



Kingston and Richmond  
Safeguarding Children Partnership

# Early Help Strategy 2020/24

(DRAFT)

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## Foreword



“Working together in Kingston and Richmond to keep children’s safety and wellbeing at the heart of everything we do.”

The Kingston and Richmond Safeguarding Children Partnership (KRSCP) has a clear priority to champion early and preventive interventions with children and young people across the multi-agency group, supporting families where there are parental vulnerabilities or where children have caring responsibilities. Early Help is significant at every stage of the child’s journey from unborn baby to young person at risk of criminal exploitation and missing education, to the Care Leaver and young adult.

“Working together in Kingston and Richmond to keep children’s safety and wellbeing at the heart of everything we do” is our local vision and multi-agency working is key to prevention and Early Help. The resilience networks in each borough will support individual, family and community strengths to lead to improved community resilience, increased safety and improved wellbeing.

At the heart of this strategy is the ambition to hear the voice of children and place them at the centre of all that we do. Our aim is to develop a local workforce and system of Early Help practitioners and volunteers, who are dedicated to meeting the needs of children through partnership, working with each other, innovation, responsiveness, and regular learning and refreshing of skills.

Will you join us on our journey to wellbeing for all? Then read our strategy for guidance, learning and links.

Ian Thomas CBE KRSCP Chair

## Early Help Partnership


Add partners and logos once confirmed.

## Introduction

'Early Help' is support given to a child, young person or family when a problem first emerges. It can be provided at any stage in a child or young person's life.

### Why is Early Help so important?

Early Help is all about identifying needs within families early and providing coordinated support to build resilience before problems become complex.

Eileen Munro wrote in her report (May 2011) 'Services offering Early Help are not aimed just at preventing abuse or neglect but at improving the life chances of children and young people in general. 'Early Help' is an ambiguous term, referring both to help in the early years of a child's life and early in the emergence of a problem at any stage in their lives'.

Eileen Munro identified three arguments for Early Help:

- a moral imperative
- a 'now or never'
- cost effectiveness

'Providing Early Help is more effective in promoting the welfare of children than reacting later. Early Help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early Help can also prevent further problems arising.' (Working Together to Safeguard Children 2018)

'Local organisations and agencies should have in place effective ways to identify emerging problems and potential unmet needs of individual children and families. Local authorities should work with organisations and agencies to develop joined-up Early Help services based on a clear understanding of local needs. This requires all practitioners, including those in universal services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other practitioners to support early identification and assessment.' (Working Together to Safeguard Children 2018)

'Effective Early Help relies upon local organisations and agencies working together to:

- identify children and families who would benefit from Early Help
- undertake an assessment of the need for Early Help
- provide targeted Early Help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child."

Early intervention can support four important aspects of children's development:

- physical
- cognitive
- behavioural
- social and emotional

Short-term improvements in these four areas can lead to benefits throughout childhood and later life, including improved physical health, improved mental health and wellbeing, better academic results and job prospects, improved behaviour, and a reduced risk of criminal involvement. <https://www.eif.org.uk/resource/introduction-to-early-intervention-what-is-it-why-it-matters-and-what-does-eif-do>

## Early Help vision for Kingston and Richmond

### Vision for Early Help for Kingston and Richmond families

*“Early Help is everyone’s business”*

*Working in partnership with children, families and communities is essential in building resilience and sustaining improved outcomes.’*

### A partnership approach to Early Help

Our new strategy intends to have a greater focus on partnership working and coordination of universal Early Help. Our approach seeks to empower communities and families, reduce the need for referral to targeted or specialist services, which in turn can be disempowering and unsustainable and build resilience within families and communities.

Children are best supported by those who already have a relationship with them, such as children’s centres, early years’ settings or schools, which can organise additional support with local partners as needed. It is really important that Early Help builds on existing strengths within the child, family and community network to support sustainable outcomes.

### Governance of the Early Help Partnership

Early Help in Kingston and Richmond is not a specific service or team, it’s a multi-agency approach and system that brings together people from a range of services and teams together and ensures that Early Help is ‘everyone’s business’.

We intend to set up a strategic board or subgroup to embed the new Early Help Partnership Strategy. This will consist of senior representatives from all local partners from both the statutory, voluntary, faith and community sectors. This **xxx** will have oversight of the continuing development of this strategy, monitor the implementation and hold the partnership to account for Early Help responses. The **xxx** will report in to the Safeguarding Children’s Partnership Board. This **xxx** will meet on a quarterly basis.

Early Help is already established as a core principle in many areas of practice in Kingston and Richmond and there is substantial commitment and energy to support and work with families as outlined in both Children Young People Plans (CYPPs) for both local authorities.

**Kingston** [https://www.kingston.gov.uk/downloads/file/228/children\\_and\\_young\\_peoples\\_plan\\_2017-2020](https://www.kingston.gov.uk/downloads/file/228/children_and_young_peoples_plan_2017-2020)

**Richmond** [www.richmond.gov.uk/media/15293/children\\_young\\_peoples\\_plan.pdf](http://www.richmond.gov.uk/media/15293/children_young_peoples_plan.pdf)

## Core principles for Early Help

To achieve our partnership approach to Early Help we have agreed the following underlying principles to put emphasis on building independence and resilience in families and capacity in communities.

