Early Help Strategy
The child’s journey through children’s services

An integrated early help framework for children, young people and families in Kingston and Richmond

Providing children’s services for the Royal Borough of Kingston and the London Borough of Richmond
## Contents

1 Foreword .................................................................................................................... 1
2 Introduction ................................................................................................................ 2
3 Achieving for Children values ................................................................................... 3
4 Strategic principles and priorities ............................................................................ 4
5 Our approach to working with children, young people and families ....................... 5
  5.1 Our shared ambition ............................................................................................. 6
  5.2 Overview of children and young people’s services across the Four Levels of Need ... 8
6 The role of universal services .................................................................................... 10
7 The role of SPA (incorporating MASH – Multi-Agency Safeguarding Hub) ............... 11
  7.1 Process for access to services .............................................................................. 11
8 The role of Protection and Early Help services ....................................................... 12
  8.1 Locality Teams .................................................................................................... 13
  8.2 Use of the Common Assessment Framework (CAF) ......................................... 14
  8.3 Lead Professional role (LP) ................................................................................ 14
  8.4 Step up/Step down transitions .......................................................................... 15
9 The role of statutory services ..................................................................................... 16
  9.1 Assessment of Children in Need of Protection .................................................... 16
  9.2 Determining Risk of Harm – Section 47 Enquiries ............................................. 17
  9.3 Children in Care .................................................................................................. 18

Appendix B – Team Around the Child/Family (TAC/TAF) ........................................... 25
Appendix C – Locality teams ....................................................................................... 29
Appendix D – Parenting ............................................................................................... 31
Appendix E – Protection and Early Help Training Strategy ....................................... 32
Contacts ...................................................................................................................... 41
1 Foreword

Achieving for Children is committed to providing the highest quality outcomes for children in order to ensure that they are able to benefit from all that we are able to offer in order to guarantee them the best start in life. This Preventative Strategy underpins our principle that early intervention is always preferable to high cost and intrusive interventions when issues have been allowed to escalate. This strategy will shape our work in the coming years ensuring that all of our children are enabled to benefit from the high quality educational provision across the Royal Borough of Kingston upon Thames and the London Borough of Richmond upon Thames.

The strategy is a partnership document designed to enable all our partners to have access to a wide range of resources so they can carry out their work in these early interventions, for children of all ages. It is our aim to encourage all partners to keep investing in and exploring preventative approaches. The efficiency of this will be reviewed annually to ensure that the strategy is effective and fulfils its purpose. We look forward to working with partners on this joint endeavour in the coming years.

At the heart of this strategy is the ambition to hear the voice of the child and place them at the centre of all that we do. Our aim is to develop a workforce that is dedicated to meeting the needs of the child through innovation, responsiveness to needs, regular evaluation of skills and charging them to have the courage to effect change resulting in improved outcomes.

Nick Whitfield
Chief Executive
Achieving for Children

Robert Henderson
Deputy Chief Executive
Achieving for Children
2 Introduction

There are approximately 76,000 children aged 17 and under in the boroughs of Kingston and Richmond. This equates to around 20% of the total population. The vast majority of these children live and grow up in supportive families and environments that enable them to have the best start in life; this includes support from the strong universal services provided by our schools, children’s centres and health services.

A small proportion of children may face additional challenges and barriers at different points in their lives. These may be the additional needs of the child or young person themselves, or linked to parental needs such as poor health, mental health, domestic violence or substance misuse. A minority of children will need protection from significant harm or the risk of significant harm. An indication of the numbers of children needing support and protection are shown in the table below.

<table>
<thead>
<tr>
<th>Children in Need (rate per 10,000 population)</th>
<th>Richmond</th>
<th>Kingston</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>188.7</td>
<td>314</td>
</tr>
</tbody>
</table>

Source: Children in Need Census 2010

The services to support and protect children and young people in Kingston and Richmond upon Thames are provided by Achieving for Children, a community interest company wholly-owned by the two local authorities. The company was launched on 1 April 2014 to improve social, educational and community outcomes for local children and young people. Central to Achieving for Children’s approach is to provide protection and early help to children and their families. This reflects the widespread recognition that it is better to identify and deal with needs early rather than responding when they have become acute and require action by services which, at that stage, are often less effective and more expensive. Although research shows that the most impact can be made during a child’s early years, early help is not just for very young children, as difficulties may emerge at any point throughout childhood and adolescence.

This strategy is for all those professionals working in, and in partnership with, Achieving for Children, including schools, early year settings, health services, Police, housing, youth services and statutory children’s social care services. It sets out the vision for early help services and the delivery framework for supporting families across all levels. It aims to assist professionals to understand:

a) Our approach to working with children, young people and families in Kingston and Richmond;

b) The role of staff in universal services to identify at an early point where children are vulnerable, and to take appropriate action in response;

c) The role of the Single Point of Access (SPA) to make decisions about level of need based on all the available information;

d) The role of early help services, and the tools and structures that support the delivery of early intervention for children, young people and families in our local areas; and

e) The role of statutory services to investigate possible abuse and neglect, provide intensive family support and/or take families through the child protection process.
Mission

Early help services will work collaboratively to ensure that every child, young person and family with additional needs has expert support and interventions at the right time, in the right place, by the right professionals, in order to deliver Achieving for Children’s mission to ensure the best possible outcomes for children and young people by delivering the services they need to live safe, happy, healthy and successful lives.

3 Achieving for Children values

In order to achieve our mission we are committed to working in line with Achieving for Children’s values. The table below sets out how we will translate these values into practice.

<table>
<thead>
<tr>
<th>Achieving for Children values</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Putting children and young people first</td>
<td>The child and family are at the centre of all service planning and delivery at a strategic and operational level, and are involved in shaping these services to ensure they best meet their needs.</td>
</tr>
<tr>
<td>Focusing on quality and innovation</td>
<td>There is one front door into services for children and their families, with expert staff available to ensure they are able to access the right professional at the right time. Commissioned services are clearly targeted to meet the needs of individual children and families based on a sound analysis and understanding of need and evidence of what works best. Families are supported by expert and highly skilled professionals who use evidence-based interventions to effect change and who evaluate the impact of the interventions and obtain on-going feedback from families on the outcomes of their work. Partners invest in early years’ provision, given that research has highlighted the significance of a child’s development in the first years of their life and that support in these years has greater impact and is more effective and efficient.</td>
</tr>
<tr>
<td>Valuing diversity and championing inclusion</td>
<td>There is a ‘whole family’ approach based on a family assessment of need, ensuring that each family member has their individual needs identified and a clear plan is put in place to address these. Families and local communities are supported to help themselves and solve their own problems.</td>
</tr>
<tr>
<td>Being a listening and learning organisation</td>
<td>The voice of the child or young person is heard within the assessment and intervention process and that, wherever possible, the family owns the assessment and intervention plan.</td>
</tr>
<tr>
<td>Working in partnership to improve our services</td>
<td>Partners should commit, wherever possible, to investing resources and funding in early intervention and prevention to ensure that children's needs are identified and responded to as swiftly and effectively as possible and to prevent the escalation of need. Families’ needs are best met by an integrated and joined-up approach from all the relevant agencies in a ‘team around the family’ and that interventions are coordinated by an accountable</td>
</tr>
</tbody>
</table>
Lead Professional and are reviewed regularly.

Families experience a seamless and integrated approach as service users which minimises disruption and inconsistency in their experience of professionals, interventions and services.

There is a common process and language for integrated working across all partners and agencies who work with children and their carers, and this is supported by the Common Assessment Framework (CAF).

4 Strategic principles and priorities

Early help services will support the delivery of the strategic programmes and projects as set out in the Achieving for Children Business Plan by:

- Building family resilience and empowering families to make sustainable changes;
- Safeguarding children and young people from harm through effective and early intervention;
- Breaking cycles of deprivation and poor family outcomes; and
- Reducing escalation to more specialist high cost provision.

Our strategic priorities are to:

- Develop and maintain nine Locality Teams across Kingston and Richmond to promote integrated partnership working;
- Ensure that the voice of children, young people and carers are at the centre of service planning and delivery;
- Embedding the Team Around the Child model across early help and statutory children’s social care services to ensure integrated working across service thresholds;
- Develop and maintain the family e-CAF so that it is used by all relevant statutory and third-sector organisations;
- Implement a Multi-Agency Safeguarding Hub (MASH) in Kingston and in Richmond as part of each Single Point of Access;
- Integrate triage for emotional and mental health issues into each Single Point of Access to improve access to Child and Adolescent Mental Health Services;
- Embed a parenting support and group-work programme using evidence-based interventions; and
- Move from the Troubled Families model to a vulnerable and complex families strategy;
- Deliver high quality positive activities and informal learning opportunities so young people can fulfil their potential.
5 Our approach to working with children, young people and families

It is important to have a common and shared understanding of how children’s services work together to support children and families in Kingston and Richmond. Every practitioner must understand their own role – and that of their organisation – and how they should work with other services in order to support vulnerable children and families.

