Help and protection for children, young people and families

A guide to services in Newham

www.newham.gov.uk/triage
020 3373 4600

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1. INTRODUCTION

There are over 86,000 children and young people aged 0-19 years in Newham; more than a third of our population, and we want each of them to have the best possible start in life.

We have strong universal services in Newham - our schools, children's centres and health services are good - but some of our children and young people need extra support. When families cannot cope by themselves, we have a duty to help early on, as we know that problems can escalate and become harder to fix as time goes on.

This guide has been produced for practitioners working in children's services across Newham, including those working in schools, early years, health, police, housing, Triage, Families First, inclusion, youth and social care. It sets out Newham Council's approach to supporting families across all levels of need and supports staff to understand:

(a) our approach to working with children, young people and families in Newham
(b) the role of staff in universal services to identify at an early point where children are vulnerable and take appropriate action
(c) the role of Children's Triage to make decisions about which service is best placed to respond to vulnerable children and families
(d) the role of early help services to build capacity locally and deliver low level intervention and support to vulnerable children, young people and families on a short-term basis, by addressing problems before they become worse and/or before they escalate into statutory services
(e) the role of statutory services to intervene in clearly prescribed circumstances, for example to investigate abuse and neglect and/or take families through the child protection process.

2. OUR APPROACH TO WORKING WITH CHILDREN, YOUNG PEOPLE AND FAMILIES IN NEWHAM

We have high aspirations for all children and young people in Newham and want them to make a positive journey into adulthood. We want to support children and families and we believe that the best way to do this is by building resilience and developing skills.

We all have a contribution to make in realising this shared ambition, and this guide aims to set out how practitioners working with children and families in Newham can contribute.

It is important that we all have a shared understanding of how children's services work together to support Newham's children, young people and families. Every practitioner should understand their own role and that of their organisation; as well as how they should work with other services in order to support vulnerable children and families.

The key elements of our offer are:
• universal services
• early help
• statutory intervention

It is important that across Newham's children's services, we have a shared understanding of which needs should be supported at different levels to ensure children, young people and families get the right help from the right service at the right time.

Universal services are provided and/or available to, all children and their families, such as education or health care. See section 4 for further information.

Early help is provided by a range of services. See section 5 for further information.

Statutory intervention is delivered under a clear statutory framework including the Children Act 1989. See section 6 for further information.
FIGURE 1 – KEY SERVICES FOR CHILDREN, YOUNG PEOPLE AND FAMILIES IN NEWHAM

This diagram summarises the key services for children, young people and families in Newham and how they relate to the different levels of need.

FIGURE 2 – HOW SERVICES WORK TOGETHER TO SUPPORT CHILDREN, YOUNG PEOPLE AND FAMILIES

Universal services

Practitioner identifies a vulnerable child, young person or family

No improvement – extra support needed

Situation improves – no further support necessary

Request for support or protection to Children’s Triage

Decision making by Children’s Triage

Universal services (Level 1a)

Early help services (Levels 1b, 2a, 2b)

Statutory intervention (Level 3)

Level 1b

Level 2

Children aged 0-5

Targeted family support from Children’s Centres

School aged children

Foundations for Learning programme via the child’s school

Families First Service

Children’s Social Care

Youth Offending Team (YOT)
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The importance of conversation and a quality relationship

The starting point for all services, regardless of the level of intervention, should be to talk with the children, young people and families and aim to build a quality relationship with them over time.

The first step will usually be sitting down and talking to the child, young person or family concerned to understand the help that is needed. The aim is to try and build a picture of what is happening within the family, to understand what might need to be done to get the child back on track. Some of the issues to explore are:

• How is the child feeling?
• Where are the parents in terms of their own wellbeing?
• What is the family environment in terms of housing / location?
• Which other agencies are involved with the family?

Once there is a good shared understanding of what the issues are, the practitioner should try to help the child and family explore possible solutions. The default option should not be to suggest a source of support which is external to the family, it should be to identify what the child and family can do themselves to address the problem and / or stop it developing. Here it is important, if appropriate, to set very clear expectations of the child and parents in terms of what their contribution needs to be. If external support is needed, the practitioner should explore what capacity there might be in the wider extended family or community to help the child or family, for example from grandparents, friends and neighbours, other parents, community organisations. The practitioner should also reflect on what they or their colleagues can do to help and make sure this is communicated clearly.

If, during a conversation with a child and/or family, practitioners become concerned that the child is at risk of significant harm, a request for protection should be made immediately.

The importance of this conversation with the child and family cannot be underestimated. In many cases the conversations will happen repeatedly over a limited period of time to follow up on issues and monitor progress. It is the key initial “early intervention”.

An essential part of the way we do - and will continue to - help and support families is through the quality of the conversations we have with them. This is, in effect, a form of coaching or mentoring. Many of us will have experienced the benefits of this ourselves as recipients of mentoring or coaching from our line managers, colleagues or families. The quality of the relationship that is formed is often the crucial factor in helping to turn things round and get the child back on a positive trajectory to adulthood.

Research shows that in effective interventions, what makes the difference is the quality of relationships formed between the “significant adult” and the children, young people and parents with whom they are working. This is not about becoming “friends” with children and their parents or being liked. It is about forming a quality relationship, which enables the practitioner to explore issues, set expectations, provide advice and information and challenge families to make changes where necessary.

Because the quality of the relationship is so important, practitioners should guard against referring children and families on to other agencies where they will have to build relationships all over again, except where it is really necessary. For example where there is a specialist need for, mental health support that the practitioner cannot meet. If, however, the need is for information, such as nutrition or benefits, the practitioner should try, as far as possible, to gather this information and provide it to the child or family, rather than referring the family on. Practitioners should take responsibility for helping families to access information and support while also encouraging them to use the other services in the community.
3. THE ROLE OF THE CHILDREN’S TRIAGE SERVICE

3.1 The purpose and functions of Children’s Triage

The Children’s Triage service is the single point of contact for requests for support or protection for vulnerable children and young people in the borough. The service was established to make it as easy as possible for residents and practitioners to access early help and statutory, including child protection.

The key functions of the service are to:

- check the information held about the child or family across the children’s services network
- make an initial decision about which part of the system is best placed to respond
- create a record of the request and the decision made
- pass the information on to the correct service within agreed timeframes
- provide feedback to the referrer on the decision taken.

3.2 The triage process

The triage online portal is accessed via www.newham.gov.uk/triage.

All requests for support or protection for Newham children are assessed by the Children’s Triage service which includes representatives from Children’s Social Care, Community Health, Youth Offending Team (YOT) and the police. Each service will check what information they currently hold about the child and family as appropriate to enable a collective, informed decision about which service is best placed to respond.

The Children’s Triage service will make a decision about which service is best placed to respond and pass requests on accordingly within 24 hours where a child appears to be in need of protection or 48 hours for all other cases. Requesters will be notified automatically by email once this has happened.

The decision made will be:

- Level 1a – Universal services
- Level 1b – Early help
- Level 2a – Early help
- Level 2b – Children’s Social Care
- Level 3 – Children’s Social Care / YOT

For further information on the thresholds of need applied by Children’s Triage, please see Appendix A on page XX.

3.3 Police MERLINS

Police MERLINS are created when a child comes to the notice of the police and there are concerns about the child’s vulnerability. There are currently over 4,000 MERLINS created in Newham a year. These MERLINS are passed to the Children’s Triage service and dealt with in exactly the same way as an online request for support and protection.

In other boroughs, the Children’s Triage service is often referred to as a MASH – Multi-Agency Safeguarding Hub. London Councils, the Metropolitan Police and YMCA together with other statutory and third sector agencies are committed to rolling out MASH across London.

3.4 Hours of operation

The Children’s Triage service will be operational from 9am to 5pm Monday to Friday.

In case of an emergency or for further advice about child protection concerns outside of these hours, please call 020 8430 2000 and ask for the Emergency Duty Team (EDT).

4. THE ROLE OF UNIVERSAL SERVICES IN RELATION TO EARLY HELP AND PROTECTION

4.1 Identifying and responding to indicators of need

Universal services have an important role 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 staff in these services see and work with all children in the borough. In the very early years, it may be a midwife or health visitor who notices a number of the indicators of need in the tables in Appendix A, or need may come to light at a nursery or children’s centre. Often needs will be identified in schools, which, for many children (and particularly those new in the borough) will be the first time they have had daily contact with practitioners working within the children’s services community.

When indicators of Level 2 need are identified, staff in universal services must take responsibility themselves for exploring the issues with the child and family, even if interventions may be delivered by another agency.

4.2 Clear methods of identification, tracking and review

All universal services must have clear methods for identifying children, young people and families in need and clear arrangements for tracking and reviewing progress. This varies across services and sectors, however the outcomes should be the same; that families are identified for and receive early help where it is needed, that professionals in universal services pick up where progress is not being made and that requests for support or protection are made if there are concerns.

4.3 Which universal services in Newham are involved in early help in protection?

Children’s Centres:

Children’s Centres provide universal Sure Start services for children aged 0-4 years. This includes the statutory core offer of positive activities that develop children’s emotional and social wellbeing, relationships and skills, development, school readiness and health and life chances. Most Children’s Centres in Newham are managed by schools, however some are managed by Early Start, an internal business unit governed by Newham Council and commissioned by Children and Young People’s Services. Health services available across Newham’s Children’s Centre network are:

- midwifery services, including ante and post natal care and breastfeeding support
- health visiting services
- speech and language therapy services
- nutrition services.