These are to:

- work ‘WITH’ children, families and communities, not doing ‘TO’ or ‘FOR’
- always be relational and strength based: our approach will be relational and strengths based working with the whole family and wider community context to create sustainable change. We will use the Early Help resilience networks and the role of lead person for families to avoid escalation of concerns and a referral to the Early Help teams and/or children’s social care
- collaborate and co-produce: working closely with universal services and communities to build resilience and increase their capacity to offer support to families at the earliest point. We see Early Help as everyone’s business
- build resilient communities: communities, families, children and young people have a significant role to play in outcomes. We want to encourage opportunities that build their capacity and strengthen cohesion
- support independence: help families, with their children from pre-birth to 19 years, developing new and innovative ways of delivering services. This will include using partnership led restorative approaches, such as family and community network meetings and approaches to support children and families with identity development
- develop networks of support: we will develop resilience networks across each age and stage in order to support a partnership approach between the statutory and voluntary sector that is community based and ensures a consistent approach to the application of levels of need and has agreed response frameworks
- ensure evidence based approaches to helping: we will ensure that our partnership response is evidence based and follows the signs of safety approach which partners have all adopted

### Early Help partnership promise

We are developing an Early Help partnership response and whole system approach. We want Early Help to be seen as ‘everyone’s business’ and ensure that families are supported early and in a timely way to help them make sustainable changes to their lives.

## Kingston and Richmond context

Partners, communities and families working together is at the heart of our Early Help vision and this is already a daily reality across our schools, health, voluntary sector and community agencies.

Research shows that prevention, early support and joint working with multi-agency partners can significantly reduce the need for statutory intervention later on in children's lives.

The Early Help resilience networks will help to grow what is already working well in our communities and as insight and strengths are shared. Whether it is school nurse support around sleep or bereavement, linking with family debt advice and the school SENCo, or a youth club working with youth offending, or Homestart and health visitors supporting a young family, we know that partnership working is our strength.

## Kingston and Richmond demographic data

### What we know about the needs of Kingston and Richmond families

There are approximately 83,828 children under the age of 18 in Kingston and Richmond boroughs. This equates to around 20% of the total population.

In Kingston, there is a total population of 160,060, of which 38,335 are children. 12% of children live in low income families.

In Richmond there are 199,419 total inhabitants and 45,493 children aged 18 or under. 9% of children live in low income families.

The vast majority of our 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, early years' settings and health services, and unofficial support from sports clubs, faith groups and community projects.

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. These children will need protection from significant harm or the risk of significant harm if their vulnerabilities are not supported.

### Ethnicity

In Kingston, 31% of people are from a Black and Minority Ethnic (BAME) background, whilst 16% of people are from a BAME background in Richmond.

Local data shows that the youth offending cohort is more diverse than the 0 to 19 population and the overall population. This is in line with national data which shows that young people from a BAME background are disproportionately represented throughout the youth justice system.

In Kingston and Richmond there are a number of Gypsy, Roma and Traveller populations living in the borough. The number identified in the Kingston census (33 people) is highly likely to be inaccurate. The Department of Education (DfE) annual school census is one of the most accurate of the few national data collection sources on Gypsy, Roma and Traveller populations. In Kingston, 0.1% of its school children are Gypsy Roma, lower than both London at 0.14% and England at 0.3% (2015/16 data).

[https://data.kingston.gov.uk/jsna/jsna\\_page\\_gypsies-travellers/](https://data.kingston.gov.uk/jsna/jsna_page_gypsies-travellers/)

## Richmond

In the 2011 Census, 95 residents identified their ethnicity as White Gypsy or Irish Traveller, with a higher proportion considered to be overcrowded than in other ethnic groups. The Joint Strategic Needs Assessment (JSNA) report on Gypsy and Traveller health needs (2014) refers to the site in Hampton accommodating 51 residents, and of the remaining 33 Gypsy and Travellers living in the borough 18% own their house, 60% live in socially rented accommodation, and 22% live in private rented accommodation.

[https://www.richmond.gov.uk/media/14285/lha\\_gypsy\\_and\\_traveller\\_research.pdf](https://www.richmond.gov.uk/media/14285/lha_gypsy_and_traveller_research.pdf)

### Poverty

Kingston is an outer London borough located in south west London. It has a relatively low rate of child poverty (27%), compared to the typical London borough (38%).

Infant mortality is higher than all other London boroughs, with 5.6 deaths per 1,000 births (compared to 3.3 across London).

Richmond is also an outer London borough in south west London. Richmond has some of the lowest poverty rates of all London boroughs with just 21% of children being judged to be living in household poverty. It also has the lowest unemployment rate at 3.4% (London average is 5%). It has the lowest infant mortality rate at 1.5 per 1,000 births.

Both boroughs are generally safe and affluent, but there are areas of deprivation and communities where need is higher. Housing costs are high and there are growing numbers of families with children living in temporary accommodation, mainly outside their boroughs of origin. There are rising numbers of children with special educational needs, particularly relating to attention deficit, hyperactivity disorder (ADHD), and autism spectrum disorder (ASD).

## Physical development

### Kingston

- The population vaccination coverage of MMR is 87.5%. This is slightly lower than England at 90.3% and London 83.0%, the population vaccination coverage of DTAP/IPV/HIB is 91.7%. This is also lower than England (94.2%), but higher than London (90.6%).
- Kingston has lower rates of tooth decay in young children than London as a whole. In 2016/17, more than one in five (21.5%) 5 year olds in Kingston had tooth decay experience although Kingston does have a relatively high rate of hospital admissions for tooth extractions among children aged 0 to 19 compared to England as a whole. One in every 100 (1.16%) 5 to 9 year olds in Kingston had a tooth removed under general anaesthetic.