The ability to offer families the right services at the right time depends upon accurately understanding and assessing their needs. Assessment is an ongoing process as children and young people’s needs will change over time and the levels of risk to which they can be subjected can vary, i.e. high in some areas and low in others.

The age of the child or young person and their experience of protective factors that build resilience are important to the assessment of their needs. Parents and carers need to cooperate and engage with the assessment and subsequent planning processes. A lack of cooperation or appreciation about the concerns raised may indicate that the level of concern is also raised and requires a response.

The London Continuum identifies a set of risk and resilience indicators within four levels of need. Established in consultation with London local authorities and key local, regional and national partners, this is the model underpinning a consistent approach to facilitate swift and easy access to integrated service delivery in Kingston and Richmond.

<table>
<thead>
<tr>
<th>Level 1: No identified needs</th>
<th>These are children with no identified additional needs. Universal services such as early years providers, schools, children’s centres and health services, are accessed by all children. Most children don’t have additional need for support. However, universal services have a key role in identifying and providing support for low level needs, that do not require targeted or specialist support, for example, at key transition points, or due to unforeseen familial distress. Universal settings should remain vigilant and consider alerting the SPA to these arising needs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal services</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 2: Low risk to vulnerable</th>
<th>These are children whose levels of additional need vary in scale and complexity. Addressing their needs may require the involvement of Protection and Early Help (PEH) services to work with them, their family, and the universal services they access, in order to address the vulnerability and stop needs escalating. They may have low level additional needs which may be known but are not being met, that will likely require a short-term intervention. Children with needs at this level also include more vulnerable children requiring multi-agency intervention, a lead professional (LP) and a Team Around the Child (TAC). Some may be close to requiring – or have just stepped down from – specialist intervention at Level 3, and therefore, require proactive safeguarding interventions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early help services</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 3: Complex needs</th>
<th>These are children with high level complex needs, who are likely to require longer term intervention from statutory and/or specialist services. It may include children who have been assessed as high risk in the recent past, or children who have been adopted and now require additional support. This level is also the threshold for a Child in Need (CIN) which requires children’s social care intervention under the Children Act 1989.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist services</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Threshold for Child in Need (CIN)</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Level 4:</td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>Acute or chronic need</td>
<td></td>
</tr>
<tr>
<td>Specialist services</td>
<td></td>
</tr>
<tr>
<td>Threshold for child protection</td>
<td></td>
</tr>
</tbody>
</table>

These are children with acute or chronic needs, requiring statutory intensive integrated support.

This level will include those children who are experiencing significant harm, require a child protection plan or may need to be in the care of the local authority.

5.1 Our shared ambition

AfC has the highest aspirations for all children and young people living in Kingston and Richmond and wants them to make a positive journey into adulthood. When we identify additional need we want to ensure that:

- Children, young people and families receive the services they need, when they need them and where they can access them;
- Services work together to provide a coordinated whole family approach, reducing the likelihood of the development of more complex needs;
- Commissioners work together across sectors and services to meet need in the best possible way and achieve best value for money; and
- We know and can demonstrate through evidence and feedback that the services provided have made a difference to the lives of children, young people and families and local communities.

By doing this, children and young people will live safe, healthy and fulfilling lives, and develop into responsible adult citizens, thereby breaking intergenerational cycles of risk and vulnerability. Families will become more resilient and develop capabilities to prevent and resolve problems. This will in turn reduce demand for higher cost specialist services and achieve greater use of community based universal preventive services.

Even where there is abuse and/or neglect and a child is removed from the family, the ultimate goal is still to work with the family and to ensure that the child is living in a positive environment eg. special guardianship with a kinship carer or an adoptive family, where universal services will be sufficient to meet their needs.

To this end, AfC operates within a four level support model, which is consistent with the Pan London Safeguarding Children Board Levels of Need, as shown in the figure below. More detailed information including descriptors at each level of need is available in Appendix A.
Children will move between these levels of vulnerability according to their particular circumstances. Therefore it is essential that services response in addressing children’s changing needs remains flexible. This is particularly crucial when transferring responsibility between preventative and statutory level – from Level 2 to Level 3 and vice versa – to ensure that children are promptly and properly assessed and that appropriate service responses are arranged. This is described in the Step up/Step down transition protocol in Appendix B.
5.2 Overview of children and young people's services across the Four Levels of Need

This diagram provides a visual representation of the positioning of early help services alongside key universal and specialist services for families in Kingston and Richmond across the Four Levels of Need.

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal</td>
<td>Early help</td>
<td>Complex Needs</td>
<td>Acute Needs</td>
</tr>
<tr>
<td>No needs identified</td>
<td>Low risk to vulnerable</td>
<td>Specialist services - CIN</td>
<td>Specialist services - CP</td>
</tr>
</tbody>
</table>

- **Health services**: See note 1
- **Children’s centres**: See note 1
- **Voluntary and community services**: See note 1
- **Schools**: See note 1
- **PEH Services Locality Teams**: See note 3
- **Statutory Services (including Children’s Social Care)**

<table>
<thead>
<tr>
<th></th>
<th>AfC services</th>
<th>Non AfC services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note 1**: Universal Services provide Level 1 and Level 2 services; they will work with children at Level 3 and Level 4 but will not be LP in these cases.

**Note 2**: PEH provide Level 2 services and will likely be the LP at this level; however, they will support Level 1 as part of Locality Team work.

**Note 3**: PEH provide Level 2 targeted services; they can remain involved in the TAC at Level 3 and Level 4 but will not be LP in these cases, with the exception of the ART team.
<table>
<thead>
<tr>
<th>Key time</th>
<th>Responsibility of?</th>
<th>Early help resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal</td>
<td>Midwife</td>
<td>Access to services via SPA Information shared with children’s centre</td>
</tr>
<tr>
<td>New birth visit</td>
<td>Health visitor</td>
<td>Access to services via SPA</td>
</tr>
<tr>
<td>1 year review</td>
<td>Health visitor</td>
<td>Children’s centre SPA Locality Team</td>
</tr>
<tr>
<td>2 year review</td>
<td>Health visitor</td>
<td>Children’s centre SPA Targeted early education entitlement for 2 year olds SPA Locality Team</td>
</tr>
<tr>
<td>First visit to children’s centre</td>
<td>Outreach worker</td>
<td>Children’s centre SPA Locality Team</td>
</tr>
<tr>
<td>Entry to nursery or pre-school</td>
<td>Early Years advisor Nursery</td>
<td>Children’s centre SPA Locality Team</td>
</tr>
<tr>
<td>Nursery to Reception</td>
<td>Nursery School</td>
<td>School SPA Locality Team</td>
</tr>
<tr>
<td>Primary to secondary</td>
<td>Schools</td>
<td>School SPA Locality Team Youth Service</td>
</tr>
<tr>
<td>Movement into the area</td>
<td>Health visitor School nurse School</td>
<td>Children’s centre Schools SPA Locality Team</td>
</tr>
<tr>
<td>Year 11-12 transfer</td>
<td>Schools Youth Service</td>
<td>SPA Locality Team</td>
</tr>
<tr>
<td>Presentation at School Behaviour and Attendance Partnership</td>
<td>Schools Education and Inclusion Service Education Welfare Service</td>
<td>Multi-Agency Team for Vulnerable Pupils Locality Team</td>
</tr>
<tr>
<td>First exclusion</td>
<td>Education Welfare Service Education and Inclusion Service</td>
<td>SPA Locality Team Youth Service</td>
</tr>
<tr>
<td>First arrest</td>
<td>Youth Offending Service</td>
<td>SPA Youth Service</td>
</tr>
<tr>
<td>Key time</td>
<td>Responsibility of?</td>
<td>Early help resource</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-----------------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Attendance to A&amp;E with alcohol and drugs issues</td>
<td>Hospital</td>
<td>SPA Subsance Misuse Service Locality Team</td>
</tr>
<tr>
<td>Police Merlin* Reports</td>
<td>SPA Manager/Deputy Manager</td>
<td>Locality Team Youth Offending Service</td>
</tr>
<tr>
<td>Concerns that a child/Young person may be at risk of significant harm</td>
<td>SPA Manager</td>
<td>SPA Referral and Assessment Team /Children’s social care</td>
</tr>
</tbody>
</table>

*A ‘Merlin’ report is a Police notification to Children’s Services. When Police deal with a situation where children are either involved or present, a Merlin should always be generated and forwarded to Children’s Services (in Kingston and Richmond this is SPA) as soon as possible. Merlin reports are also referred to as Form P78’s, and in other areas MOGP1 (Memorandum of Good Practice).

### 6 The role of universal services

Most families in Kingston and Richmond thrive and do well. Children and young people access universal services, such as health and schools, and may also use leisure and play facilities, neighbourhood, community or voluntary sector services.