If practitioners are concerned that a child may be suffering significant harm (Level 3), then they should immediately request for protection online at www.newham.gov.uk/triage.
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Who are the services for?
All Newham residents with children aged 0-4.

How can you access these services?
All Children’s Centre services, including a range of enhanced health services, are open access to all Newham residents with children aged 0-4 years. Each centre publishes in advance a quarterly calendar of the activities which will be run at the venue; noting whether these sessions are drop in or need to be booked; and advertising the range of other services that are available at the centre.

Contact details:
For a list of Children’s Centres in Newham, please see Appendix B on page XX.

Evidence base for Children’s Centres
Recent evaluations show that Sure Start Local Programmes (SSLPs – the forerunners to Sure Start Children’s Centres) have successfully engaged the most vulnerable groups in the most deprived areas, although it often takes considerable time to encourage vulnerable families to engage with services. The early SSLPs have had beneficial effects on parenting which persisted until the children were age seven years. The benefits of SSLPs appear to apply to all areas regardless of level of deprivation, and to all children and families regardless of family deprivation. Evidence also suggests that early intervention by midwives or other health engagement at Children’s Centres can lead to a direct reduction in young children’s risk of poor outcomes including:

- reduced incidence of low birth weight and of foetal and postnatal injury
- improved uptake of preventive health care
- a lower risk of poor bonding and attachment
- reduced child neglect and abuse.

Evidence base for Triple P Parenting
Triple P’s body of evidence is extensive, comprising some 250 published papers. Additionally, it has been tested and shown to be effective in many culturally and ethnically diverse populations around the world.

Key research findings are:
- Triple P reduces problem behaviour in children and improves parents’ wellbeing and parenting skills
- in communities where Triple P is widely available, children have fewer behavioural and emotional problems
- parents using Triple P say they are less stressed, less depressed and don’t use harsh discipline
- triple P has been shown to slow rates of child abuse, reduce foster care placements and decrease hospitalisations from child abuse injuries.

Schools
Education is critical in ensuring long term resilience by equipping children with the skills, knowledge and understanding they need to lead fulfilling lives. Schools in Newham deliver high standards of teaching and learning. They are also committed to supporting the wider needs of children and young people. Most schools have staff who provide additional support to children and young people were there are concerns. These may be pastoral staff, counsellors or Heads of Year. Our Foundations for Learning programme recognises the resources already deployed by schools for this type of low level early help work and it provides a strategic approach to deliver training and support to improve practice further. For further information on Foundations for Learning please see section 5 on page XX.

General Practitioners (GPs) and hospitals
There are 65 general practice surgeries in Newham. All GP surgeries in Newham are part of the Newham Clinical Commissioning Group (CCG), which has responsibility for purchasing healthcare from a range of providers including community/mental health trusts, acute hospital trusts and the independent and voluntary sectors.

General practice is an essential part of the range of care available within the local community and GPs are also the first point of contact for many residents when they have a problem GPs increasingly work in the remit of prevention and education, to promote the health of their patients and families, not just in the treatment of ill health.

For details of GP surgeries and hospitals in Newham, see www.nhs.uk
Health Visiting Nurses

Health Visitors are specialist community public health nurses who play a crucial role in supporting babies, young children and their families. This is acknowledged across the UK with the focus on expanding the health visiting workforce. Health visiting interventions, when well planned and co-ordinated, reduce problems in later childhood, promote self-care and resilience in communities, and prevent ill health occurring in the first place. The service in Newham provides a programme of core interventions modelled on the national Healthy Child Programme (HCP). The core requirements of the HCP include:

- early identification of need and risk
- health and development reviews
- health assessments
- immunisations
- promotion of social and emotional development
- support for parenting and relationship management
- effective promotion of health and behavioural change
- prevention of obesity
- promotion of breastfeeding.

How can you access the service?

Any family resident in Newham with a child aged 0-5 years can self refer, however the most common route into the service will be via a new birth notification to the Health Visiting service from Maternity Services or new family registrations from GPs.

Contact details:
Please call East London Foundation Trust (ELFT) on 020 8250 7265 or 020 7445 7017.

Evidence base for Health Visiting:

A review of Health Visiting interventions, processes and outcomes by the National Nursing Research Unit (NNRU) for the Department of Health found that there is evidence of beneficial outcomes from Health Visiting practice, albeit in specific areas such as child health, maternal mental health and parenting support. It found that there is a need to be realistic about the extent of change that can be expected from health visiting interventions for families with complex needs. However, equally there is a need to acknowledge that apparently small changes, for example improved mother-child interactions or warmer / more nurturing parenting, can in fact translate into large benefits later in a child’s life.

School nurses provide a range of services in line with the national framework for School Nursing. This is based on a range of universal services for all school aged children and enhanced services for children and young people with additional needs.

Who is the service for?

The Health Visiting service is for every family in Newham with a child aged 0-5 years. However families receive varying levels of intervention from the service in accordance with need. The levels of intervention are:

- Universal (Tier 1): this is the service offered to all families and involves delivery of the HCP to families.
- Universal Plus (Tier 2): this is the service offered to families where there are some additional needs and involves a time limited package of care that the health visitor may provide, or arrange through delegation or referral. The aim is to intervene early to prevent problems developing or worsening.
- Universal Partnership Plus (Tier 3): this is the service offered to vulnerable families requiring ongoing and/ or additional support for a range of special needs; for example long-term health / developmental conditions or those arising from social disadvantage or disability.

Enhanced services include:

- support for children with complex / special needs in school in partnership with other health professionals, via care planning and/or staff / teacher training
- a range of health promotion group sessions and one to one sessions tailored to specific needs
- drop-in sessions for parents at schools.

From April 2013, Public Health responsibilities transferred from the NHS to Local Authorities and Public Health England.

How can you access the services?

Services are delivered in schools. Each school in Newham has access to a School Nurse or Associate School Nurse and can contact them in relation to any of the above services or if they have a health related query about a child in their school.

Contact details:
Each school has the contact details of their named School Nurse or Associate School Nurse. If you have a general enquiry about the School Nursing service, contact East London Foundation Trust (ELFT) on 020 8250 7265 or 020 7445 7017.

Evidence base for School Nursing

The evidence base for School Nursing is focused around the principles of early identification and effective follow up. Examples of this include:

- staged contacts at school entry, Year 6 and mid-teens
- health Development Reviews to assess universal health, risk and protective factors, family health, emotional health and wellbeing, lifestyle choices and lifestyle behaviour
- a universal approach to include all children and young people at transition points
- a proactive method to uncover hidden need leading to early intervention and prevention
- a structured follow up procedure to support individuals with an identified need
- established referral pathways to ensure notification of need to appropriate services
- redirected resources based on evidence
- utilisation of team skills and competencies
- up to date public health data to support and direct practice delivery across integrated teams.

Positive activities for young people

Positive activities are provided to enable young people take part in enjoyable and purposeful activities in their free time which can help them develop new skills and raise their aspirations. They are delivered by a range of providers within Community Hubs. Community Hubs are at the heart of the council’s vision for developing community resilience by providing a more active community leadership role for Members. Through this leadership, hubs will drive up levels of activity for all residents young and old, to ensure all of our community is linked better and works together. An example of this is positive activities for young people.

Who are the activities for?

Positive activities are open to all young people aged 11 – 21 years, up to 24 where young people have special educational needs and are delivered from four centres around the borough (see Appendix B for further information).
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How can you access the service?
For youth zone opening times please visit www.newham.gov.uk/youthzones

For details of centres where positive activities are delivered, see Appendix B.

For further enquiries in relation to positive activities contact Lynne Crank, Service Manager, on 020 3373 0603 or email lynne.crank@newham.gov.uk

Evidence base for positive activities for young people

Participation in positive activities can:

• help young people to develop personal, social and emotional skills including self-esteem, confidence, aspiration, team-working and social skills.
• translate into a beneficial change in young people’s relationships with adults and academic learning, which may lead to better outcomes in other areas.

Raising the Participation Age (RPA) targeted intervention service for young people in Years 12 and 13.

The Education and Skills Act (2008) places a duty on Local Authorities to support all young people resident in Newham to participate in education or training until the end of the academic year in which they turn age 17 years. From summer 2015, this will increase to age 18 years. This is known as Raising the Participation Age (RPA).

The RPA targeted intervention service, through a range of partnership approaches, aims to:
• promote the effective participation of all young people in Years 12 and 13 in education or training
• encourage, enable and assist young people to participate in education, employment and training
• identify young people who are not participating (NEETs and unknowns).

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• promote the effective participation of all young people in Years 12 and 13 in education or training
• encourage, enable and assist young people to participate in education, employment and training
• identify young people who are not participating (NEETs and unknowns).

Who is the service for?
The RPA targeted intervention service is for all young people resident in Newham in Years 12 and 13.

How can you access the service?
The service is accessed through referrals and contacts from professionals and providers. However if you are working with a young person who you think would benefit from targeted intervention with respect to their participation in education, employment and training, contact Shah Islam, Service Manager, on 020 3373 7085 or email shah.islam@newham.gov.uk

Evidence base for the benefits of getting young people into education, employment or training

Academic achievement and engagement in education, employment or training is a key indicator of:
• positive life outcomes for children and young people
• future employment opportunities / earning potential
• ability to be resilient and non-dependent on public resources
• less likely to engage in criminal activity if achieving
• increased likelihood of good health.

Evidence base for positive activities for young people

Participation in positive activities can:

• help young people to develop personal, social and emotional skills including self-esteem, confidence, aspiration, team-working and social skills.
• translate into a beneficial change in young people’s relationships with adults and academic learning, which may lead to better outcomes in other areas.