### Richmond

- The population vaccination coverage of MMR is 87.0%. This is slightly lower than England at 90.3% and London 83.0%. The population vaccination coverage of DTAP/IPV/HIB is 92.8%. This is also lower than England (94.2%), but higher than London (90.6%).

## Cognitive development

Take up of free early education places for 2 year olds in Kingston is 74% for 2019 a slight drop from 2018 figure of 78% which mirrors a national drop. The take up of the 3 and 4 year old entitlement is at 87% in comparison to the national figure of 94%. Richmond's take up of 2 year old entitled free early education funding is 87% which is again a slight drop from 2018 year of 92% and reflects the national picture.

Regarding the results, profile and Sats were cancelled this year, therefore with regard to percentage achieving good level of development (GLD) and the expected levels, the only data we have will be last years and therefore retrospective.

The Early Years Foundation Stage (EYFS) sets standards for the learning, development and care of a child from birth to 5 years old. Children are defined as having reached a good level of development if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development, physical development, and communication and language) and the early learning goals in the specific areas of mathematics and literacy, the good level of development achieved in Richmond for 2019 was 81% and Kingston was 75%.

Key stage 2 refers to Year 3 to Year 6 and to children aged between 7 and 11. Children reaching the expected standard in reading 79%, writing 86% and mathematics 84% in Kingston for 2019 and for Richmond, reading 88%, writing 90% and mathematics 91%.

The national average, by comparison, was 65%. Outcomes at the higher standard were equally positive in the same subjects, with Kingston places 12th and Richmond second of all local authorities nationally.

In Kingston, 16 to 18 year olds who are Not in Education, Employment or Training (NEET) were 3,080 who were, known to the local authority, of which 56% were classed as White British.

With regards to Richmond, total cohort of 2,830 16 to 17 year olds, 61% (1,740) are classed as White British.

## Behavioural problems

The latest Joint Strategic Needs' Assessment (JSNA) report (2017/18) tells us, for example, that over 20% of Richmond's 15 years - olds engage in three or more risky behaviours – the highest in London.

The number of primary pupils and secondary pupils with a fixed term exclusion episode continues to be an area of concern with children with an education, health and care plan (EHCP) being excluded in both primary and secondary schools.

The number of children missing from care and home continues to be monitored by partners.

## Social and emotional wellbeing

Hospital admissions for self-harm are now the third highest in London (up from 2016/17) and the mental wellbeing score for Richmond's 15 year olds is the fourth worst of all London boroughs (What About YOUth Survey 2015).

Referrals to Child and Adolescent Mental Health Services (CAMHS) have risen in both boroughs over the year. In Kingston referrals to the SPA were 20% for child mental health concerns this year, and it is the most common factor identified in the single assessment. The figure was 22% for Richmond.. We can see a year-on-year rise for referrals to CAMHS for both boroughs, 2,174 referrals for Kingston children and 2,294 for Richmond children this year.

## Children with disabilities

A significant proportion of children and young people receiving Early Help support have special educational needs and disabilities (SEND), considerably in excess of SEND prevalence in the wider population. For example, of those supported by the Kingston and Richmond Youth Offending Service (YOS) having been involved in knife crime in the 12 months to April 2020 (18 young people), 39% had an education, health and care plan, compared to 3% of the total population. Early Help teams have an important role to play in identifying and supporting (SEND) and preventing them from escalating and exacerbating wider issues.

In January 2019, there were 30,275 school aged children in Kingston. 2.9% had EHCPs, similar to national figure and a slight rise from previous years – 9.3% of children had SEND support in school, a rising figure, after a dip some years ago.

In Richmond, there were 38,426 children, of whom 2.7% had EHCPs, again a figure that has risen slightly. 9.4% of children had SEND support, a figure which has fallen over the years. Those receiving support are relatively low within national parameters.

## All children and young people are safe

The percentage of contacts progressing to a referral remain steady for Kingston remaining at 11% for the last two years with a slight increase for Richmond form 8% to 11 % year ending 2019/20.

The number of children on a child in need plan in Kingston was 222 at the end of 2019/20. There has already been a significant increase in first quarter - 241 of this year, 2020 and this is likely to continue. Richmond children with a child in need plan end of year figure was 176 with a rise in the first quarter this year 2020 to 192.

The Children's Commissioner published data in 2020 about children's vulnerabilities or Adverse Childhood Experiences (ACEs) in Richmond and Kingston: <https://www.childrenscommissioner.gov.uk/our-work/vulnerable-children/children-in-families-at-risk-local-area-maps/>

Kingston		Richmond	
3.52% of children are affected by parental alcohol difficulties	1,360 children	3.96% of children are affected by parental alcohol use	1,410 children
6.14% of children are affected by domestic abuse	2,370 children	5.74% of children are affected by domestic abuse	2,590 children
12.56% of children affected by parental mental health concerns	4,850 children	12.14% of children affected by parental mental health concerns	5,480 children
0.99% of children are affected by all three vulnerabilities	380 children aged 0 to 17	0.89% of children have all three vulnerabilities	400 children aged 0 to 17

## The Early Help Partnership

### Children and families

We listen to what children and families tell us, We focus on strengths and communities to bring about and sustain change

Children, young people and parents/carers access help through a variety of ways and places, which evidence tells us will primarily be through someone they trust. Children, young people and families will choose who their key worker is from the existing network of professionals that support them. Whoever a person first reaches out to, behind that person is a co-ordinated, helping early approach that connects our Partnership

### Education

There are a total of 169 private preschools and nurseries across Kingston and Richmond with 45 maintain nursery classes, 317 registered child minders and 77 out of school provisions.