Effective universal services – and easy access through universal services to targeted services at locality level – are both central to an effective early help approach and in reducing the need for specialist services.

The following examples support the implementation of an effective early help approach.

- Children’s centres provide a variety of programmes for children and families (universal offer), with a targeted approach for those needing additional help. Early Years services support settings when targeted needs arise, aiming to improve school readiness and reduce the requirement for specialist support and interventions by facilitating early help.

- The immunisation programmes and universal and accessible public health information, support better life style choices and enable access to early help.

- Schools work collaboratively and in partnership with locality teams to ensure better outcomes for children and young people.

- Youth centres promote positive activities for young people that allow them to flourish and develop essential skills.

Universal services have a clear access door into targeted services via the SPA, as well as through utilising resources via locality teams.
7 The role of SPA (incorporating MASH – Multi-Agency Safeguarding Hub)

The Single Point of Access (SPA) is the single gateway for all incoming contacts to children’s services across AfC, providing telephone and web-based support to professionals, the public, children, young people and their parents or carers.

The key functions of the SPA are:

- to check the information held about the child or family across the child’s network
- to make an initial decision regarding which service is best placed to respond
- to create a record of the request and the decision made
- to share the information with the correct service within agreed timescales (usually 24 hours)
- to offer high quality information, advice and guidance to all customers who make contact

7.1 Process for access to services

Early identification of a child’s additional needs usually happens within a universal setting. In the very early years of a child’s life, it may be a midwife or health visitor, who notices a number of the indicators of need, as described in the tables in Appendix A or certain issues 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 AfC community.

If practitioners are concerned that a child may be at risk of or suffering significant harm (Level 3 or 4), then they should immediately contact the SPA by phone or online.

The action the SPA will take depends on the child’s needs, in line with the levels of need described earlier in this strategy.

At level 1

The SPA will provide information, advice and guidance, including signposting to an appropriate universal service. SPA can also provide support to identify individual children and young people’s additional needs, for example by explaining how to use the CAF pre-assessment checklist.

At level 2

The SPA can help practitioners decide on the outcome of the CAF pre-assessment checklist if one was utilised. Based on this SPA may recommend the practitioner initiate the CAF process; they can help identifying locality team support if needed, including identifying a PEH lead professional and supporting the universal setting, such as a school, if they need to access CAF training.

PEH services can also be accessed via SPA. The purpose of PEH is to provide support to families when problems or difficulties first emerge and to help build greater resilience and
capacity amongst children and young people across AfC, so they are able to make a positive journey to adulthood.

PEH services achieve this by coordinating and delivering effective early intervention that is centred around the needs of children, young people and families.

To ensure a common approach to assessment across all agencies working with children and young people, AfC utilises the Common Assessment Framework or CAF. The CAF provides a standardised assessment and planning tool to help identify a child or young person's needs in a holistic context, as well as the services that need to be provided to address those needs.

For further information on the CAF process and thresholds, please go to: http://www.richmond.gov.uk/caf or go to http://www.kingston.gov.uk/info/200268/coordinating_children_s_services/812/integrated_working_common_assessment_frameworks_and_locality_teams

At level 3 and level 4

The SPA will refer the case to Children’s Social Care (CSC). The child will have been identified as a child in need (Level 3) or a child requiring protection from harm (Level 4) under the terms of the Children Act, 1989. See Appendix A regarding need indicators on these levels.

Where needs have escalated and/or there is high vulnerability risk, CSC are responsible for safeguarding and investigating the risk of harm where this is identified through early information gathering to determine the level of risk present. CSC are accountable for taking action to protect children which may include the provision of intensive support in the community and formal child protection planning in line with the Pan London Child Protection Procedures and Working Together to Safeguard Children published by HM Government. The services also initiate care proceedings to bring the child into the care of the local authority through AfC action.

8 The role of Protection and Early Help services

AfC is committed to delivering outstanding services which improve outcomes and life chances for children and young people in Kingston and Richmond. PEH services help build resilience and strengthen protective factors in the lives of families, in order to increase their ability to meet and overcome the challenges they may face.

Early help refers both to help in the critical early years of a child’s life, when the fundamental building blocks of future development are laid, as well as responding as soon as possible when difficulties emerge throughout a child or young person’s life. This aspect of early help requires targeted support, which in many cases is coordinated and delivered by a PEH lead professional.

Early help also takes into account populations most at risk – be it these have been identified as needs within locality schools, or where there is known inequality or vulnerability in the community. In this case, early help aims to tailoring support for groups that are known to be vulnerable in order to build resilience and reduce further inequalities in education, health and wellbeing outcomes. One way to deliver this type of proactive early help is via locality team projects. This approach generates a wider preventative structure accessible at universal level, thus maximising the number of children and young people benefiting from truly early intervention.

Early help is a dynamic response which, if successful, should reduce requirements for statutory services which will give better value for money. However, it is recognised that it may also
correctly identify families where a higher level of input is needed, sometimes over a longer period of time.

PEH services deliver the critical features of an effective early help system:

- A multi-disciplinary approach that brings a range of expertise through the Team Around the Child/Family model (TAC/TAF)
- A relationship with a trusted lead professional (LP) who can engage the child and their family, and coordinate the support needed from other agencies or the community and voluntary sector
- Work to empower families and help them to resolve their own problems, building resilience for the future
- Address the children’s needs in the wider family context
- It is easy to access

PEH deliver a range of services including children's centres, Early Years, Education Psychology Services, Education Welfare Service, Family Support Services, Primary Mental Health, Youth Service, services for young offenders, children with disabilities and special educational needs. The teams also deliver evidence-based intensive key working with families, and commissioned SLAs. Most of PEH services are co-located, and allocated to locality teams.

8.1 Locality Teams

Locality Teams are designed to support local service development and delivery, across schools, health and other services, to improve local access and provide early support for children, young people and families. Each locality contains a network of primary schools, at least one secondary school and at least one children’s and youth centre.

The role of the Locality Teams:

- Familiarisation with other team members’ roles and work streams, in order to develop as the team around the local area, team around the school and/or Team Around the Child/Family (TAC/TAF)
- Local area needs analysis – getting to know local issues and how we are responding
- Linking key issues in schools with activity from children centres, targeted interventions, youth service programmes and positive activities ensuring that they are coordinating delivery to meet local needs – particular focus could be on transitions and issues around transitions from early years/ primary to primary/ secondary
- Coordinating participation and engagement of children, young people and parents
- Individual young people/groups of young people – are there children, young people allocated to agencies that need a multi-agency local area response?
- To design and target services according to the specific needs of the communities in each local area.

There are nine Locality Teams across Kingston and Richmond. They are:
In Kingston:
- North Kingston & Kingston Town
- Malden & Coombes
- Surbiton & Tolworth
- South of the Borough

In Richmond:
- Kew, Mortlake, Barnes & East Sheen
- Ham & Richmond
- Heathfield, Whitton & West Twickenham
- St Margaret’s, Twickenham & Teddington
- Hampton & Hampton Hill

A full description of locality teams’ membership, including a map showing locality schools, children’s centres and youth centres is available in Appendix C.

This comprehensive support reaches families across the levels of need, from those engaging with universal services through to children with a CAF requiring additional multi-agency intervention.

8.2 Use of the Common Assessment Framework (CAF)

The CAF is an assessment and planning tool designed to create a holistic view of the child or young person’s strengths and needs. Practitioners in universal and targeted services utilise the CAF to assess emerging needs and – with consent from the child/family – share it with appropriate services to ensure all identified needs are supported effectively. A thorough and accurate CAF at the earliest possible point will allow all professionals involved to reduce risk and improve outcomes for children, young people and families.

The CAF follows a child/family centred approach, and their involvement throughout the process is integral to the success of interventions. A child centred approach means that practitioners work together as a TAC/TAF to help them achieve their goals and outcomes. The TAC/TAF intervention is coordinated by the Lead Professional (LP).

8.3 Lead Professional role (LP)

The LP ensures that interventions are coordinated, coherent and achieving intended outcomes. In this way all children and young people who require integrated support from more than one service will experience seamless and effective support. The LP is not a job title or a new role, but rather a set of functions to deliver integrated support, for a time-limited period in relation to specific needs.

The key tasks performed by the LP are to:
- Act as a single point of contact for the child and the family
- Coordinate the delivery of the actions agreed
- Reduce overlap and inconsistency by implementing an overarching plan, which is centred around the child and family.
This role can be taken on by different practitioners in the children’s workforce because the skills and knowledge required to carry out the role are similar, regardless of professional background or job.

Regular training is available to professionals including refresher training. To book training, please visit www.richmond.gov.uk/caf_training

8.4 Step up/Step down transitions

Communication between PEH and CSC services is key to providing vulnerable families with the best support, and at the right level, particularly around Step up/Step down transitions.