5. THE ROLE OF EARLY HELP

Newham is proud to present a range of early help services for children, young people and families across the age range.

In addition to the good support provided by universal services we have invested in a range of services to provide more intensive and/or specialist support to those with needs at Level 1b and Level 2. These services work to build resilience and develop skills using a whole family approach.

The overarching purpose of early help services is to:
• build greater resilience and capacity amongst children and young people in the borough so they are able to make a positive journey to adulthood
• reduce the number of children, young people and families who need to access more costly, intensive or statutory services by providing support to families when problems first emerge.

Newham has continued investing in early help, despite significant reductions in budget and resources, and have established two new services during 2013; Family Nurse Partnership and our Families First service. Both are significant additions to our early help offer. Additionally we are making progress towards launching Foundations for Learning, a new programme to support children who are struggling at school due to emerging emotional and behavioural concerns and/or low level issues within their families.

We are confident that our investment will deliver greater resilience and improved outcomes for children, young people and families in the long-term, as well as cost savings for the council.

The individual services are detailed in this section.
5.1 Services for children with needs at Level 1b

Targeted family support via Children’s Centres

The statutory core offer of positive Early Start is an internal business unit governed by Newham Council and commissioned by Children and Young People’s Services to provide activities from its six Children’s Centres and also:

- provide targeted family support to families with children aged 0-4 years
- coordinate Family Support Network (FSN) meetings (formerly known as Every Child Matters meetings) across the whole Children’s Centre network.

The FSN meetings will enable:

- the allocation of cases from Children’s Triage to appropriate Children’s Centres for follow-up
- the identification of families with a child aged 0-4 years in need of targeted additional support from across the whole Children’s Centre network (for example through a Children’s Centre’s outreach activity, through a family accessing core Children’s Centre’s services and/or Triple P Parenting)
- the identification of, with other Children’s Centres and other professionals, how that support can be provided
- cases to be brought from wider Children’s services to the Children’s Centres for support to be provided (CYPs allocations panel)
- monitoring progress of support to families
- ensuring that cases are escalated to Children’s Triage where appropriate.

Who are the services for?

Targeted family support is available to families with children aged 0-4 years where additional support is needed. This will usually be provided by the family’s local Children Centre.

How can you access the services?

Targeted family support is accessed through a variety of pathways, for example:

- via Children’s Triage (a Level 1 case where there is a child aged 0-4 years in the family)
- Family Support Network meetings (where professionals identify a family who may need additional support – see above)
- transfer between Children’s Services, for example from Families First or Children’s Social Care.

If you are working with a family with a child aged 0-4 years and you think that they would benefit from additional support, you can make a request for support or protection at www.newham.gov.uk/triage in the first instance.

For a list of Children’s Centres in Newham, see Appendix B.

Foundations for Learning (FFL)

Foundations for Learning (FFL) is a new programme to support children who are struggling at school due to emerging emotional and behavioural concerns and/or low level issues within their families. Foundations for Learning will become operational in 2014 and will cover both primary and secondary schools. The strategic leadership of the programme will be with the Behaviour Attendance Partnership (BAP).

The FFL programme will focus on:

- the co-ordination of school to school support, to ensure clear systems are in place for identifying, supporting and tracking vulnerable children, drawing on evidence of effective practice from within Newham schools
- training and development for family support and other staff within schools to equip them to support vulnerable children and families effectively

Who is the service for?

Foundations for Learning will improve the support provided through schools for children and young people with Level 1b type needs.

How can you access the services?

There will be two pathways for accessing services:

Via schools: Schools will be the primary source of access, as they will identify which children and young people they believe require additional support.

Via Children’s Triage: Children’s Triage will notify a school if they make a decision of need at Level 1 (early warning) and the child or young person is of school age, so the school can provide appropriate support.

Criteria and processes for accessing the additional commissioned family support will be agreed with the BAP early in 2014.

For further information on Foundations for Learning, please contact Jo Green, Safeguarding Lead for Education, on jo.green@newham.gov.uk or call 020 3373 3301.

Evidence base for Foundations for Learning

The evidence base for Foundations for Learning is akin to any investment in continuous professional development (CPD) of staff:

- staff who receive good quality CPD are better equipped to identify the low-level support needs of vulnerable children and young people and to break down barriers to learning
- a national review of the parenting and family support workforce completed in 2010 concluded that all pastoral practitioners without a graduate qualification in a helping profession will benefit from qualifications at a minimum of Level 3
- peer to peer support reduces practitioner isolation and contributes to positive learning outcomes
- evaluation of the programme will focus on positive outcomes for children and young people, with a view to demonstrating that improved effectiveness in universal support in schools reduces the demand for more intensive services.
5.2 Services for children with needs at Level 2

The Families First service provides intensive intervention to families with a range of needs. The service includes an in-house team plus additional commissioned services for intensive support. Support is delivered in a setting where the family is comfortable; for example in the home, at flexible times, two to three times a week.

Examples of help and support provided by Families First include:
- organising daily routines at home
- improving progress and attendance at school
- managing behavioural changes and ways to change it
- helping young people or adults get into work or training
- help and advice around budgeting and finances.

Who is the service for?
The service is for families resident in Newham who meet:
- Level 2 needs as judged by Children’s Triage (see Appendix A)
- the government’s national ‘Troubled Families’ criteria in addition to local criteria set by the local authority (see Appendix A)
- level 3 needs (see Appendix A) where the family has been assessed by a children’s social worker as likely to benefit from intensive family support.

How can you access the service?
There are two pathways into the service:

Via Children’s Triage:
Families will receive the Families First service when they have been the subject of a request for support or protection to Children’s Triage, for example by schools, health partners or the voluntary sector. Where Children’s Triage assesses the request as meeting thresholds for Level 2, the case will be allocated to the Families First service.

Partners and professionals can also nominate a family for the Families First service, via a request for support or protection to Children’s Triage, where they believe that the family meets the government’s national ‘Troubled Families’ criteria in addition to local criteria set by the local authority see Appendix A.

Via a nomination from a Children’s Social Worker:
Where a family already has a children’s social worker, the social worker may nominate the family to receive the service by completing an internal nomination form, available from families.first@newham.gov.uk.

If a family receives additional support from Families First, the case will remain open to Children’s Social Care until such a time that the case is either closed or the family is formally ‘stepped down’ via the weekly transfer panel.

For general enquiries contact families.first@newham.gov.uk or call 020 3373 0295.

Evidence base for Families First

The evidence base for family intervention has been consistently strong, with compelling evidence gathered from a number of evaluations of Family Intervention Projects (FIPs) since 2001, that showed positive changes for families. FIPs were rolled out as a key element of the previous government’s anti-social behaviour (ASB) strategy, and adopted ‘assertive’ and ‘persistent’ styles of working to challenge and support families to address the root causes of their ASB. Although not a FIP in the traditional sense, Families First mirrors the FIP approach, using intensive family intervention to get to the root causes of a range of difficulties, not just those relating to ASB.

Positive outcomes of FIPs included:
- significant reductions in anti-social behaviour incidents
- improved school attendance
- reduced number of children on the Children’s Social Care ‘at risk’ register and reduced number of children excluded from school after intervention
- families’ tenancies successfully stabilised with an associated reduction in the risk of homelessness.

There is also good evidence about the most effective approaches to working with families. This includes:
- a dedicated worker, dedicated to a family
- practical ‘hands on’ support
- a persistent, assertive and challenging approach
- considering the family as a whole – gathering the intelligence
- common purpose and agreed action.

All the above elements have been adopted into the Families First key principles of operation. We will be testing the effectiveness of this approach through independent evaluation with a view to making the case for additional investment to save money on more expensive but less effective intervention with families later down the line.
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Family Nurse Partnership (FNP)

Family Nurse Partnership (FNP) is a licensed and evidenced based prevention programme for vulnerable first time young mothers. It is delivered by specially trained family nurses and involves structured home visits from early pregnancy up to the child’s second birthday. Each visit includes structured conversations and activities to improve self efficacy, change behaviour and build attachment. Family nurses deliver the Healthy Child Programme (HCP) throughout the first two years of the child’s life and therefore the young person will not have a named health visitor during their time enrolled in the programme.

It must be noted that the FNP model is based on a limited caseload due to the intensity of the service provided. The licence requires that these caseload limits are not exceeded and that programme fidelity is not compromised. Where the caseload limit of the team has been reached and a client is not able to be accepted onto the programme, alternative support will be offered to the young person in line with existing maternity pathways.

Who is the service for?
Newham residents aged 19 years or under at last menstrual period who are pregnant with their first child. A young person is still eligible if previous pregnancies have ended in miscarriage, stillbirth or termination. A young person is still eligible if previous pregnancies with longer gaps between births are not exceeded and that programme fidelity is not compromised. Where the caseload limit of the team has been reached and a client is not able to be accepted onto the programme, alternative support will be offered to the young person in line with existing maternity pathways.

How can you access the service?
All eligible young people should be advised that they are eligible for the FNP by maternity services. For example the maternity booking centre or at antenatal appointments. However processes are being established to ensure the FNP team receives direct notifications of all eligible young people notified to them and no-one misses out on the service. The FNP team is responsible for contacting young people to offer the service.

Any professional or agency can inform the FNP team of a young person who is eligible for the service by completing a notification form. Young people can also contact the team directly to enrol themselves.