There are a total of 51 schools in Kingston of which 31 are state maintained schools, 18 academies, one free school and one Pupil Referral Unit (PRU). All three special schools are academies.

In Richmond, there are 60 schools, 43 state maintained, 10 academies and seven free schools. Three Special schools of which two are academies and one free school.

There are two further education colleges, Kingston and Richmond.

There are a total of 35 private independent schools across Kingston and Richmond (11 Kingston and 24 in Richmond). Grant funded schools in Kingston 33% are graded as 'Outstanding' and 57% as 'Good' by Ofsted. 49% of Richmond grant funded schools are graded 'outstanding' and 44% 'Good' by Ofsted.

### Health

As of April 2020 the boroughs two Clinical Commissioning Groups, (CCG) merged with the four other south west London borough commissioners to form NHS South West London CCG, Central London Community Health Care (CLCH), Your Health Care (YHC) Kingston and Hounslow and Richmond Community Health Care (HRCH) deliver local community health care.

The Kingston Health and Care Plan was published in August 2019.

The vision, priorities and actions are to meet and improve the health and care needs of local people and deliver improvements in their health and wellbeing. The aspiration for the people of Kingston is that they start well, live well and age well.

<https://swlondonccg.nhs.uk/your-area/kingston/kingston-our-plans/kingston-health-and-care-plan/>

### Start well

<https://www.kingstonccg.nhs.uk/Downloads/Publications%20folder/Reports/Start%20well%20in%20Kingston%202019-2021.pdf>

The Richmond Health and Care Plan describes our vision, priorities and actions to meet the health and care needs of local people and deliver improvements in their health and wellbeing.

This two-year plan focuses on actions which no single organisation can achieve alone: where health, social care and the voluntary sector working together has maximum impact.

<https://swlondonccg.nhs.uk/your-area/richmond/richmond-our-plans/richmond-health-and-care-plan/>

### Children's services - Achieving for Children

Kingston and Richmond Councils' Children's Services are delivered by Achieving for Children (AfC), a community interest company created by Kingston and Richmond boroughs in 2014 to provide their children's services. In August 2017, the Royal Borough of Windsor and Maidenhead became a co-owner of AfC, and the company now delivers children's services across all three areas.

AfC has a cluster model of service delivery with two geographical teams in Protection and Early Help and Children's Social Care. AfC also delivers key universal services that are central to the Early Help offer, including children's centre delivery, parenting interventions, education services and youth services. This strategy seeks to coordinate these services within the wider Early Help partnership.

### Police

Kingston and Richmond are now served by the South West Basic Command Unit, or (SW BCU). Since May 2018, the four boroughs of Wandsworth, Richmond, Merton and Kingston have merged into one single policing unit. At the heart of it all, core aims and principles remain the same: to prevent crime and disorder, to safeguard the vulnerable and to protect the public. Officers still deliver policing locally, based at police stations on their both boroughs.

### Voluntary, faith and community sector

A thriving voluntary and community Sector exists within the boroughs supported by Kingston Voluntary Action (KVA) <https://kva.org.uk/> and Richmond Voluntary (RVCS) <https://richmondcvcs.org.uk/>. Organisations are providing a wide range of effective support services to children and families, with real strengths in their ability to innovate and work closely with communities. The landscape of voluntary sector provision is unique in each borough in respect of the size of the sector, funding received, capacity to respond to new demands and the investment available from Councils.

### Child exploitation and serious youth violence

Serious Youth Violence is a shared priority in Kingston across the Safer Kingston Partnership, Kingston and Richmond Safeguarding Children's Partnership and the Youth Justice Service Management Board. We have established a multi agency approach to Serious Youth Violence (SYV) to ensure that we work collectively to adapt to the changing nature of Serious Youth

Violence (SYV) in the borough and deliver the best possible outcomes for children and their families.

AfC is working in partnership with both Councils and the Community Safety Partnerships to develop a wider youth safety strategy that provides an overarching vision and coordination of each Borough's Violence Reduction Unit (VRU) violence reduction plans, the Vulnerable Child and Adolescent sub group of the Safeguarding Children's Partnership and the Youth Justice Service Board to reduce the risk of children being criminally exploited or involved in serious youth violence.

Effective multi-agency mechanisms are in place to manage the vulnerabilities of children going missing or at risk of sexual or criminal exploitation (MARVE Panel) alongside the risk of re-offending and serious harm through the Youth Integrated Offending Management (YIOM) Panel. Furthermore AfC has a range of interventions to support children at risk of being criminally exploited or involved in serious youth violence, including mentoring offered by Crying Sons and the Violence Reduction Unit (VRU) funded project, Project X.

### Where are we now and key achievements since 2015

add earlier EH 2015

An Early Help Strategy was refreshed in 2017 and sets out the vision for the delivery of preventative and Early Help services in Achieving for Children. However, it is acknowledged that the strategy was led by Achieving for Children Early Help Strategy 2017.

The Early Help review was initiated in March 2019 with the aim of understanding how Achieving for Children (AfC) and partner organisations across Kingston and Richmond boroughs can work together, within existing resources, to meet the needs of children, young people and families at the earliest opportunity

The review made 10 recommendations- Review Executive Summary 2019

This Early Help Partnership Strategy builds on the key findings of the review regarding 'What's working well' and addressing 'What are we worried about with our partnership working?'. This Partnership Strategy aims to begin the journey and vision of the Early Help resilience networks and seeks to embed them across both boroughs.

### Challenge

As a partnership, we need to ask ourselves the following questions.