If a team manager within PEH or any specialist service wants to step up or step down a child, young person or family:

- There will be a discussion between the relevant managers, eg. PEH manager and CSC manager, to understand the current situation, what strategies and support are in place, and the rationale behind the need for the case to step up or step down. These crucial conversations between managers may happen in advance of the weekly Step up/Step down Transitions Meeting or during the meeting itself;

- Once managers agree the case will transition:
  a. If it is a step up, there will be a referral to SPA and the case will be included in the Step up/Step down Transitions Meeting list (or tracker), for discussion at the weekly meeting;
  b. If it is a step down, the case will be included in the Step up/Step down Transitions Meeting list (or tracker), for discussion at the weekly meeting;
  c. Where the step up is not part of a planned process, but rather the result of a safeguarding incident, there will be a referral to SPA and the case will be included in the Step up/Step down Transitions Meeting list (or tracker), for discussion at the weekly meeting.

- It is also good practice to consult with the SPA whenever needed – PEH managers are encouraged to have a conversation with the SPA Manager, for example to clarify thresholds or get a social work perspective around safeguarding.

The SPA is central to step up/step down transitions, in order to remain able to provide the most up to date information about a child and family. As detailed in the process above, all step ups will be supported by a referral to SPA.

To support best practice the timing of the referral to SPA may happen in advance of the Step up/Step down Transitions Meeting (where the discussion and subsequent decision by the involved managers happens prior to the meeting), or right after the meeting, (where the discussion and subsequent decision by the involved managers happens during the meeting).

This process is applicable to all specialist services, including:

- Children’s Social Care (IRT/RAT/CPT);
- Disabled Children’s Team (DCT);
- Youth Offending Service (YOS);
- Substance Misuse Service (SMS);
- Adolescent Resource Team (ART); and others.
The weekly Step up/Step down Transitions Meeting is chaired by Social Care managers. The meeting is attended by team managers from the Initial Response Team (IRT)/Referral and Assessment Team (RAT); Child Protection Team (CPT); Family Support Services (FSS); and the Strategic Head of Integrated Working. Managers from other specialist teams, including Disabled Children Team (DCT) and Children Looked After Team (CLAT), will attend if relevant.

The list (or tracker) of children and families to be discussed at the meetings will include relevant case information about the cases needing transition and will be circulated by an administrator in advance of the meeting, so that all managers attending can get familiar with the cases.

At the meeting, managers will agree, based on the needs of the child and family, which team is best placed to take the lead role and which professionals will be required to be a part of the team around the child/family to meet their needs. Once this is agreed, managers allocate either a social worker or a PEH CAF LP as appropriate. The LP will then call a TAC meeting.

Through this process accountability for a LP is sustained and there is continuity ensuring that the child’s and family’s needs dictate all decisions.

Children who are recommended for step up to specialist services need to meet the threshold for that service. In the first instance, SPA can assist with applying the criteria, as detailed in the Thresholds document to support their decision making process. However, the overall decision on whether or not the criteria is met, will be made by the Team or Service Manager who will give full consideration to all information provided in relation to the child’s needs.

Step up/Step down transitions are supported by a robust TAC/TAF model, as described in Appendix B.

9 The role of statutory services

Section 17 of the Children Act 1989 states that a child is in need if:

- They are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority under this part;
- Their health or development is likely to be significantly impaired, or further impaired, without the provision for them of such services; or
- They are disabled.

AfC services for children in need of support and protection and their families are organised across both early intervention and social care teams, each of which has a clear responsibility in meeting children’s assessed needs.

9.1 Assessment of Children in Need of Protection

The professional judgement of social workers and partner agencies will be used to evaluate the information gathered in the referral and assessment processes to decide what type of services and planned interventions are required to provide support. Consideration will always be given to the role of other agencies, such as health and education, and the assistance available from family, friends, neighbours and carers.

The majority of referrals come into services will be initially dealt with through the Referral and
Assessment Teams (RAT) or by the Disabled Children’s Social Work Team where the child/young person is identified as having a severe or profound disability. Services for disabled children also respond to referrals from agencies. Social workers in these teams carry out assessments of children’s needs in line with the Assessment Framework for Children in Need and their Families.

The RATs can work with children and their families for up to three months to help parents and carers meet any further identified needs which arise during and following assessment and when planning services. There are times when presenting difficulties are resolved at the time of the initial assessment and with help from other agencies involved with the child and the family.

The RAT social worker will identify children and families who require a longer term service from a social worker. These are likely to be children at risk of significant harm, and who may have to live away from their families and/or need help to return to the family home, or children whose needs and family circumstances are complex and require intensive work to resolve. Services to these children and their families will be provided by the Child Protection Teams or the Looked After Children’s Team for children who are in the care of the local authority.

9.2 Determining Risk of Harm – Section 47 Enquiries

There are times when the level of risk or harm to children requires further enquiry prior to any further action being taken. Section 47 of the Children Act 1989 requires AfC on behalf of the local authorities to make enquiries to enable it to decide what steps are necessary to safeguard and promote the wellbeing of the child.

Children’s social care will lead on an assessment as a means of conducting the Section 47 enquiries. The purpose of the assessment is to determine whether the child is suffering or likely to suffer significant harm and to assess whether action is required to safeguard and promote the child’s welfare.

Partner agencies, including police, health, education and other services, have a statutory duty to help children’s social care to carry out the Section 47 enquiry. A Section 47 enquiry must always be commenced immediately when:

- There is reasonable cause to suspect that a child is suffering or likely to suffer significant harm in the form of physical, sexual, emotional abuse or neglect.
- Following an Emergency Protection Order or use of police powers of protection.
- A child breaches curfew criteria, in which case the response must be initiated within 48 hours or receipt of the information (S47 (1) (a) (iii) Children Act inserted by S15 (4) Crime & Disorder Act 1998.

It is important to note that many children and their families are vulnerable at different stages of their lives. Families may move along the continuum between needing support and needing protection at various stages over time. At the conclusion of the Section 47 assessment social workers must provide a care plan that sets out the services to be offered, the timescales for the objectives in the care plan to be met and a date when the progress of the plan will be reviewed.

9.3 Children in Care

For a small number of children there is no realistic prospect of returning to live with their own families, which means that AfC will make permanent or long-term alternative arrangements for them. For some of these children, AfC on behalf of the local authorities goes to Court to obtain a Care Order, which gives it parental responsibility, shared with the children’s birth parents.

In other cases a voluntary arrangement is made with the parents or with the young person themselves if they are over 16, for the child or young person to be Looked After. This work is undertaken by the Children Looked After Teams. The Leaving Care Service, that is part of the wider Children Looked After Service, provides services for those young people who are about to leave or have left the care system or who are in care because they have entered the UK as unaccompanied and seeking asylum.
Appendix A – Indicators of need – Threshold to services

## Level 1 – No additional needs, only requiring universal service support

<table>
<thead>
<tr>
<th>Features</th>
<th>Universal example indicators</th>
<th>Assessment process</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children with no additional needs</strong>  &lt;br&gt;Children whose developmental needs are met by universal services</td>
<td><strong>Developmental needs</strong>  &lt;br&gt;<strong>Learning / Education</strong>  &lt;br&gt;• Achieving key stages  &lt;br&gt;• Good attendance at school/college/training  &lt;br&gt;• No barriers to learning  &lt;br&gt;• Planned progression beyond statutory school age  &lt;br&gt;<strong>Health</strong>  &lt;br&gt;• Good physical health with age appropriate developmental milestones including speech and language  &lt;br&gt;<strong>Social, emotional, behavioural, identity</strong>  &lt;br&gt;• Good mental health and psychological wellbeing  &lt;br&gt;• Good quality early attachments, confident in social situations  &lt;br&gt;• Knowledgeable about the effects of crime and antisocial behaviour  &lt;br&gt;• Knowledgeable about sex and relationships and consistent use of contraception if sexually active  &lt;br&gt;<strong>Family and social relationships</strong>  &lt;br&gt;• Stable families where parents are able to meet the child’s needs  &lt;br&gt;<strong>Self-care and independence</strong>  &lt;br&gt;• Age appropriate independent living skills  &lt;br&gt;<strong>Family and environmental factors</strong>  &lt;br&gt;<strong>Family history and wellbeing</strong>  &lt;br&gt;• Supportive family relationships  &lt;br&gt;<strong>Housing, employment and finance</strong>  &lt;br&gt;• Child fully supported financially  &lt;br&gt;• Good quality stable housing  &lt;br&gt;<strong>Social and community resources</strong>  &lt;br&gt;• Good social and friendship networks exist  &lt;br&gt;• Safe and secure environment  &lt;br&gt;• Access to consistent and positive activities  &lt;br&gt;<strong>Parents and carers</strong>  &lt;br&gt;<strong>Basic care, safety and protection</strong>  &lt;br&gt;• Parents able to provide care for child’s needs  &lt;br&gt;<strong>Emotional warmth and stability</strong>  &lt;br&gt;• Parents provide secure and caring parenting  &lt;br&gt;<strong>Guidance boundaries and stimulation</strong></td>
<td><strong>No common assessment is required</strong>  &lt;br&gt;Children should access universal services in a normal way  &lt;br&gt;<strong>Key universal services that may provide support at this level:</strong>  &lt;br&gt;Education  &lt;br&gt;Children’s centres and Early Years  &lt;br&gt;Health visiting service  &lt;br&gt;School nursing  &lt;br&gt;GP  &lt;br&gt;Play services  &lt;br&gt;Youth Services  &lt;br&gt;Police  &lt;br&gt;Housing  &lt;br&gt;Voluntary and community sector</td>
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</table>
• Parents provide appropriate guidance and boundaries to help child develop appropriate values