Contact details
To self enrol or to obtain a notification form, please contact the FNP team on 020 7059 6709 or email elt.tr.FNPNewham@nhs.net

The Newham Educational Psychology Service (NEPS) Resilience Project

The Newham Educational Psychology Service (NEPS) Resilience Project is a service offered to all local authority maintained schools that have pupils at either Key Stage 2 or 3. School-based specific interventions are offered in consultation and negotiation with schools to support the mental health and emotional wellbeing of children and their families. The Resilience Project is in addition to the core NEPS service and operates at a tier 1/2 (community) level and dovetails with the current child and adolescent mental health services that already operate in Newham as well as other local services such as Families First. Examples of the type of work that is currently being offered to schools includes: parent groups to support behaviour management; targeted groups to support pupils experiencing difficulties with social skills, behaviour, anxiety and communication difficulties; individual work targeting a range of difficulties; a variety of staff support, training and consultation; as well as work with looked after children and their foster carers and to prevent placement breakdown.

Who is the service for?
Children are identified through negotiation between schools and the Educational Psychology Service (ESP), based on the following criteria:

- referral to but non-engagement in local CAMHS services
- previous referral and intervention from CAMHS services, but recent closure
- behavioural or emotional issues affecting academic or social progress (for instance pupils who are withdrawn or depressed, with low attendance, who do not participate actively in school life, who are socially isolated or have few friends etc)
- concerns within the pupil’s family
- other factors denoting vulnerability that may include looked after status, child safeguarding concerns, mental health concerns with the pupil or their family.

How can you access the service?
Schools work with their allocated school Educational Psychologist (EP) to identify potential pupils and plan appropriate interventions. Schools receive their Resilience Project intervention over one to two terms, and receive either eight, 11, or 13 half-day sessions. The amount of time that a school receives is in addition to its core EPS service and is based upon the SEN funding formula which is derived from various measures of need. To ensure that as many pupils as possible benefit from this project, interventions are short-term and usually offered on a weekly or fortnightly basis, but are adaptable depending on need. Various outcome measures and quality assurance methods are employed to ensure a high quality and effective service.

Contact details:
For further information contact the Resilience Project Lead, Dominic Watson, at dominic.watson@newham.gov.uk or call 020 3373 2711.

Evidence base for Family Nurse Partnership (FNP)

The FNP programme has been developed and rigorously tested in the United States for over 30 years. It has been in the UK since 2007 and evaluated by Birkbeck College. It is again being rigorously tested through a large-scale randomised control trial due to report initially in 2014. In US trials, it has consistently been found to result in:

- improved pregnancy outcomes
- reduced child abuse and neglect
- improved school readiness
- reduced youth crime
- improved employment for mothers, and lower subsequent pregnancies with longer gaps between births
- significant cost savings to the public purse from the long-term benefits.

Evidence base for NEPS Resilience Project

- there is clear evidence that children who are emotionally or mentally healthy achieve more at school and are able to participate more fully with their peers and in school and community life.
- research shows that mental health in childhood has important implications for health and social outcomes in adult life.
- the NEPS Resilience Project draws on a wide evidence base and utilises a number of tested interventions and a range of therapeutic approaches. These include the national Targeted Mental Health in Schools (TaMHS) project and a range of resilience based approaches such as the Spark Resilience Programme, developed by the University of East London with support from a number of Newham schools.

Contact details:
For further information contact the Resilience Project Lead, Dominic Watson, at dominic.watson@newham.gov.uk or call 020 3373 2711.

Evidence base for NEPS Resilience Project

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Newham Child and Adolescent Mental Health Service Substance Misuse Team (NCSMT)

NCSMT is a specialist NHS treatment service.

Who is the service for?
The service is for young people up to the age of 19 who have emerging, serious or complex drugs and/or alcohol issues, where these issues are having a significant impact on their lives.

How can you access the service?
Access is via a professional’s referral only. If you are working with a family where a young person is affected by substance misuse, before you make your referral, ensure that you ask the young person the NCSMT referral questions and provide this information in the referral form. This will help in the assessment of your referral. If your referral is urgent, contact York House and ask to speak to the NCSMT duty worker.

Evidence base for NCSMT

Various medium-term outcome studies have found that specialist substance misuse treatment for young people is consistently effective in reducing substance misuse.

In addition to reducing substance misuse, the effectiveness of interventions has been demonstrated in a number of other outcomes. For example:

- improved mental health
- improved attendance at school
- improved academic attainment
- reduced problem behaviour
- increased involvement in positive activities
- increased confidence and self-esteem
- reduced criminal activity
- improved family relationships.

Newham Child and Adolescent Mental Health Service (CAMHS)

CAMHS is a specialist assessment and treatment service available to children and young people who are at risk of significant, persistent and/or complex emotional and mental health difficulties. It is delivered by multi disciplinary teams of clinicians experienced in working with children, young people and their families. The teams include child and adolescent psychotherapists, clinical psychologists, family therapists, nurses, psychiatrists and administrative staff. The service is delivered in a range of settings to optimise the treatment outcomes and the engagement of the child/young person and their family.

CAMHS also provides consultation to professionals working with children and young people and runs a rolling training programme for staff in the wider children’s workforce.

Who is the service for?
CAMHS services are available to children and young people who are at risk of significant, persistent and/or complex emotional and mental health difficulties.

The following general categories describe the characteristics of children and young people who would benefit from specialist assessment and treatment:

- severe or life-threatening conditions
- severe impairment of functioning associated with some mental health disorders
- significant emotional/behavioural/mental health difficulties in children and young people with learning disabilities
- significant emotional difficulties related to and/or severely complicating physical conditions where treatment will influence the outcome
- emotional and behavioural difficulties where prompt early intervention is likely to prevent the development of a more severe and significant disorder

How can you access the service?

Any professional who regularly engages with children and young people can refer to CAMHS by completing the referral form. If you are unsure whether to refer, ring the Duty Clinician who will be pleased to help. CAMHS is open from 9am to 5pm. Outside office hours, children and young people can be seen by their family doctors and/or assessed at the local Emergency Department at Newham General Hospital which will consult with specialist out-of-hours CAMHS staff.

Contact details:
CAMHS can be contacted from 9am to 5pm at:
Newham Child and Family Consultation Service – CFCS
York House
411 Barking Road
Plaistow
E13 8AL
Tel: 020 7055 8400
Fax: 020 7055 8401

Behaviour Support Service (BSS)

Behaviour Support Service (BSS) consists of teachers and an Early Years Practitioner who are experienced in working with children and young people with emotional, social and behavioural difficulties (ESBD). It supports schools and Children’s Centres in relation to children and young people’s ESBD, promoting behaviour for learning. A range of methods are used to promote inclusion, manage and improve behaviour and prevent exclusion.

These include:

- providing specialist observations, reports and strategies
- modelling teaching methods and providing bespoke training on issues related to ESBD and behaviour
- Management to schools staff
- supporting the assessment of needs and where necessary recommending more intensive intervention and provision as appropriate
- providing short-term support for children with ESBD in the Foundation Stage
- attending reviews to monitor progress
- representing the local authority in supporting schools with Pastoral Support Plans (PSPs), which aim to avoid exclusion
- working closely with the Reintegration into Education Team (Storey Centre), Pupil Referral Units and Eleanor Smith School to provide a continuum of support for children and young people exhibiting emotional, social and behavioural difficulties
- supporting schools in developing their behaviour and anti-bullying policies

Intervention for referred children and young people is generally over a period of two terms, although some pupils are monitored on a longer term basis during their school career. Children who are vulnerable, at risk of exclusion or Looked After (LAC) are prioritised.

Although the service aims to prevent exclusion in relation to EBSC, BSS staff represent the local authority at governor disciplinary hearings which are held to consider permanent exclusions. Its staff also attend Independent Reviews where there has been an appeal against the permanent exclusion decision.
Who is the service for?
The BSS will become involved when the school or Children’s Centre has implemented a range of strategies to manage and improve the behaviour but where this has had limited success.

How can you access the service?
The service is accessed via schools and Children’s Centres only. A referral form is completed by the school / Children’s Centre and agreed to / signed by the parent/ carer.

Contact details
The BSS is based at the Tunmarsh Centre, Tunmarsh Lane, E13. For general enquiries contact Jackie Holsworth on 020 3373 6536 or email jackie.holsworth@newham.gov.uk

If your enquiry is in relation to a specific case please call the above number and ask for the Behaviour Support teacher who is working with the family.

Evidence base for behaviour support
Supporting schools and teachers in effective practice is crucial in relation to managing ESBD in the mainstream and inclusive setting. The BSS aims to support schools and teachers in key areas of recognised good practice. These include:

• early identification and intervention – sound assessment, monitoring and evaluation processes
• implementing an effective behaviour policy - ensuring the approaches taken with pupils with ESBD are an extension of behaviour policy for all pupils
• strengthening staff skills – developing teachers’ skills in working with children with ESBD, foreseeing problems where possible and keeping to a minimum demands for specialist support
• maintaining close links between mainstream schools and Pupil Referral Units (PRUs) to ensure reasonable curriculum coverage and give priority to the aim of reintegration
• multi-agency communication, collaboration and working to support families to support their children
• supporting effective leadership from senior management in schools.

5.3 Other early help services in Newham
In addition to the services detailed in this section of the practice guide, there are a number of other early help services in Newham that work with young people. These include:

Community Drug and Alcohol team (CDAT)
The Community Drug and Alcohol Team is a partnership between Drug and Alcohol Service for London (DASL) and East London Foundation Trust (ELFT). They work with Newham residents aged 18 years or over. For contact information see Appendix C on page XX.