How do we ensure we identify need for children, young people and families at the earliest opportunity?

How do we ensure the right interventions and support are provided at the right time to prevent escalation to statutory services?

How do we ensure the Early Help partnership builds on family and community resilience to improve long term outcomes for children and families in Kingston and Richmond?

## Our Partnership Strategy

### Where we want to be in 2024 - our shared ambition for Early Help in Kingston and Richmond

Working together in Kingston and Richmond to keep children's safety and wellbeing at the heart of everything we do" is our local vision. For Early Help, our ambition is to strengthen the partnership response and system so that Early Help builds on family and community resilience and empowers families to succeed with the least intrusive methods of intervention possible.

We want to ensure that Early Help responses are seen as 'everyone's business' and that we take a systemic approach that holds children and families at the heart of everything we do. Family resilience and strengths will always be our starting point for Early Help. The Early Help offer will be rooted in accessible and community based services.

### Strategic programmes and priorities - Early Help partners

Early Help services are key to the delivery of shared strategic priorities

(To be added)

Health

Police

Voluntary sector

Young carers

public health

### KRSCP priorities for 2020/2022

- mental health of young people
- parental vulnerability (including parental mental health concerns, substance or alcohol misuse and domestic abuse, 'think family' and 'Early Help')
- contextual safeguarding

AfC priorities 2020/24

- Strong families
- Positive futures



Both focusing on building resilience in families so that they are better able to help, support and protect their children without the need for statutory interventions.

[www.achievingforchildren.org.uk/wp-content/uploads/2020/07/doc-Business-plan-2020-24.pdf](http://www.achievingforchildren.org.uk/wp-content/uploads/2020/07/doc-Business-plan-2020-24.pdf)

## Youth Justice

Youth Justice in Kingston and Richmond has a strategic priority to sustain low levels of first time entrants to the criminal justice system and reduce offending and reoffending. The Youth Service will achieve this by providing targeted and diversionary activities and increasing the range of interventions offered at 'teachable, reachable moments' such as the offer of youth work at the point of arrest.

## Our partnership approach and practice model for Early Help

### Evidence-based practice

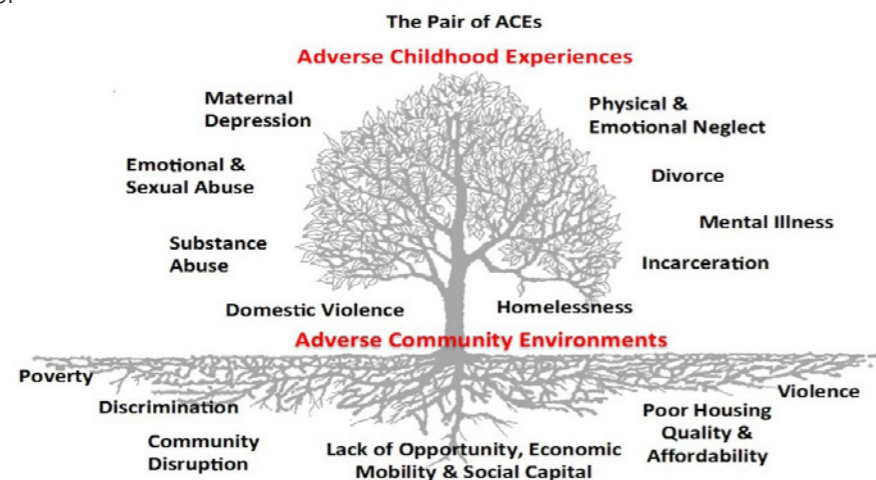
Within our Early Help response, we want to ensure that all offers of help are underpinned by evidence based practice. We also want to ensure the language we use when talking about children is non-blaming and compassionate. Words can change thinking. Our approaches include consideration of (but not exclusively) the following evidence base and models of practice.

### Adverse childhood experiences (ACEs)

The ACE framework shows how trauma and adversity can affect childhood development. Research consistently shows that a set of 10 adverse experiences in childhood are associated with an increased risk of poor health and other problems in later life. When children are exposed to adverse and stressful experiences, it can have a long lasting impact on their ability to think, interact with others and on their learning.

We all have a part to play in preventing adversity and raising awareness of ACEs. Resilient communities have an important role in action on ACEs. Early Help is a way of working across agencies and services that supports families, children and young people to overcome difficulties and build their resilience so that problems do not escalate and they are able to thrive, live and engage happily in their communities.

The Pair of ACEs tree image illustrates the relationship between adversity within a family and adversity within a community. The leaves on the tree represent the 'symptoms' of ACEs that are easily recognised in clinical, educational and social service settings, such as a health child visit or a pre-school environment



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

## Trauma informed practice

Trauma can be defined as 'an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful and that has lasting adverse effects on wellbeing'. Many of the children with whom we work will have experienced one or more adverse childhood experiences. Recognising these experiences and developing relationship based approaches that help to mitigate their impact is a key element of a trauma informed approach.

When working in a trauma informed way with children who have experienced adverse childhood experiences, it may be necessary to recognise the ways in which traditional services may not only have struggled to meet their needs, but may also have unintentionally made things worse. For example, our response to a child who copes with abuse by repeatedly going missing may involve placing him in a residential setting where his freedom is curtailed. A traumatised child may see this as a repeated pattern of punishment and control. Taking a trauma informed approach to understanding a child's behaviour can help a different relationship to develop; one that is characterised by a respectful attempt to understand. Using a trauma informed lens, a child's responses to trauma can be seen as understandable and courageous attempts to survive. A trauma informed approach creates opportunities for children to build a sense of trust, control and empowerment.