## Level 2 – Low to vulnerable – Targeted support

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<tr>
<th>Features</th>
<th>Universal example indicators</th>
<th>Assessment process</th>
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</thead>
<tbody>
<tr>
<td><strong>2a Vulnerable</strong>&lt;br&gt;These children have low level additional needs that are likely to be short-term and that maybe known but are not being met</td>
<td><strong>Developmental needs</strong>&lt;br&gt;* Learning / Education*&lt;br&gt;• Occasional truanting or non-attendance&lt;br&gt;• School action or school action plus&lt;br&gt;• Identifies language and communication difficulties&lt;br&gt;• Reduced access to books, toys or educational materials&lt;br&gt;• Few or no qualifications&lt;br&gt;• NEET&lt;br&gt;* Health*&lt;br&gt;• Slow in reaching developmental milestones&lt;br&gt;• Missing immunizations or checks&lt;br&gt;• Minor health problems which can be maintained in a mainstream school&lt;br&gt;* Social, emotional, behavioural, identity*&lt;br&gt;• Low level mental health or emotional issues requiring intervention&lt;br&gt;• Pro offending behaviour and attitudes&lt;br&gt;• Early onset of offending behaviour or activity&lt;br&gt;• Coming to notice of police through low level offending&lt;br&gt;• Expressing wish to become pregnant at young age&lt;br&gt;• Early onset of sexual activity (13-14)&lt;br&gt;• Sexual active (15+) with inconsistent use of contraception&lt;br&gt;• Low level substance misuse (current or historical)&lt;br&gt;• Poor self-esteem&lt;br&gt;* Self-care and independence*&lt;br&gt;• Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion</td>
<td>A common assessment should be completed with the child to identify their strengths and needs and to gain specialist support&lt;br&gt;Programmes aiming to build self-esteem and enhance social/life skills.&lt;br&gt;Prevention Programmes&lt;br&gt;Positive activities&lt;br&gt;<strong>Key agencies that may provide support at this level:</strong>&lt;br&gt;* Universal and targeted&lt;br&gt;Targeted drug and alcohol information, advice and education, including harm reduction advice to support informed choices&lt;br&gt;Health, education, children’s centres and Early Years&lt;br&gt;Educational psychology&lt;br&gt;Educational Welfare&lt;br&gt;Primary Mental Health Service/ CAMHS&lt;br&gt;Youth Services</td>
</tr>
<tr>
<td><strong>2b Vulnerable</strong>&lt;br&gt;Child’s needs are not clear, not known or not being met&lt;br&gt;Child with additional needs – requiring multi-agency intervention&lt;br&gt;Lead Professional and Team Around Child</td>
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</tr>
<tr>
<td><strong>Family and environmental factors</strong>&lt;br&gt;* Family and social relationships and family wellbeing*&lt;br&gt;• Parents/carers have relationship difficulties which may affect the child&lt;br&gt;• Parents request advice to manage their child’s behaviour&lt;br&gt;• Children affected by difficult family relationships or bullying&lt;br&gt;* Housing, employment and finance*&lt;br&gt;• Overcrowding&lt;br&gt;• Families affected by low income or unemployment&lt;br&gt;<strong>Social and community resources</strong></td>
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• Insufficient facilities to meet needs eg. transport or access issues  
• Family require advice regarding social exclusion eg. hate crimes  
• Associating with anti-social or criminally active peers  
• Limited access to contraceptive and sexual health advice, information and services

**Parents and carers**

**Basic care, safety and protection**
• Inconsistent care eg. 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 response to concerns raised regarding child

<table>
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<tr>
<th>Voluntary and community services</th>
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<tbody>
<tr>
<td>Family support services</td>
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<tr>
<td>Targeted youth support services</td>
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**Level 3**  
**High or Complex – Additional needs requiring integrated targeted support OR child in need (section 17)**

<table>
<thead>
<tr>
<th>Features</th>
<th>Universal example indicators</th>
<th>Assessment process</th>
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</thead>
<tbody>
<tr>
<td>Children with high level additional unmet needs</td>
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</table>
Complex needs likely to require longer term intervention from statutory and/or specialist services  
**Child in need:** These children may be eligible for a child in need service from children’s social care and are at risk of moving to a high level of risk if they do not receive early intervention. These may include children who have been assessed as “high risk” in the recent past, or children who have  
**Developmental needs**  
**Learning/Education**
• Short term exclusions or at risk of permanent exclusion, persistent truanting  
• Statement of special educational needs  
• No access to books, toys or educational materials  
**Health**
• Disability requiring specialist support to be maintained in mainstream setting  
• Physical and emotional development raising significant concerns  
• Chronic/recurring health problems  
• Missed appointments - routine and non-routine  
**Social, emotional, behavioural, identity**
• Under 16 and has had (or caused) a previous pregnancy ending in still birth, abortion or miscarriage  
• 16+ and has had (or caused) 2 or more previous pregnancies or is a teenage parent  
• Under 18 and pregnant  
• 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  
| The common assessment can be used as supporting evidence to gain specialist/targeted support  
The common assessment may also be completed to support child moving out of complex needs  
Statutory or specialist services assessment (NB a common assessment must not replace a specialist assessment)  
**Key agencies that may provide support at this level:**  
LA children’s social care |
been adopted and now require additional support. If a social worker is allocated they will act as the Lead Professional

- Evidence of changing attitudes and more disregard to risk
- Mental health issues requiring specialist intervention in the community
- Significant low self esteem
- Victim of crime including discrimination

**Self-care and independence**

- Lack of age appropriate behaviour and independent living skills, likely to impair development

**Family and environmental factors**

**Family and social relationships and family wellbeing**

- History of domestic violence
- Risk of relationship breakdown with parent or carer and the child
- Young carers, privately fostered, children of prisoners, periods of LAC
- Child appears to have undifferentiated attachments

**Housing, employment and finance**

- Severe overcrowding, temporary accommodation, homeless, unemployment

**Social and community resources**

- 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

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**Level 4**

**Complex or acute – Additional needs requiring specialist or statutory integrated response OR child protection (Section 47)**

<table>
<thead>
<tr>
<th>Features</th>
<th>Universal example indicators</th>
<th>Assessment Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complex additional unmet needs</td>
<td><strong>Developmental needs</strong></td>
<td>Additional services:</td>
</tr>
<tr>
<td>These children</td>
<td><strong>Learning/Education</strong></td>
<td>The common assessment can be used as supporting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Chronic non-attendance, truanting</td>
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<tr>
<td></td>
<td></td>
<td>- Permanently excluded, frequent exclusions or no</td>
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22
### Child Protection

Children experiencing significant harm that require statutory intervention such as child protection or legal intervention. These children may also need to be accommodated by the local authority either on a voluntary basis or by way of Court Order.

Agencies should make a **verbal** referral to children’s social care accompanied by a **written** referral.

**education provision**
- No parental support for education

**Health**
- High level disability which cannot be maintained in a mainstream setting
- Serious physical and emotional health problems

**Social, emotional, behavioural, identity**
- Challenging behaviour resulting in serious risk to the child and others
- Failure or rejection to address serious (re)offending behaviour. Likely to be in deter cohort of youth offending management
- Known to be part of gang or post code derived collective
- Complex mental health issues requiring specialist interventions
- In sexually exploitative relationship
- Teenage parent under 16
- Under 13 engaged in sexual activity
- Frequently go missing from home for long periods
- Distorted self-image
- Young people experiencing current harm through their use of substances
- Young people with complicated substance problems requiring specific interventions and/or child protection
- Young people with complex needs whose issues are exacerbated by substance use

**Self-care and independence**
- Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm e.g. bullying, isolation

**Family and environmental Factors**

**Family and social relationships and family wellbeing**
- Suspicion of physical, emotional, sexual abuse or neglect
- High levels of domestic violence 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

**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

**Emotional warmth and stability**

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**Evidence to gain specialist/targeted support**
- Statutory or specialist services assessment (NB a common assessment must not replace a specialist assessment)

**Key agencies that may provide support at this level:**
- Specialist health or disability services
- Youth Offending Service
- CAMHS
- Family Support/Targeted Youth Support services
- Voluntary and community services
- Services at universal level

**Comprehensive assessment and formulation of substance specific care plan**
<table>
<thead>
<tr>
<th>• Parents unable to manage and risk of family breakdown</th>
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</thead>
<tbody>
<tr>
<td><strong>Guidance boundaries and stimulation</strong></td>
</tr>
<tr>
<td>• Parent does not offer good role model eg. condones antisocial behaviour</td>
</tr>
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</table>
Appendix B – Team Around the Child/Family (TAC/TAF)

Procedure for TAC/TAF model at Step up/Step down transitions in Kingston and Richmond

The TAC/TAF model

Where a multi-agency response is required, the formation of the TAC/TAF and identification of the lead professional (LP) bring together practitioners from across different services. Coordinated by the LP, these practitioners work together to deliver an integrated package of solution-focused support to meet the needs identified during the common assessment process. Regular TAC/TAF meetings keep interventions child/family centred.