Newham Talking Therapies
Newham Talking Therapies is a service that provides a range of psychological therapies for issues such as stress, anxiety, emotional issues, recovering from trauma and depression. They work with Newham residents aged 18 years or over or Newham residents aged 16 or over who are not in full time education. For contact information see Appendix C on page XX.

Community Mental Health Teams (CMHTs)
These are multi-disciplinary teams made up of Community Psychiatric Nurses, Social Workers, Psychologists, Consultant Psychiatrists, Senior Clinical Psychologists, Occupational Therapists, Community Nurses, Medical Officers, Occupational Therapists and Support Workers. There are four CMHTs covering Newham. They work with Newham residents aged 18-65 years who have serious and enduring mental health problems. For contact information see Appendix C on page XX.

Domestic Violence Services
There are a number of services and agencies in Newham who work with residents of any age affected by domestic violence. For contact information see Appendix C.

Support to tackle gangs
Newham council wants to prevent and reduce the number of young people actively involved in serious youth violence through enforcement, intervention and prevention. The approach primarily focuses on individuals aged between 10 and 24 years. The local authority has appointed a Youth Violence Coordinator to maintain focus and progress on the agenda. Operational activity is currently led by the Metropolitan Police Service’s Gangs Unit with significant support from the Drug and Alcohol Service for London (DASL) and Probation Services. For further information on the local authority’s youth violence strategy see Appendix C on page XX.

Newham’s Neighbourhood Restorative Justice Project
Restorative processes bring those harmed by crime or conflict and those responsible for the harm, into communication, enabling everyone affected by a particular incident to play a part in repairing the harm and finding a positive way forward. In criminal justice, restorative processes give victims the chance to tell offenders the real impact of their crime, to get answers to their questions and an apology. Restorative justice holds offenders to account for what they have done, helps them understand the real impact of what they’ve done, to take responsibility and make amends. For contact information for Newham’s Neighbourhood Restorative Justice Project see Appendix C on page XX.
6. THE ROLE OF STATUTORY SERVICES

Statutory services work within a clear legal framework and intervene according to clearly prescribed thresholds of need.

6.1 Children’s Social Care

Child Protection assessment and investigation

The cases that are passed to Children’s Social Care by Children’s Triage will usually be Level 3. This is so the Assessment Service can carry out an assessment to establish if there is unmet need or a risk of significant harm. Some Level 2b cases might at first appear borderline, so it is important that a full assessment of risk is undertaken by a specialist before decisions on next steps are made.

On receipt of a case, Children’s Social Care will carry out an assessment, during which social workers will collect information about the child and family from the professional network, for example the school or health services. They will also talk to the child and parents.

At the end of the assessment a decision will be made about next steps. This might be:

• support to be led by Universal or Level 1 services if concerns are unsubstantiated and/or needs are at Level 1a or 1b
• passing a case to Families First if needs are at Level 2 following assessment, and the service criteria are met (see Appendix B on page XX) and/or the family would benefit from up to six months intensive family support
• passing the case to another specialist service
• management of the case by Children’s Social Care if needs appear to be significant (Level 3) and risk of significant harm or family breakdown is apparent.

If the case is managed by Children’s Social Care, this might involve:

• a multi-agency Child Protection Plan to keep a child safe at home
• legal intervention if all the indicators are that the child should be removed from the family home.

Social care Intervention

Where Children’s Social Care input is required, the Assessment Service will transfer the case to the Intervention Service. The Intervention Service will work with the child/youth and family to develop a Child in Need Plan, setting out how risk will be reduced. Where the significant harm threshold is met, an initial Child Protection (CP) conference will be convened, and a Child Protection Plan devised. A social worker from the Intervention Service will work with children, young people and families to progress the plan and reduce risk and need.

If risk does not sufficiently reduce, the social worker, in consultation with managers, other professionals and the family may decide that a legal order is required and will make an application to the court. The outcome of this may be that the children reside out of the home, for example in foster care or with other family members.

The courts may alternately decide that court ordered supervision of the family situation is more appropriate. Wherever possible, parents will be provided with information well in advance of court involvement, setting out what needs to change; this is called a ‘Letter of Intent’. Social care will only go to court without issuing a letter of intent when we are so concerned about a child’s welfare that any delay would make things worse.

Further details about child protection planning can be found in the London Child Protection Procedures and Working Together to Safeguard Children (2013).

Looked After Children (LAC)

The Local Authority (LA) looks after a small proportion of children and young people because they cannot live at home with their parents, carers or extended family. The LA will only look after children when:

• their parents, carers or extended family are ill or unable to look after them for some reason
• the child or young person has no parents or anyone else to care for them
• there are very serious concerns about the way the children are being cared for.

Further to being taken into the care of the LA, the aim will be to progress a return home to parents, carers or extended family members if this is safe and in the child or young person’s interests to do so. Alternatively, the child or young person may be placed in foster care or recommended for adoption so that a permanent and safe home can be found to ensure that long-term stability.

Children’s Social Care aims to provide the best possible experience for children and young people in care. This includes helping them to achieve their potential and improve their outcomes educationally, physically, emotionally and socially.

The child or young person’s Care Plan will set out how their needs are to be supported. The Care Plan must be reviewed within prescribed timescales and will always ask and support children and young people to attend their review meetings so that their wishes and feelings are heard.

The look after children (LAC) service can be contacted at AfterCareTeam@newham.gov.uk

Leaving Care

Soon after a young person’s 18th birthday, their care is transferred to the Leaving Care Team. Care leavers continue to receive support under the Children Act 1989 and the Children Leaving Care Act 2000, which includes being allocated an outreach worker who will support the young person in their steps to independence.

The outreach worker will review a young person’s Pathway Plan on a six monthly basis or more frequently if a change has occurred. The Pathway Plan agrees what needs to happen for the young person to prepare for their independence and covers areas such as where they will live, what their health needs are, what educational and career plans they have and any other support needs. A personal advisor is also appointed to the young person who will attend the review meetings in order to ensure that the young person’s wishes and feelings are being considered and that the plan is progressing appropriately.

The Outreach Worker will keep in touch with the young person until their 21st birthday or up to the age of 25 years if still in education.

The Leaving Care service can be contacted at AfterCareTeam@newham.gov.uk

If a child or young person is not happy about something at any point while in care or leaving care, they can always talk to their allocated social worker or outreach worker or contact the Children’s Rights Service, (childrensrights@newham.gov.uk), which offers one to one advocacy and other support.
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6.2 Youth Offending Team (YOT)

Every local authority, acting in co-operation with partner agencies, has a statutory duty to establish one or more youth offending teams (YOTs) for their area under section 39(1) of the 1998 Crime and Disorder Act. The Youth Offending Team (YOT) in Newham is a multi-agency team comprising of staff from Probation, Child and Adolescent Mental Health Services (CAMHS) and the Metropolitan Police.

The statutory functions of YOTs are broadly to:

- co-ordinate the provision of youth justice services for all those in the authority’s area who need them
- carry out such functions assigned in the local authority’s youth justice plan
- contribute to the local authority’s duty to take reasonable steps to encourage children and young persons not to commit offences.

The cases that are passed to YOT will usually be Level 3, however they may at times work with young people with needs at Level 2. On receipt of a case, a holistic assessment, ASSET, is undertaken to assist staff in determining the appropriate level of intervention to be provided. Interventions are delivered in partnership with both voluntary and statutory services. The YOT also has a role in local Multi-Agency Public Protection Arrangements (MAPPA). For further information on MAPPA see Appendix C on page XX.

YOT service information

Who is the YOT service for?

The YOT delivers interventions to young people aged 10-18 years who have been convicted of an offence, and/ or are at risk of offending behaviour due to a variety of contributory factors. For example association with peers involved in offending, anti-social behaviour or unsuitable living arrangements.

How can you access the services?

Allocation to YOT by Children’s Triage is one of the main pathways to accessing the service, however if you are working with a family and have identified that there is a young person in the family who has been convicted of an offence and/or at risk of offending behaviour, contact the Duty Hub on 020 8430 2361 or email grp.newham-yot@newham.gov.uk.cjsm.net in the first instance.

Contact details

The YOT is based at 182-192 Cumberland Road, London, E13 8LT. Call the Duty Hub on 0208 430 2361 for more information.

Evidence base for YOT interventions

The YOT model has been shown to deliver a number of positive outcomes such as:

- increase in young offenders engaged in education, training or employment
- reduction in first time entrants into the youth justice system
- reduction in youth crime
- improved education training employment readiness.

The evidence based for ‘what works’ in preventing reoffending includes:

- programmes that focus on those factors that directly contribute to offending as opposed to more distantly related causes
- multi-modal programmes / interventions that tackle a wide range of needs
- sufficient intensity and duration of interventions to meet their aims
- risk classification – matching the levels and intensity of interventions to an assessment of the seriousness of the offending and the risk of reoffending
- interventions are focused on the risk factors associated with offending
- levels of supervision are tailored to the young person, with more resources directed to those most likely to reoffend and/or pose a risk of serious harm to others.

6.3 Attendance Management Service (AMS)

becomes involved with a family when, despite all efforts of the school to engage parents to effect improvement, attendance has dropped to 85 per cent or below and is unauthorised. The service supports schools and families to increase school attendance to the required levels via a range of methods.

These include:

- holding meetings with parents at school or in their homes to identify issues, agree action plans and set targets for improvement
- monitoring improvement and progressing to statutory action where no improvement is realised
- providing parent surgeries on request for groups of parents whose children’s attendance is a concern.

As non-attendance is almost always a symptom of other issues, often within the family, the role of the Attendance Management Service is to make a judgement to:

- make a request for support or protection (see section 3)
- work directly with the family and/or involve other relevant agencies to support the family to support their children’s attendance.