## Resilience

The age of the child or young person and their experience of protective factors that build resilience are important to understanding their needs.

Resilience is the ability to adapt well, or 'bounce back' in the presence of difficult life events.

Resilience can be built by having relationships with others to support you or through learning skills on how to keep the nervous system regulated and within a resilient zone. Learning to handle stress and take care of yourself, so you can take care of others.



## Signs of Safety

Strengths-based and safety-focused approach to child protection work is grounded in partnership and collaboration. It expands the investigation of risk to encompass strengths and Signs of Safety that can be built upon to stabilise and strengthen a child's and family's situation. A format for undertaking comprehensive risk assessment (assessing danger and strengths and safety) is incorporated within the one page Signs of Safety assessment protocol. (This form is the only formal protocol used in the model). The approach is designed to be used from commencement through to case closure in order to assist professionals at all stages of the child protection process, whether they be in statutory, hospital, residential or treatment settings.



**A strengths-based approach** explores, in a collaborative way, the individual's abilities and their circumstances rather than making the deficit the focus of the intervention. It is about being aware of the skills we use when we approach individuals, their families and the community to address a particular situation.

Strengths-based values include skills such as listening, empathy, story-telling, reflection, facilitation and collaboration in order to build knowledge of families and their communities. A strengths-based approach means commitment to co-production with children and young people and their families, appreciating that people are experts in their own lives and can take the lead in developing solutions. This includes sharing power, resources and knowledge.

**Teachable, reachable moments** have been proposed as events or circumstances which can lead individuals to positive behaviour change. The teachable moment has been intuitively accepted as an important focus for professionals within helping professions and has recently been explored further by The Child Safeguarding Practice Review Panel (2020) and its report on safeguarding children at risk from criminal exploitation.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/870035/Safeguarding\\_children\\_at\\_risk\\_from\\_criminal\\_exploitation\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/870035/Safeguarding_children_at_risk_from_criminal_exploitation_review.pdf)

The report references **'critical moments'** and reflects upon a concept in systemic theory literature described as a critical moment which changes social worlds. Systemic therapists promote the importance of acting wisely to identify when the words used at a particular critical moment can have a powerful influence on the direction taken after the conversation has ended.

In a similar vein, the notion of the teachable moment is well established in education, youth offending and health sectors. The report highlights that these moments may not happen in the office or between 9 and 5 and indicates a key learning point that organisations must be flexible enough to respond immediately to the critical moment when the child is more likely to be open to change.

Within our Early Help Partnership, we intend to maximise the opportunities for teachable, reachable moments and ensure service provision is aligned accordingly.

### Restorative practice

Restorative approaches seek to work 'with' children and families, not doing 'to' or 'for.' Restorative practice represents an approach to address conflict between individuals and communities which values the dignity of each party involved in an event. It recognises their need of each other in order to heal situations of harm and relationship breakdown. The integrity of the process is ensured when the needs of both parties are valued and respected equally.

Restorative practice emphasises the imperative to engage parties in the ownership of incidents that have had an impact upon them and to allow them the empowerment of resolution. These interactions present people with the opportunity to view the other as more than their negative behaviour and to reach beyond labels to recognise their common humanity. We are hardwired to relate to others, and the provision of such a forum allows for healthy neurological development, evidenced in increased empathy and understanding. Restorative practice harnesses personalised events to provide individuals with the opportunity to attain psychological resilience and health.

Restorative practice shares a close synergy with the focus of trauma informed approaches to the behaviour of children. Children's experience of early traumatic events such as neglect, interrupted attachment and abuse are all evidenced in impaired neurological health. This results in an altered capacity in the areas of self-regulation, reflection, attachment, the development of empathy, persistent states of shame and heightened misreading of situations involving safety and risk.

Restorative practice provides a forum for the children to voice their context for a specific event and to have their needs mirrored and heard by significant parties, thus contributing to resolution of that matter.

In this participation, the provision of that experience challenges their previously held view of their world and agency within that. This restorative forum also allows for all parties in witnessing their shared impact, to move to a place of shared compassion – both for the self and the other.

### First 1001 Days

The first 1001 days, from conception to age 2, is a period of rapid growth. During this time babies' growing brains are shaped by their experiences, particularly the interactions they have with their parents and other caregivers. A range of research shows that the way parents interact with their babies predicts children's later development. What happens during this time lays the foundations for future development. <https://parentinfantfoundation.org.uk/1001-days/>