A fundamental singularity of TAC/TAF meetings – compared to all other multi-agency meetings – is the key role that children and families play at the centre of the TAC/TAF, and in determining the effectiveness of the intervention aimed at helping them achieve their outcomes. The meeting is the place to agree new actions, coordinate interventions, discuss exit strategy, and evaluate the impact against the identified needs.

TAC/TAFs do not need to be oversubscribed – only those working closely with the child and family should attend. Where a wide network of practitioners is involved, practitioners who cannot attend the meeting should provide feedback via the LP.

Step up/Step down transitions

Communication between PEH and CSC services is key to providing vulnerable families with the best support, and at the right level, particularly around step up/step down transitions.

If a team manager within PEH or any specialist service wants to step up or step down a child, young person or family:

- There will be a discussion between the relevant managers, e.g. PEH manager and CSC manager, to understand the current situation, what strategies and support are in place, and the rationale behind the need for the case to step up or step down. These crucial conversations between managers may happen in advance of the weekly Step up/Step down Transitions Meeting, or during the meeting itself;

- Once managers agree the case will transition:
  a. If it is a step up, there will be a referral to SPA and the case will be included in the Step up/Step down transitions meeting list (or tracker), for discussion at the weekly meeting;
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thresholds or get a social work perspective around safeguarding.

The SPA is central to step up/step down transitions, in order to remain able to provide the most up to date information about a child and family. As detailed in the process above, all step ups will be supported by a referral to SPA.

To support best practice the timing of the referral to SPA may happen in advance of the Step up/Step down transitions meeting (where the discussion and subsequent decision by the involved managers happens prior to the meeting), or right after the meeting, (where the discussion and subsequent decision by the involved managers happens during the meeting).

This process is applicable to all specialist services, including:

- Children social care (IRT/RAT/CPT);
- Disabled Children’s Team (DCT);
- Youth Offending Service (YOS);
- Substance Misuse Service (SMS);
- Adolescent Resource Team (ART); and others.

The weekly Step up/Step down Transitions Meeting is chaired by Social Care managers. The meeting is attended by team managers from the Initial Response Team (IRT)/Referral and Assessment Team (RAT); Child Protection Team (CPT); Family Support Services (FSS); and the Strategic Head of Integrated Working. Managers from other specialist teams, including Disabled Children Team (DCT) and Children Looked After Team (CLAT), will attend if relevant.

The list (or tracker) of children and families to be discussed at the meetings will include relevant case information about the cases needing transition and will be circulated by an administrator in advance of the meeting, so that all managers attending can get familiar with the cases.

At the meeting, managers will agree, based on the needs of the child and family, which team is best placed to take the lead role and which professionals will be required to be a part of the team around the child/family to meet their needs. Once this is agreed, managers allocate either a social worker (SW) or a PEH CAF LP as appropriate. The LP will then call a TAC meeting.

Through this process accountability for a LP is sustained and there is continuity ensuring that the child’s and family’s needs dictate all decisions.

Children who are recommended for step up to specialist services need to meet the threshold for that service. In the first instance, SPA can assist with applying the criteria, as detailed in the Thresholds document to support their decision making process. However, the overall decision on whether or not the criteria is met, will be made by the team or service manager who will give full consideration to all information provided in relation to the child’s needs.

Step up/Step down transitions are supported by a robust TAC/TAF model.

**When stepping up:**

- The TAC/TAF remains and becomes part of the core group, and
- The CAF LP becomes part of the TAC/TAF,
- The SW becomes the new LP/key practitioner.

**When stepping down:**

- The TAC/TAF is set from core group before it disbands,
The SW leaves the TAC/TAF, when appropriate and
The old CAF LP (where there was one) retakes the LP role once again. If there was no previous LP then one will be allocated.

**PEH roles**

To prevent capacity issues, where potentially PEH LPs could remain involved in the TAC/TAF long term, and then become LPs again, when agreeing a step up:

- Managers must determine a clear role for PEH, as well as the extent of their involvement;
- Care Plans must be SMART, and maintain what’s good from the TAC plan;
- SW to provide strategic overview besides updating the plan to address safeguarding concerns (bring additionality).

**Assessments**

There is an expectation that CAFs will be shared at step up and Single Assessment will be shared at step down in all cases.

Practitioners’ roles must be fully explained during the introductory TAC/TAF meeting that follows the agreed step up or step down. At this meeting the PEH worker or the SW (as relevant) is introduced to the family as their new LP.

**Supervision**

There will be group supervision between the responsible manager plus the SW and the PEH worker to review progress and to make sure roles remain specific and time limited.

Where a SW is involved, the SW manager is the lead manager and holds case and supervision responsibilities.

In instances where the needs are about a specific child within the family, e.g. a disabled child, a young person supported by YOS etc, their siblings’ needs will also be considered. The worker needs to assess whether the other children need a service or not. Managers will jointly agree if the DCT SW/YOS worker would be best placed to be the LP for the family, or a LP from PEH needs to be identified.

Aligned with the described Step up/Step down protocol, there is acknowledgment of a cohort of children and families who go through a statutory assessment but do not meet the threshold for statutory intervention. In cases like this, the decision is often made to take No Further Action (NFA) or No Further Action with a recommendation that the family seeks a specified intervention for the betterment of their family circumstances.

In order to ensure that these families receive an appropriate tier 1 or 2 service in accordance with the statutory social worker’s recommendations, the protocol outlines how this will be achieved from an operational perspective. Rather than these families going through the formal Step up/Step down arrangement, which ordinarily reflects families that have had a longer engagement with statutory services, the aim is to engage this cohort in a faster and more efficient way.

Therefore, for good reason the process for this cohort of families sits outside the traditional Step up/Step down arrangement, but firmly comes under the banner of the protocol, based on families being stepped down to tier 1 or 2 service provision in a more expedient way.
The proposal is that all statutory cases that require No Further Action after assessment but a recommendation is made that the family engage with a tier 1 or 2 services, should be referred to the SPA. Within 24 hours of receiving the referral, the SPA will refer on to PEH for allocation to the most appropriate team to deliver the identified service provision. Once allocated (within 48 hours), PEH will make contact with the family within five working days for consent and the start of the engagement process.

This approach ensures that all families who could benefit from a service are captured early and provided with a provision aimed at addressing their identified need.
Appendix C – Locality teams

The locality team model expands on the concept of the ‘team around the child/family’. In other words, each locality team becomes a resource to support coordinated early intervention as required, acting as:

- **Team around the child/family** (TAC/TAF) – lead professionals (LPs) draw from the locality team to implement and deliver coordinated TAC/TAF support;

- **Team around the school** (TAS) – schools access the expertise from the locality team to support individual children (TAC) or wider school needs, for example via locality team projects; and

- **Team around the local area** – based on local needs analysis the locality team can support identified needs for local children.

The locality teams coexist with a partnership network of professionals from both statutory and voluntary sectors to provide holistic, child and family centred support.

Core locality team members are co-located, facilitating information sharing and improving local area knowledge.

This combined multi-agency service is inclusive to all children and young people – whether residents or educated in the AfC area – but is particularly important for children who have additional needs or may be at risk from significant harm.

Core locality team members meet regularly, while linked locality team members attend on identified themed dates.

**Core locality team members include:**

- Children’s Centre Manager (CC)
- Early Years Consultant (EY)
- Education Welfare Officer (EWO)
- Educational Psychologist (EP)
- Family Support Worker (FSW)
- Primary Mental Health worker (PMHW)
- Targeted Youth Support worker (TYS)
- Youth Service (YS)
- Strengthening Families Team (SFT)
- Adolescent Response Team (ART)

**Linked members include:**

- Education – Lead Inspector (LI)
- Health – Health Visitor (HV), School Nurse (SN), Health link worker (Kingston)
- Social Worker (SW)
- Substance Misuse Service (SMS)
- Youth Offending Services (YOS)

Locality team services can be accessed via SPA or via the CAF process, as part of TAC/TAF. Practitioners are allocated to cases by their professional team manager. Aggregation of data shows that consistently 70% or more CAF interventions achieve all or some outcomes. This data is bolstered by the perceptions that families have of the support they receive, which is gathered via the Distance Travelled Tool (DTT). The DTT is completed at least at the beginning and the
end of the CAF intervention, with the majority of families experiencing a positive distance travelled.