The length of direct intervention with a family is approximately six weeks, leading either to improvement, involvement of other agencies as necessary, or legal action. The service also discharges the local authority’s responsibility to identify, locate and provide access to education for children who are missing from education (CME).

Principles of joint working between the Attendance Management Service and Children’s Social Care

AMS will normally only become involved with a family when schools have exhausted all strategies and support mechanisms available to them and these have been ineffective, and when the attendance has dropped to 85 per cent or below. It is important that information is shared between professionals in AMS and Children’s Social Care to maintain a full picture of work with the family and to consider any wider implications in terms of safeguarding and risk. It is important for both services to work in partnership and take a whole family approach rather than seeking to address the attendance in isolation outside of the wider family context.

How can you access the service?

Attendance management services are accessed via schools only. Schools should make a request for support directly to the Attendance Management Officer allocated to their school.

CME referrals can be made direct to the service by any agency or professional on the CME form provided. Members of the public can report their concerns via the attendance pages of the council’s website www.newham.gov.uk/attendance

Contact details

For general enquiries call 020 3373 1433. For the Duty Officer call 07805 770436.

If your enquiry is in relation to a specific case, call the above general enquiries number and ask for the Attendance Management Officer allocated to the child’s school.

Evidence base for attendance management

There is a clear link between poor attendance at school and lower academic achievement. Of pupils who miss over 50 per cent of school only 3 per cent manage to achieve five or more GCSEs at grades A* to C, including maths and English. 73 per cent of pupils who have over 85 per cent attendance achieve five or more GCSEs at grades A* to C.

Recent recommendations to the Department of Education for improving the attendance of children at school included:

- ensuring that early on parents get into good habits of making sure their child attends school early on
- that parents are supported to get their children to school with a range of practical measures
- that sanctions are used when parents do not cooperate
- educating parents to understand the difference between minor ailments and the sorts of illness that warrant a day off school.
7. SAFEGUARDING AND PARTNERSHIP WORKING

7.1 Newham Safeguarding Children Board (NSCB)
In accordance with Working Together (2013) the Local Safeguarding Children Board (LSCB) referred to locally as the Newham Safeguarding Children Board (NSCB) is required to develop local policies and procedures for safeguarding and promoting the welfare of children in Newham. These include policies and procedures in relation to thresholds for intervention and action to be taken when there are concerns about a child’s safety.

Under the Children Act 2004, the NSCB has a statutory duty to co-ordinate what local partners are doing to safeguard and promote children’s welfare and to ensure these arrangements are effective.

This practice guide has been developed with the input of partners from and agreed by the NSCB’s Executive Board. The board partners include: education, health commissioners and providers, Children and Young People’s Services, Adult Safeguarding services, lay members, police, probation and the community, the private and voluntary sectors.

The NSCB will have oversight of how this practice guide is working through its quality assurance activity, including multi-agency audits and feedback from safeguarding partner leads.

7.2 Conflict resolution:
The NSCB has a conflict resolution protocol that the agency Safeguarding Children Lead (SCL) should use if they have serious and/or persistent concerns about how another agency is responding to a safeguarding issue. This could include services failing to provide feedback to referrers, or professionals failing to provide information to social workers carrying out assessments under the child protection process (see section 6 on page XX).

Each agency represented at the NSCB has one SCL. The primary role of the SCL is to mediate with other SCL colleagues across other agencies to seek a consensual resolution to a concern or problem that has emerged and which cannot be resolved at practitioner/front line management level between agencies. If the concern cannot be resolved at SCL level, it then proceeds to relevant NSCB members to negotiate at their level. If the problem remains unresolved, it is finally taken to the Independent Chair of the NSCB to make an executive decision.

7.3 The NSCB training programme
The NSCB is committed to providing comprehensive and high quality multi-agency training, free of charge, to all practitioners working with children and their families across Newham.

The training programme aims to:
• enable practitioners to effectively safeguard and promote the welfare of children and young people
• increase participants’ knowledge and skills in the field of child protection and safeguarding to provide high quality services and improve outcomes for children, young people and their families and carers.

The programme comprises a range of training and is informed by the priorities identified by the NSCB and by the lessons that we need to learn from serious case reviews, both locally and nationally.

For further information on the training programme and/or to book onto a course, email ann.capes@newham.gov.uk or visit www.newhamlscb.org.uk
For general enquiries about the NSCB email lscb@newham.gov.uk or call 020 3373 3392.

Did you know?
The NSCB has developed an independent website, www.newhamlscb.org.uk, to provide easily accessible and up-to-date safeguarding information for professionals, children, young people, families and other members of the public.

The information on our website includes:
• our child protection and safeguarding procedures
• what you should do if you are concerned about a child
• information on multi-agency training
• information about our services, reports and implementation groups
• information for professionals about child protection conferences
• information for children, young people and families about the child protection process
• latest news.
### APPENDIX A: INDICATORS OF NEED

#### Level 1a - Universal

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<td>• Knowledgeable about sex, relationships and the consistent use of contraception if sexually active</td>
<td></td>
</tr>
<tr>
<td>Self-care and independence</td>
<td></td>
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<tr>
<td></td>
<td>Age appropriate independent living skills</td>
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<tr>
<td>Family and environmental factors</td>
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<tr>
<td></td>
<td>family history and wellbeing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supportive family relationships</td>
<td></td>
</tr>
<tr>
<td>Housing, employment and finance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Child supported financially</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Good quality stable housing</td>
<td></td>
</tr>
<tr>
<td>Social and community resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Good social and friendship networks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Safe and secure environment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Access to consistent and positive activities</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Features</th>
<th>Universal example indicators</th>
<th>Agencies involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents and carers</td>
<td></td>
<td>Schools</td>
</tr>
<tr>
<td>Basic care, safety and protection</td>
<td></td>
<td>Children’s Centres and Early Years</td>
</tr>
<tr>
<td></td>
<td>• Parents able to provide care for child’s needs</td>
<td>Health Visiting Service</td>
</tr>
<tr>
<td>Emotional warmth and stability</td>
<td></td>
<td>School nursing</td>
</tr>
<tr>
<td></td>
<td>• Parents provide secure and caring parenting</td>
<td>GPs</td>
</tr>
<tr>
<td>Guidance, boundaries and stimulation</td>
<td></td>
<td>Integrated youth services</td>
</tr>
<tr>
<td></td>
<td>• Parents provide appropriate guidance and boundaries to help child develop appropriate values</td>
<td>Police</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Housing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Voluntary and community sector</td>
</tr>
</tbody>
</table>
### Level 1b Early Warning (Universal)

#### Features

<table>
<thead>
<tr>
<th>Development needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning/education</td>
</tr>
<tr>
<td>• Occasional truancy, non-attendance or late attendance</td>
</tr>
<tr>
<td>• School action or school action plus</td>
</tr>
<tr>
<td>• Identified language or communication difficulties</td>
</tr>
<tr>
<td>• Reduced access to books, toys, leisure activities or educational materials</td>
</tr>
<tr>
<td>• Few or no qualifications</td>
</tr>
<tr>
<td>• Not in Employment, Education or Training (NEET)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Slow in reaching developmental milestones</td>
</tr>
<tr>
<td>• Missing immunisations, checks or dental/eye test check-ups</td>
</tr>
<tr>
<td>• Inconsistent in attending medical/routine appointments</td>
</tr>
<tr>
<td>• Young person becoming preoccupied with weight and appearance</td>
</tr>
<tr>
<td>• Minor health problems which can be maintained in mainstream school</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social, emotional, behavioural, identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Low level mental health or emotional issues requiring intervention</td>
</tr>
<tr>
<td>• Pro-offending behaviour and attitudes</td>
</tr>
<tr>
<td>• Early onset of offending behaviour or activity (10-14)</td>
</tr>
<tr>
<td>• Coming to notice or police through low level offending</td>
</tr>
<tr>
<td>• Expressing a wish to become pregnant at a young age</td>
</tr>
<tr>
<td>• Early onset of sexual activity (13-14)</td>
</tr>
<tr>
<td>• Sexually active (15+) with inconsistent use of contraception</td>
</tr>
<tr>
<td>• Low level substance misuse (current or historical)</td>
</tr>
<tr>
<td>• Poor self-esteem</td>
</tr>
</tbody>
</table>

#### Emergency vulnerability example indicators

| • Schools |
| • Children’s Centres and Early Years |
| • Health visiting Service |
| • School nursing |
| • GPs |
| • Integrated youth services |
| • Police |
| • Housing |
| • Voluntary and community sector |
| • Behaviour and attendance |
| • Foundations for Learning |
| • Educational psychology |
| • Family Nurse Partnership |

#### Agencies involved

- Schools
- Children’s Centres and Early Years
- Health visiting Service
- School nursing
- GPs
- Integrated youth services
- Police
- Housing
- Voluntary and community sector
- Behaviour and attendance
- Foundations for Learning
- Educational psychology
- Family Nurse Partnership

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### Level 1b Early warning

These children have low level additional needs that are likely to be short term.