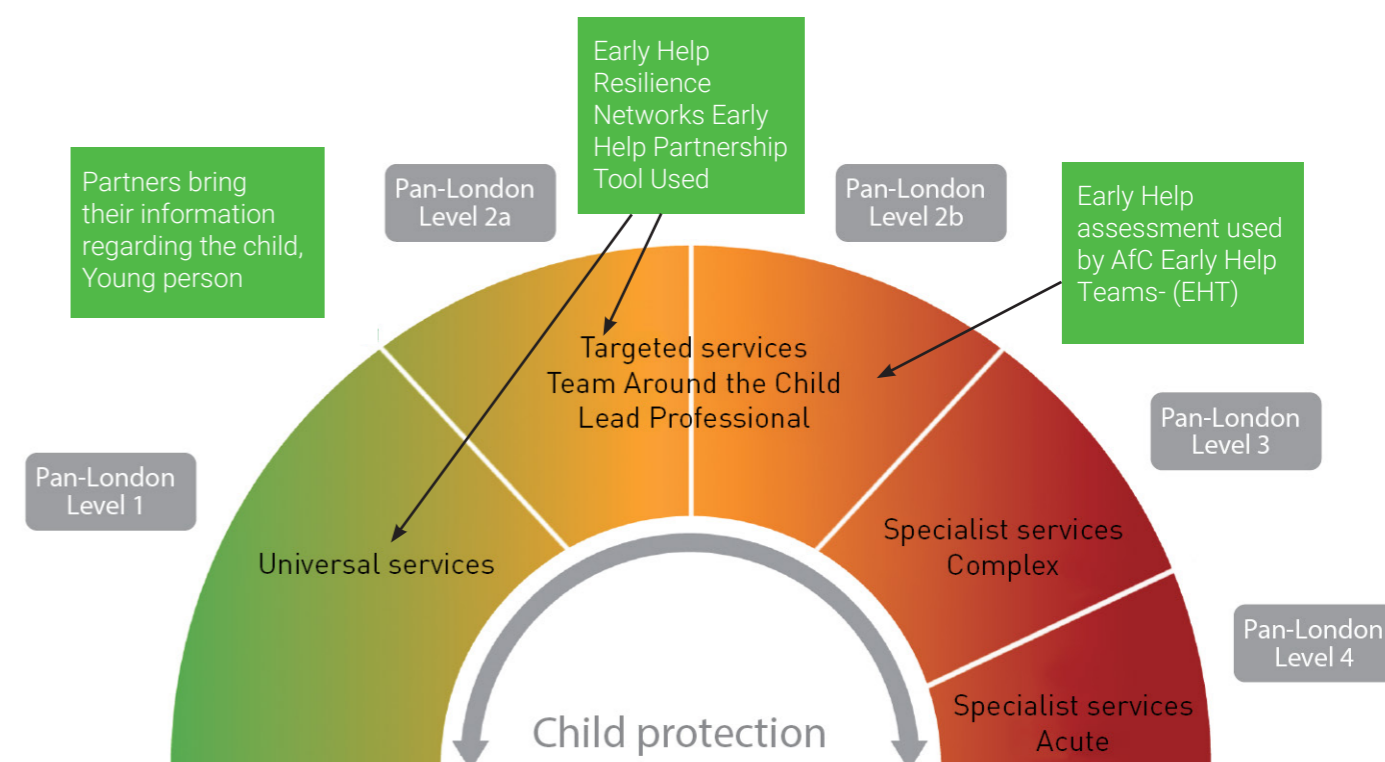
If Early Help is not offered there is a real risk that for some children their social and emotional development will be irrevocably impaired they will experience harm or their family life will break down.

### Multi-agency thresholds of need

It is important to be mindful of the threshold of need as to the different levels of support they may need. The aim is always to provide just enough support to allow the family to make change and sustain it.

Our collaborative model of Early Help will span two levels on the continuum of need (Levels 1, 2a and 2b): the third and fourth level will require a referral to statutory social care. Early Help teams (EHT) are covered in both level 2b.

The Pan London Continuum of care identifies a set of risk and resilience indicators within four levels of need.



**Level 1: No identified needs, universal services: Early Help resilience networks**

These are children with no identified additional needs. Universal services such as early years providers, schools, and health services are accessible to all children.

Most children don't require additional support. However, universal services have a key role in identifying and providing Early Help for low level needs, that do not call for targeted or specialist support, eg, at key transition points, or due to unforeseen familial distress. Universal settings should remain vigilant and consider alerting the Single Point of Access (SPA) – front door to services for children in Kingston and Richmond to these arising needs.

**Level 2a: Low risk to vulnerable: Early Help resilience networks**

These are children whose levels of additional need vary in scale and complexity. They may have low level additional needs which may be known but are not being met, that will likely require a coordinated response via the Early Help resilience networks to support them, their family, and the universal services they access, in order to address the vulnerability and stop needs escalating.

**Level 2b: Low risk to vulnerable - Early Help assessment used by Early Help Teams**

These are children whose levels of additional need vary in scale and complexity. They may have low level additional needs which may be known but are not being met, that will likely require a short-term intervention from 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. Children with needs at this level also include more vulnerable children requiring multi-agency support, a lead professional and a Team around the child (TAC). Some may have just stepped down from specialist intervention at Level 3 and therefore, require proactive safeguarding interventions.

**Level 3: Complex needs: specialist services threshold for child in need (CIN)**

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 which requires children's social care intervention under the Children Act 1989.

**Level 4: Acute or chronic need: specialist services threshold for child protection**

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.

Our KSRC multi-agency threshold document was 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.

<https://kingstonandrichmondsafeguardingchildrenpartnership.org.uk/news-resources/policies-and-procedures-87/multi-agency-threshold-document-144.php>