There are nine locality teams across Kingston and Richmond, as shown in the map below:
Appendix D – Parenting

There is strong evidence that parenting has a major impact on a child’s life chances. Parents are not the only influence on a child’s behaviour, but effective parenting is one of the strongest protective factors for a child. There is a recognition of the importance of parenting in children’s lives, from an appreciation that all parents may need information and advice from time to time, some will benefit from more targeted support and a minority will require intensive support to help them in bringing up their children.

Parenting programmes offered aim to provide a consistent approach to supporting positive and responsible parenting at all levels of need and provide a menu of appropriate support and intervention at each level.

Early help is about maintaining a family focus and recognising how problems that adults experience can impact on the whole family. Parenting programmes look at building parents’ capability to make good relationships, promote positive behaviour and improve child/parent interaction.

Parents are able to access parenting classes at various children’s centres in both boroughs, at their children’s schools and in community settings. Family Support, Targeted Youth Support Workers and Strengthening Families Keyworkers provide group support and one to one support; including working with parents in their own homes if that is needed.

**Group based programmes**
Programmes range from six to 14 weeks; usually occurring at weekly intervals, for two to three hour sessions.

**Programmes for parents of 0-4 year olds:**
Webster Stratton Incredible Years
Family links
Wellbeing course

**Programmes for parents of primary school age children:**
Triple P
Family Links
P Teen
Strengthening Families Strengthening Communities
Cygnets – Children with ASD

**Programmes for parents of teenagers:**
Triple P Teen
Strengthening Families Strengthening Communities
Appendix E – Protection and Early Help Training Strategy

The Training Strategy for Protection and Early Help will be based on the Achieving for Children Workforce Development Strategy and Action Plan April 2014 to March 2015. The aim of this plan is to meet and evidence the following objectives:

1) Recruiting the right staff
We will attract and recruit a high quality, appropriately trained workforce to work with children and young people.

2) Sharing common vision and values
We have a shared identity, vision, values and purpose for the children’s workforce that is widely communicated and understood.

3) Developing the workforce
We will develop the core knowledge, skills, practice and behaviours of everyone working with children, young people and their families.

4) Retaining and engaging the workforce
We will continually develop a work environment that recognises the value of learning opportunities for staff.

5) User engagement and involvement
We will develop the skills, behaviours and practices to involve children, young people and their families in workforce development.

6) Supporting partnership and integrated working
We will work together effectively to meet the changing needs of children and young people, and to improve their lives.

7) Keeping children safe
We will develop a workforce that is competent, confident and safe to work with children and young people.

8) Valuing professional practice
We will ensure that all professionals are supported to meet their national workforce development requirements and occupational standards.

9) Providing inspiring leadership
We will provide strong leadership and management to deliver the Children and Young People’s Plan Priorities.

10) Maximising resources
We will commission and deliver learning and development opportunities to the children’s workforce in the most cost-effective way.

Protection and Early Help training pathway
Staff and managers can access a wide range of training provision from AfC Corporate HR and the Children’s Workforce Development Team. The table below gives an overview of the topics/programmes available, and timescales for completion.

Mandatory safeguarding training should be completed within timescales given (if staff can clearly demonstrate that they have previously attending training this will be accepted); staff should liaise
with their line managers to determine the priority levels for other training. Staff appraisals should also inform a planned systematic approach to staff CPD.

**Overview of Programmes** (details available on CPD Online [www.afccpdonline.co.uk](http://www.afccpdonline.co.uk))

**LSCB Safeguarding Training Programme**
A robust programme of multi-agency training provided by the LSCB, includes Safeguarding and Risky Behaviour courses. Supports objectives 2, 3, 6 and 7 above.

**Integrated Working Training Programme**
Using shared processes and understanding to support children in effective multi-agency working, with a focus on protection, prevention and early intervention. This includes the Common Assessment Framework (CAF) and Information Sharing. Supports objectives 6 and 7 above.

**Emotional Wellbeing and Mental Health Programme**
A programme of stand-alone courses developed to ensure that the wellbeing and mental health needs of children in Richmond and Kingston are identified, understood, and pathways to provision are clear. Supports all objectives.

**Practitioner Skills Programme**
This programme of stand-alone courses addresses core knowledge, skills and behaviours that are relevant for PEH staff and managers.

**AfC Core Safeguarding Programme (previously P & P Programme)**
A cohort of 16-18 practitioners attend the whole programme of 10 training courses, Action Learning sets and Coaching. Protection & Early Help staff are joined by colleagues from health, community & Voluntary Support, and schools, to ensure a programme that very effectively develops their safeguarding and integrated working practice. Supports objectives 2, 3, 6, 7 above.

**PEH Managers Programme – Modelling & Building Resilience in the Workplace**
A new development programme for a cohort of PEH managers delivered over 10 months, consisting of leadership workshops, action learning sets and coaching. Supports objectives 2, 3, 4, & 9 above.

**Corporate Leadership & Management Programme**
Developed and delivered by corporate HR Learning & Development, for all managers in AfC to access.

**Accredited Specialist Training**
To develop ‘team specialists’ in issues or conditions that affect children and young people supported by Protection & Early Help practitioners, such as Autism, ADHD and Depression. Supports objectives 3 and 8 above.

**Multi-Systemic Therapy – Accredited Training**
(to be reviewed following completion of first cohort in June 2014)

**Introduction to Cognitive Behaviour Therapy**
(to be reviewed following completion of first cohort in June 2014)

**Evaluating Learning and Impact**
This will be achieved by the following methods:
- Questionnaire on completion of training course
- Impact evaluation 6-8 weeks after training course
- In-depth evaluation of programmes for cohort training (staff and managers)
Appendix F – Summary of Protection & Early Help (PEH) Services

Family Support Services

Single Point of Access (SPA)
The Single Point of Access (SPA) is the single gateway for all incoming contacts to children’s services across AfC, providing telephone and web-based support to professionals, the public, children, young people and their parents or carers.

The key functions of the SPA are:

- to check the information held about the child or family across the child’s network
- to make an initial decision regarding which service is best placed to respond
- to create a record of the request and the decision made
- to share the information with the correct service within agreed timescales (usually 24 hours)
- to offer high quality information, advice and guidance to all customers who make contact

Targeted Youth Support (TYS)
The Targeted Youth Support Worker works with young people aged 12-19, offering support and help to families/young people, including:

- Difficulties with a young person’s behaviours
- Building confidence in dealing with difficult parenting issues
- Housing problems
- Support to be in purposeful and regular education, employment or training
- Improve relationships between family members
- Guidance and support problematic substance or alcohol use.

The service will contact the young person/family within three working days to complete the CAF and make a visit to the family within seven working days. If the assessment is made that the family is in crisis more immediate interventions and support will be provided to a family. The Targeted Youth Support Worker is likely to take on the lead professional role to identify and coordinate the delivery of services through a TAC.

Adolescent Response Team (ART)
ART is a specialised social work team which works with young people between 11 and 18 years of age, their families and carers at the point of family breakdown and when the young person is at risk of entering the care system.

This team supports young people who may have a combination of the difficulties described below:

- At risk of becoming or has been excluded from the education system.
- Significant behavioural issues including high aggression as a result of a learning difficulty or disability such as ADHD, autism and Asperger’s.
- Significant offending behaviour and/or substance misuse issues which are impacting on the stability within the
- Significant mental health needs such as severe and persistent depressive episodes, eating disorders, attempted suicide and self-harming.
- Challenging family dynamics and/or significant parental difficulties that impact on the relationships and stability within the family including adoption breakdown cases.
**Strengthening Families Team (SFT)**
The Strengthening Families Team will work with some of the most complex and high need families in Richmond and Kingston, but will be focused fully on the response required to address the Troubled Families agenda. This focuses on:

- Worklessness – dependency on workless benefits
- Youth Crime and anti-social behaviour.
- Persistent/absence/poor school attendance, less than 85% attendance.

These families create a high expenditure on local and national services due to intergenerational issues and inability to sustain change. The team will work in a targeted and phased way to support a family’s capacity for change, to embed and sustain changes within the family by dealing with the cause of the problem rather than the symptoms. The children and young people in a ‘troubled family’ household will range from 0-18 years of age.

**Family Support Team (FST)**
The Family Support Worker offers support and help to families for children aged 0-11. This support could range from issues including:

- Difficulties with a child’s habits or behaviours
- Building confidence in dealing with difficult parenting issues
- Helping to motivate children and encourage good attendance at school
- Improve relationships between family members
- Signposting to support agencies when substance or alcohol use becomes a problem.