#### Self-care and independence

- Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion
- Parents/carers have relationship difficulties which may affect the child
- Parents request advice to manage their child’s behaviour
- Children affected by difficult family relationships and/or housing, employment and financial issues.
- Families affected by low income or unemployment
- Transport or access issues
- Family requires advice regarding social exclusion, e.g. hate crimes
- Associated with anti-social or criminally active peers or older figures
- Limited access to contraceptive and sexual health advice, information and services

#### Family and environmental factors family history and wellbeing

- Parents/carers have relationship difficulties which may affect the child
- Parents request advice to manage their child’s behaviour
- Children affected by difficult family relationships and/or housing, employment and financial issues.
- Families affected by low income or unemployment
- Transport or access issues
- Family requires advice regarding social exclusion, e.g. hate crimes
- Associated with anti-social or criminally active peers or older figures
- Limited access to contraceptive and sexual health advice, information and services

#### Parents and carers

- Basic care, safety and protection
- Inconsistent care, e.g. inappropriate child care arrangements or young inexperienced parent

#### Emotional warmth and stability

- Inconsistent parenting, but development not significantly impaired

#### Guidance, boundaries and stimulation

- Lack of initial response to concerns raised regarding child
Level 2a - Emerging vulnerability and Level 2b - Escalating vulnerability

Features

Level 2a - Emerging vulnerability
- Child with additional needs - requiring multi-agency intervention needing lead professional/significant adult

Level 2b - Escalating vulnerability/Child in need ("section 17")
- These children meet the definition of children in need in the Children Act 1989 and are at risk of moving to a high level of risk if they do not receive more intensive early intervention.

A social worker will be allocated to the case and will act as the Lead Professional/Significant Adult while an assessment is undertaken.

Escalating vulnerability example indicators

Development needs
- Learning/education
- Disability requiring specialist support to be maintained in mainstream setting
- Physical and emotional development raising significant concerns
- Chronic/recurring health problems
- Consistently missed appointments - routine and non-routine
- Significantly limited/restricted diet, e.g. frequent dieting, missing meals or significant overeating
- Developing an eating disorder

Health
- Social, emotional, behavioural, identity
- Under 16 and has had (or caused) a previous pregnancy ending in stillbirth, abortion or miscarriage
- 16+ and has had (or caused) two or more previous pregnancies or is a teenage parent
- Under 16 and pregnant
- Sexually high risk behaviour harmful to self and others
- Coming to notice of police on a regular basis but not progressed
- Received fixed penalty notice, reprimand, final warning or triage of diversionary intervention
- Evidence of regular/frequent drug use which may be combined with other risk factors
- Evidence of escalation of substance use
- Evidence of changing attitudes and more disregard to risk
- Mental health issue requiring low level intervention or specialist intervention in the community
- Mental health issues requiring specialist intervention in the community
- Significant low self-esteem
- Victim of crime including discrimination

Agencies involved

- Families First
- Schools, GPs and other universal services
- Other statutory services, e.g. Special Educational Needs (SEN), specialist health or disability services
- Youth Offending Team
- Targeted drug and alcohol
- Child and Adolescent Mental Health Services
- Voluntary and community services
- Social workers may undertake an initial assessment in those cases to determine whether there are significant safeguarding issues.
- Multi-Agency Risk Assessment Conference (MARAC)
- One Stop Shop (DV services)
- Family Nurse Partnership

Level 2a - Emerging vulnerability
- Child with additional needs - requiring multi-agency intervention needing lead professional/significant adult

Level 2b - Escalating vulnerability/Child in need ("section 17")
- These children meet the definition of children in need in the Children Act 1989 and are at risk of moving to a high level of risk if they do not receive more intensive early intervention.

A social worker will be allocated to the case and will act as the Lead Professional/Significant Adult while an assessment is undertaken.

Escalating vulnerability example indicators

Family and environmental factors
- Family history and wellbeing
- Physical care or supervision of child is inadequate
- Parental learning disability, parental substance misuse or mental health impacting on parent’s ability to meet the needs of the child
- Parental non compliance

Social and community resources
- Family and environmental factors
- Family require support services as a result of social exclusion
- Parents socially excluded, no access to local facilities

Parents and carers
- Basic care, safety and protection
- Physical care or supervision of child is inadequate
- Parental learning disability, parental substance misuse or mental health impacting on parent’s ability to meet the needs of the child
- Parental non compliance

Emotional warmth and stability
- Inconsistent parenting impairing emotional or behavioural development

Guidance, boundaries and stimulation
- Parent provides inconsistent boundaries or responses
- Parents unresponsive to concerns raised about the child

Agencies involved

- Families First
- Schools, GPs and other universal services
- Other statutory services, e.g. Special Educational Needs (SEN), specialist health or disability services
- Youth Offending Team
- Targeted drug and alcohol
- Child and Adolescent Mental Health Services
- Voluntary and community services
- Social and community resources
- Social workers may undertake an initial assessment in these cases to determine whether there are significant safeguarding issues.
- Multi-Agency Risk Assessment Conference (MARAC)
- One Stop Shop (DV services)
- Family Nurse Partnership
# Level 3a - Intensive family intervention and Level 3b - Legal intervention and corporate parenting

<table>
<thead>
<tr>
<th>Features</th>
<th>Intensive safeguarding example indicators</th>
<th>Agencies involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development needs</td>
<td>• Schools, GPs and other universal services&lt;br&gt;• Intensive family intervention&lt;br&gt;• Families First&lt;br&gt;• Other statutory services, e.g. Special Educational Needs (SEN), specialist health or disability services&lt;br&gt;• Youth Offending Team&lt;br&gt;• Targeted substance and alcohol misuse services&lt;br&gt;• Child and Adolescent Mental Health Services (CAMHS)&lt;br&gt;• Voluntary and community services&lt;br&gt;• Family Group Conference (FGC)&lt;br&gt;• Multi-Agency Risk Assessment Conference (MARAC)&lt;br&gt;• One Stop Shop (DV services)&lt;br&gt;• Family Nurse Partnership</td>
<td></td>
</tr>
<tr>
<td>Learning/education</td>
<td>• Suspicion of physical, emotional, sexual abuse or neglect&lt;br&gt;• Serious, chronic and persistent domestic violence issues that put the child at risk&lt;br&gt;• Parents are unable to care for the child&lt;br&gt;• Children who need to be looked after outside of their own family including children privately fostered&lt;br&gt;• No fixed abode or homeless&lt;br&gt;• Family unable to gain employment or extreme poverty</td>
<td></td>
</tr>
<tr>
<td>Social, emotional, behavioural, identity</td>
<td>• Challenging behaviour resulting in serious risk to the child and others&lt;br&gt;• Failure or rejection to address serious reoffending behaviour, likely to be in Deter cohort of youth offending management&lt;br&gt;• Known to be part of gang or postcode derived collective&lt;br&gt;• Complex mental health issues requiring specialist interventions&lt;br&gt;• In sexually exploitative relationship&lt;br&gt;• Teenage parent under 16 years&lt;br&gt;• Under 13 years engaged in sexual activity&lt;br&gt;• Frequently go missing from home for long periods&lt;br&gt;• Distorted self image&lt;br&gt;• Young people experiencing current harm through their use of substances&lt;br&gt;• Young people with complicated substance problems requiring specific interventions and/or child protection&lt;br&gt;• Young people with complex needs whose issues are exacerbated by substance use&lt;br&gt;• Children are cared for and/or left in the care of unsafe adults who pose a risk to children (e.g. known sex offenders)</td>
<td></td>
</tr>
<tr>
<td>Self-care and independence</td>
<td>• Severe lack of age appropriate behaviour and independent living skills that are likely to result in significant harm e.g. bullying, isolation</td>
<td></td>
</tr>
</tbody>
</table>

## Features
- **Level 3a and 3b** These children and families require specialist/ statutory support from Social Care or the Youth Offending Team.

## Intensive safeguarding example indicators
- **Level 3a and 3b** These children and families require specialist/ statutory support from Social Care or the Youth Offending Team.

## Agencies involved
- Schools, GPs and other universal services
- Intensive family intervention
- Families First
- Other statutory services, e.g. Special Educational Needs (SEN), specialist health or disability services
- Youth Offending Team
- Targeted substance and alcohol misuse services
- Child and Adolescent Mental Health Services (CAMHS)
- Voluntary and community services
- Family Group Conference (FGC)
- Multi-Agency Risk Assessment Conference (MARAC)
- One Stop Shop (DV services)
- Family Nurse Partnership

## Level 3a and 3b
- **Family and environmental factors family history and wellbeing**
  - Suspicion of physical, emotional, sexual abuse or neglect
  - Serious, chronic and persistent domestic violence issues that put the child at risk
  - Parents are unable to care for the child
  - Children who need to be looked after outside of their own family including children privately fostered

- **Housing, employment and finance**
  - No fixed abode or homeless
  - Family unable to gain employment or extreme poverty

- **Social and community resources**
  - Child or family need immediate support and protection due to harassment/discrimination and no access to community resources

- **Parents and carers basic care, safety and protection**
  - Parent is unable to meet child’s needs without support, for example, the parent has learning needs or difficulties which present a risk of significant harm to the child/children
  - Pre birth assessment indicate unborn child is at risk of significant harm/potential harm
  - Non compliance

- **Chronic parental neglect which impacts on the child’s development needs and life chances**
  - Parent is unable to manage and risk of family breakdown

- **Emotional warmth and stability**
  - Parent unable to manage and risk of family breakdown

- **Guidance, boundaries and stimulation**
  - Parent does not offer good role model, e.g. condones anti-social behaviour
  - Children are cared for and/or left in the care of unsafe adults who pose a risk to children (e.g. known sex offenders)
APPENDIX B: SCHOOLS, CHILDREN’S CENTRES AND YOUTH ZONES IN NEWHAM

For further information please visit www.newham.gov.uk

A
Primary Schools: Altmore Avenue
Children’s Centres: Abbey Lane Altmore

B
Primary Schools: Beconton Brampton Britannia
Secondary Schools: Brampton
Youth Zones: Beconton Globe

