk of suffering significant harm, the case will be stepped-down, most likely to Level 3 in the first instance. Should needs continue to be unmet, there are a number of escalation interventions dependent on the child's situation. These include care or supervision orders and emergency protection orders.

For a minority of children, the level of need will be so high that a Level 4, or Child Protection, response is required. These children will be considered to be at risk of, or suffering, significant harm.