The Family Support Worker will contact the family within three working days and make a visit to the family within seven working days. If the assessment is made that the family is in crisis more immediate interventions and support will be provided.

**Education Welfare Service (EWS)**
The role of the team involves promoting the wellbeing and welfare of children and young people and supporting them in achieving high levels of attendance at school. They do this by:

- Facilitating effective partnership between parents, schools and other agencies to safeguard children and young people
- Providing advice and guidance on National Strategy interventions to improve Behaviour and Attendance.
- Where necessary, the service will instigate legal proceedings and represent the local authority in prosecution of parents who fail to ensure their child’s regular attendance at school.

EWS fulfil statutory duties with regard to:

- School attendance
- Tracking children missing education
- Licensing of children in employment and performances
- Issuing matron/chaperones licences.

**Young People’s Supported Accommodation Service (YPSAS)**
The Young People’s Supported Accommodation Service provides support to young people aged 16-22 who are at risk of becoming homeless or are in housing need. Support workers work with young people to identify support needs and assist in the transition to independent living by:

- Providing support to young people to sustain their licence/tenancy, including advice and information on budgeting, rent payment, benefit and financial entitlements, compliance with licence/tenancy conditions, neighbour issues etc.
• Offering support, advice and guidance in health matters, child development (if appropriate),
education, training and employment and assistance in accessing specialist services in the
statutory and voluntary sectors.
• Offering support in developing practical skills including house-keeping, cooking and DIY.
• Offering young parents support in developing parenting skills.
• Encouraging young people to develop and use a network of friends, family and local
  community services.

Integrated Youth Services

Youth Services (YS)
The Youth Service positively engages young people 11-19 years old (13-19 core age range) in a
variety of projects and positive activities via its youth centres, specific projects and outreach
work in local communities and schools. It provides young people with information, advice and
guidance, personal and social development opportunities and recognised accredited learning
through a diverse programme of activities.

The Youth Service coordinates and provides the Duke of Edinburgh’s Award programme and
water-based outdoor education and leads on the development of youth engagement and
participation.

The team can assist if a young person doesn’t access positive activities or socialise with other
young people or needs support with personal and social development for short term one to one
interventions.

Youth Offending Service (YOS)
Kingston and Richmond Youth Offending Service is a multi-agency partnership comprising the
core statutory agencies of probation, police, health and the local authority as well as other local
partners. The purpose of the service is to deliver the youth justice provisions as set out in the

The YOS identifies the needs of each young person who offends by assessing them with a
national assessment. It identifies the specific problems that have contributed to the young
person offending as well as measuring the risk they pose to others. This enables the YOS to
identify suitable programmes to address the needs of the young person with the intention of
preventing further offending.

The YOS only works with those young people 10-18 years old who have been given an ‘Out of
court disposal’ or a Court Order. Given this, it is not a service that accepts referrals.

Young Person Substance Misuse Service (YPSMS)
Young people under 19 (or older if CLA or LD), vulnerable to drug or alcohol use, mis/using
drugs or alcohol, or affected by familial use.

• Information and advice
• Support
• Drug and alcohol treatment
• Family work
• Multiagency work
• Schools-based work (Richmond schools only)
• Smoking cessation for those also using drugs or alcohol.

The team is available to offer support, guidance and consultation to all professionals working
with young people who may be concerned about their substance use/misuse.
Special Educational Needs (SEN) and Disability Services

Integrated Disabled Children’s Services – Kingston
There is a single point of referral to the service with a multi-disciplinary team working to integrate a range of services to meet children and young people’s needs.

The service holds weekly multi-disciplinary referral meetings. These Integrated Team Around the Child (ITAC) meetings discuss each referral and jointly agree on the best way to offer assessments and support services.

There is different eligibility criteria for each of the service areas listed below.

The Integrated Service for Disabled Children and Young People is made up of a variety of professionals from health, social care and the voluntary sector.

Services include:

- Disabled Children’s Social Care Team:
- Assessment and Care Planning
- Specialist Services (which comprises of Home and Community Support Team, Moving Forward Team, Participation Officer for Disabled Children and Young People)
- Community Occupational Health Team
- The Disabled Children’s Nursing Team
- Community Paediatric Service
- Family and Adolescent Child Team (FACT)
- Kingston Aiming High Short Break Programme
- Therapy Teams:
  - Occupational Therapy
  - Physiotherapy
  - Speech and Language
- EnhanceAble Children’s Service, a voluntary sector organisation which provides impartial, information and support to families surrounding coping with childhood disability and additional need

Primary Mental Health Service (PMHS)
The focus of this service is early intervention and prevention offering direct interventions with children 0-19 years old who are exhibiting behaviours consistent with emerging mental health concerns such as low mood, anxiety and social isolation or withdrawn behaviour.

Access is via SPA. The team will deliver either a short term intervention or a referral to CAMHS.

Educational Psychology

Educational Psychology Service (EPs)
The service operates a consultation model of service delivery that promotes early intervention in order to minimise pupils’ barriers to learning. EPs apply psychology in working with educational staff, parents, pupils and other agencies in order to generate solutions to concerns and facilitate change. EPs work as a resource for schools for all children, promoting psychological wellbeing, inclusion and raising standards across the full range of age and abilities.

In addition to fulfilling statutory responsibilities/duties EPs work in schools offering support at:
Individual level:
- Psychological assessment to help define the nature and implications of children and young people’s difficulties;
- Psychological interventions (including therapeutic interventions);
- Psychological advice to staff focused on narrowing gaps in attainment and improving academic progress;
- Contribute towards multi-agency meetings about child/young person where appropriate or there has been EP involvement.

Group level:
- Psychological interventions to develop particular skills eg. thinking skills, study skills, exam stress, social skills, self-esteem/anxiety;
- Psychological interventions focused on narrowing the gap and improving academic progress;
- Support to small groups of staff in managing a particular issue eg. challenging behaviour and disaffection;
- Parent workshops, eg. Webster-Stratton, Cygnet.

Strategic, systems and organisational level:
- Support development of whole school strategies and systems;
- Continuing Professional Development for staff on school-determined topics with a psychological basis;
- Project development and research work eg. evaluating interventions. The EPS offer a full menu of research and evaluation services designed to help ensure that the interventions and learning packages that schools provide for pupils are evidence-based and are proven to be effective;
- Support preparing and responding to school emergencies;
- Contribution to strategic development across the local authority.

**Family Advice and Support Service (FASS)**
FASS is a multi-disciplinary team, which is part of the Child and Adolescent Mental Health Service (CAMHS) in Kingston. In the team are clinical psychologists, a family therapist, social worker and educational psychologists.

In addition we provide practice/trainee placements for family therapy and clinical psychology courses.

We offer consultation to professionals who are working with children and families who either live or attend a school in Kingston. We also offer direct intervention packages with children and families on an agreed short term basis (of up to eight sessions) as part of the consultation process.

Where appropriate, we will offer evidence based packages of support which may involve the following approaches: Systemic Family Therapy, Cognitive Behavioural Therapy (CBT), Solution Focused Brief Therapy, parenting work, mindfulness work, Interpersonal Psychotherapy (IPT) or Behaviour Management.

FASS will complete a consultation at a date, time and location convenient to the professional. Following the initial consultation meeting, further consultation may be arranged. It may be that no further consultation is required or we may agree together that a brief intervention package is offered directly to the child and family. We may also make suggestions of other services that may be appropriate for the young person and their family.
Early Years

Early Years Advisory Service
The service role is:

- To monitor the performance of nurseries, playgroups and childminders in the private, voluntary and independent sectors through the use of quality assurance programmes.
- To ensure that children and their families are well supported in a high quality early year setting
- To give information advice and guidance and to challenge all settings in the borough that deliver the Early Years Foundation Stage Framework

The EY Service can also broker targeted places in early years settings for 2, 3 and 4 year olds. The outcomes and attendance of children is carefully monitored and offers good evidence of impact on a child’s learning and development.

Children’s centres
Children’s centres provide access to a range of community health services, parenting and family support. They also provide links to training and employment opportunities for families with children aged under 5.

Signposting by schools can take place where the school identify that the parent and/or the child would benefit from involvement in family support services and targeted programmes.

The children’s centre staff will contact the family advising of the programme of activities and support on offer.

Children’s centre outreach workers work with families that are identified via the Health Visiting Service and therefore all have a very young baby or child. The outreach worker engages with the family to offer a level of general support where a family is identified by a health visitor as needing continued support. The outreach worker will support the family with access to other services necessary, such as health or housing.
Contacts

The main point of contact for all children’s services:

Single Point of Access (SPA)  
Richmond

Phone: 020 8891 7969  
Email: SPA@richmond.gov.uk

Single Point of Access (SPA)  
Kingston

Phone: 020 8547 5008  
Email: SPA@kingston.gov.uk