C
Primary Schools: Calverton Carpenters Central Park Cleves Colegrave Curwen
Secondary Schools: Chobham Academy Cumberland
Children’s Centres: Canberra

D
Primary Schools: Dersingham Drew
Children’s Centres: Deanery Road

E
Primary Schools: Earlham
Ellen Wilkinson
Elmhurst
Essex
Secondary Schools: Eastlea
Special Schools: Eleanor Smith
Children’s Centres: Edith Kenny

F
Secondary Schools: Forest Gate
Youth Zones: Forest Gate

G
Primary Schools: Gainsborough Gallions Godwin Grange
Children’s Centres: Grassroots

H
Primary Schools: Hallsville
Hartley

I
Special Schools: John F Kennedy

J
Primary Schools: Kalzen
Keir Hardie Kensington
Secondary Schools: Kingsford
Children’s Centres: Kay Rowe
Keir Hardie
Children’s Outreach Centres: Kid’s World

L
Primary Schools: Lathom
Secondary Schools: Langdon Lister
Little Ilford
Youth Zones: Little Ilford

M
Primary Schools: Manor
Maryland
Monega
Children’s Centres: Maryland

N
Primary Schools: Nelson
New City
North
Children’s Centres: North Woolwich
Children’s Outreach Centres: New City

O
Primary Schools: Odessa
Children’s Centres: Oliver Thomas

P
Primary Schools: Park
Plaistow
Portway
Secondary Schools: Plashet
Children’s Centres: Plaistow

R
Primary Schools: Ranelagh
Ravenscroft
Roman Road Rosetta
Secondary Schools: Rokeby
Royal Docks
Children’s Centres: Rebecca Cheetham

S
Primary Schools: Salisbury
Sandringham
Scott Wilkie
Selwyn
Shafesbury
Sheringham
Sir John Heron
Southend
St Anthony’s
St Edwards
St Francis
St Helen’s
St James
St Joachim’s
St Luke’s
St Michael’s
St Stephen’s
St Winefrides
Star
Secondary Schools: Sarah Bonnell
St Angelas
St Bonaventures
Stratford
Children’s Centres: Sheringham
Shrewsbury
St Stephen’s
Susan Lawrence

T
Primary Schools: Tollgate
Children’s Centres: Tollgate
Children’s Outreach Centres:
The Web
Trinity @ Hathaway

U
Primary Schools: Upton Cross

V
Primary Schools: Vicarage

W
Primary Schools: West Ham
William Davies
Woodgrange

Youth Zone: Shipman (Custom House)
APPENDIX C: OTHER EARLY HELP SERVICES IN NEWHAM

Community Drug and Alcohol team (CDAT):
Capital House, 134-138 Romford Rd, Stratford, E15 4LD
Tel: 020 8257 3068
Fax: 020 8257 3066
Email: services@dasl.org.uk
Web: http://www.dasl.org.uk/index.html
Newham residents may self refer by presenting at Capital House. Please contact CDAT for most up to date operating hours. Professionals may also refer clients by sending a referral form to services@dasl.org.uk

Newham Talking Therapies
Talking Therapies (Low Intensity)
121 Balasam
Plaistow
London E13 8AF
Tel: 020 8548 5500
Fax: 020 8548 5570
Talking Therapies (IAPT High Intensity)
Shrewsbury Annex
Shrewsbury Health Centre Shrewsbury Road
East Ham
London E7 8QP
Tel: 020 8475 8080
Fax: 020 8475 8081

Newham residents may self refer by calling 020 8475 8080 where they will be registered and sent a welcome / information pack. Professionals may also refer clients by sending a referral form to: Spor.newhammps@eastlondon.nhs.uk or fax to 020 8475 8081.

Community Mental Health Teams (CMHTs)

South West
The Hub, 123 Star Lane, Canning Town, E16 4PZ
Tel: 020 7055 4400
Fax: 020 7055 4449

North East
The Passmore Edwards Building, 319 Shrewsbury Road, Forest Gate, E7 8QR
Tel: 020 8475 8000
Fax: 020 8475 8414

South East
Royal Docks Medical Centre, First floor, 21 East Ham Manor Way, Beckton, E6 5NA
Tel: 020 8586 6201
Fax: 020 8586 6202

North West
Vicarge Lane Health Centre, 10 Vicarge Lane, Stratford, E15 4ES
Tel: 020 8536 2289
Fax: 020 8536 2243

Please note that the service is accessed via the family’s GP only except in emergencies.
Emergency contact number: 020 7540 6782.

Domestic Violence Services

Low risk services:
Newham One Stop Shop – provided by Newham Action Against Domestic Violence (NAADV)
Stratford Advice Arcade
107-109 The Grove
Stratford
London E15 1HP
Tel: 020 7473 3047
Residents can drop into the One Stop Shop on Mondays between 9.30am to 12.30pm. However A drop-in capacity is expected to increase in the near future. Please contact One Stop Shop for their most up to date operating hours.

Medium - High risk services
Newham Action Against Domestic Violence (NAADV)
St Marks Community Centre
Tollgate road
London E6 5YA
Telephone: 020 7473 3047
Email: naadv@tiscali.co.uk
To refer a client please complete the referral form available at www.naadv.org.uk

High risk services
Aanchal Women’s Aid
The Lounge
Bryant Street Community Centre
Bryant Street
Stratford
London E15 4RU
Email: info@aanchal.org.uk
Web: www.aanchal.org.uk
The service works with Newham residents of Asian ethnicity experiencing domestic violence.

For clients:
Helpline: 0845 4512 547
Email: help@aanchal.org.uk

For professionals:
Tel: 020 3384 9412
If you are working with a family and you think that the mother may benefit from input / support from Aanchal, please email referrals@aanchal.org.uk to request a referral form.

Newham Asian Women’s Project (NAWP)
661 Barking Road
Plaistow
E13 9EX
Tel: 020 8472 0528
Fax: 020 8503 5673
Email: info@nawp.org
Web: www.nawp.org
The service works with Asian women and girls living in Newham who suffer domestic violence, self harm and/or are at risk of suicide, and to women residing in NAWP’s refuges.
Domestic Violence and Multi-Agency Risk Assessment Conference (MARAC) arrangements

Multi-Agency Risk Assessment Conferences (MARACs) are meetings where information about high risk domestic abuse victims, those at risk of murder or serious harm, is shared between local agencies and an action plan developed.

The MARAC in Newham is chaired by the DI of the Community Safety Unit with the Police. Member agencies of MARAC include: Children’s Safeguarding, Adult Safeguarding, police, Anti-social Behaviour team, Substance Misuse team, Mental Health teams, community health, A&E and probation.

Voluntary sector membership includes: the Independent Domestic Violence Advocacy (IDVA) service, Newham Asian Women’s Project (NAWP), Aanchal, Harmony Project and Victim Support.

What does a MARAC do?

The aims of the MARAC are to:

• share information to increase the safety, health and well-being of victims/survivors, adults and their children

• construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm

• reduce repeat victimisation

• determine whether the alleged perpetrator poses a significant risk to any particular individual or to the general community

• improve agency accountability

• improve support for staff involved in high-risk domestic abuse cases.

How can you access MARAC?

Any agency or organisation may refer a case to MARAC for consideration by sending a referral form to KFMailbox-Marac@met.police.uk. Please note that referral forms must be sent by secure email.

Contact details

Please contact the MARAC Co-ordinator, Maria Neaves by emailing Maria.Neaves@met.pnn.police.uk or to request a referral form or if you have any further enquiries.

Multi Agency Public Protection Arrangements (MAPPA)

The Criminal Justice Act (2003) provides for the establishment of Multi-Agency Public Protection Arrangements (MAPPA) in each of the 42 criminal justice areas in England and Wales. These are designed to protect the public, including previous victims of crime, from serious harm by sexual and violent offenders.

They require the local criminal justice agencies and other bodies dealing with offenders to work together in partnership in dealing with these offenders.

MAPPA is not a statutory body in itself but is a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a co-ordinated manner. The agencies responsible for MAPPA are the police, prison and Probation Trust in each area. Other bodies have a duty to co-operate with respect to particular aspects of an offender’s life, for example education, employment, housing and social care.

Offender identification

The agencies responsible for identifying MAPPA offenders are:

• probation Trusts
• police
• prison service
• Youth Offending Teams (YOTs)
• mental health services.

What is a MAPPA offender?

MAPPA offenders are those who fall into at least one of the three categories below:

• Category 1 – Registered sexual offender
• Category 2 – Murderer or an offender who has been convicted of an offence under Schedule 15 of the Criminal Justice Act and who has been sentenced to:
  - 12 months or more in custody OR
  - 12 months or more in custody and is transferred to hospital under s.47/s.49 of the Mental Health Act 1983 (MHA 1983) OR
  - who is detained in hospital under s.37 of the MHA 1983 with or without a restriction order under s.41 of that Act
• Category 3 – Other dangerous offender – a person who has been cautioned for or convicted of an offence which indicates that he or she is capable of causing serious harm and which requires multi agency management. This might not be for an offence under Sch 15 of the CJA 2003.

Contact details

Please contact Debi Vernall, MAPPA Coordinator, on 020 8217 5765 if you have an enquiry in relation to MAPPA.

Newham’s Neighbourhood Restorative Justice Project

Please contact Liz Whitworth, Project Coordinator
Email: Liz.whitworth@activenewham.org.uk or liz.whitworth@newham.org.uk
Telephone: 07741 293 506

The service works with young people in the community as well as adults.