**The role of universal services and Early Help resilience networks**

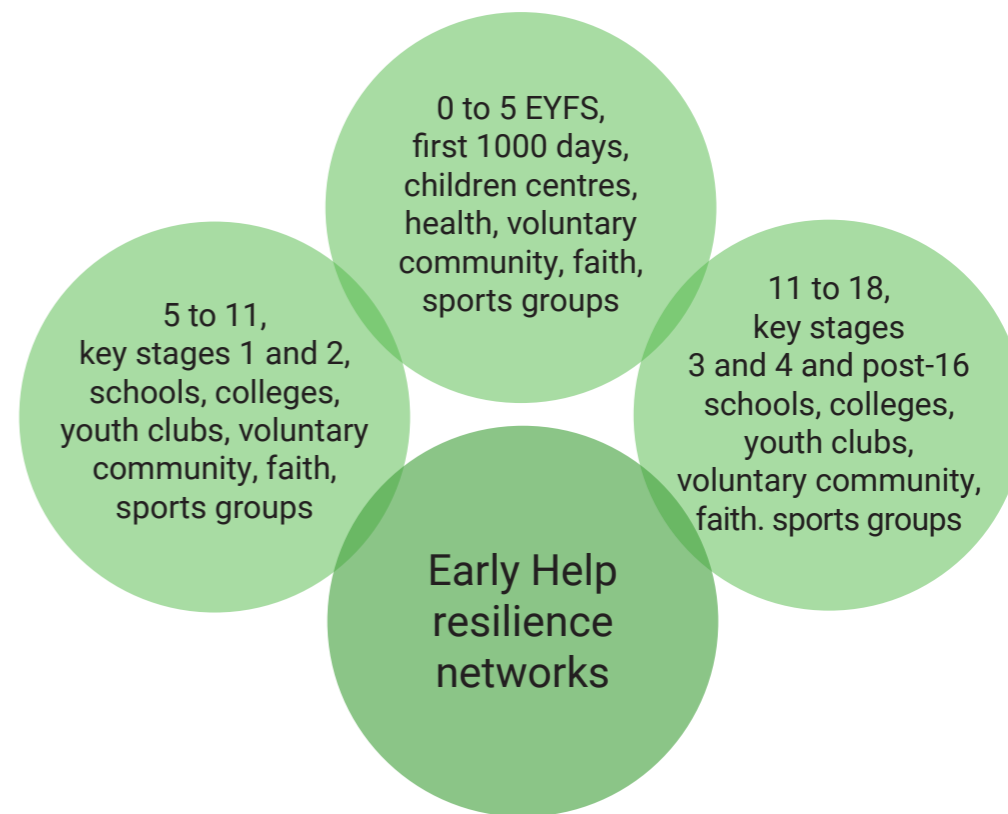
Most families in Kingston and Richmond thrive and do well. Children and young people access universal services, such as health and schools, and may also use leisure and play facilities, neighbourhood, community, Faith or voluntary sector services.

Effective universal services and easy access to the borough-based resource are both central to an effective Early Help approach and in reducing the need for specialist services.

However, where children, young people and families require additional help we have developed a model that is rooted in building family and community resilience and networks of community support at the earliest opportunity. We intend to coordinate Early Help resilience networks (see below graphic) aligned to age and stage in order to support community resilience and cohesion.

The approach seeks to empower communities and families, reduce the need for referral to services, which in turn can be disempowering and unsustainable.

**Partnership: Early Help resilience networks**



**Early Help resilience network meetings structure**

Resilience network meetings will take place in Kingston and Richmond. There will be three in each borough a total of six a month for each age and stage in a child's development.

0 to 5 coordinated by Early Help Kingston and Richmond AfC
5 to 11 coordinated by Early Help Kingston and Richmond AfC
11 to 19 coordinated by Early Help Kingston and Richmond AfC

**The 0 to 5 resilience network** will meet at the children's centres and align with the developing work surrounding the first 1001 days.

**Kingston:** Children's centre

**Richmond:** Children's centre

**The 5 to 11 resilience network** will meet within primary schools targeted either by levels of need or existing strengths regarding inclusion and pastoral support and align with existing forums within AfC education services:

**Kingston:** Primary school

**Richmond:** Primary school

**The 11 to 19 Resilience Network** will meet within youth centres

**Kingston:** Youth centre

**Richmond:** Youth centre

### Structure of resilience network meetings

For all resilience networks, physical attendance will be encouraged, however the option of participation virtually will also be offered.

Meetings will be no more than two hours, from 10am to 12 midday or after school hours subject to the needs of each venue.

### Early Help partnership tool

All partners use a variety of tools to support, record and assess their observations in relation to the children and families they are working with.

Partners are encouraged to bring their own paperwork to facilitate conversations.

The Early Help partnership tool is designed to be used at the following levels.

- Universal
- Level 1: No identified needs: universal services
- Level 2a: Low risk to vulnerable Early Help resilience networks

Practitioners use the Early Help Partnership Tool to explore emerging needs and – with consent from the child or family – discuss with the relevant Early Help Resilience Network to ensure all identified needs are supported effectively.

Practitioners may use the tool to discuss anonymously if they have a concern but do not have the consent of the family at this stage. These will then be recorded to monitor the use of the Early Help assessment by partners and its effectiveness within the Early Help Resilience Networks.

- Level 2b: Low risk to vulnerable: Early Help assessment used by Early Help teams
- Level 3 and above would meet the threshold criteria and would require a referral to children social care

The Early Help assessment process is a partnership exploration and planning approach designed to show a holistic view of the child or young person's strengths and needs.

A thorough and accurate Early Help partnership response at the earliest possible point will allow all professionals involved to reduce risk and improve outcomes for children, young people and families, without the need for referral to specialist interventions.

The Early Help assessment process follows a child or 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 team around the child or team around the family, to help children and families achieve their goals and outcomes. The team around the child or team around the family intervention is coordinated by the best person who has the relationship with the child or family supported by a member of the Early Help teams.

### Partnership training

As part of the launch of this partnership strategy a training package will be offered to all partners to assist with the embedding of the Early Help offer.

Regular, free training is available to partners including refresher training.

To book training, please visit

[www.afccpdonline.co.uk](http://www.afccpdonline.co.uk)

<https://kingstonandrichmondsafeguardingchildrenpartnership.org.uk/training.php>

**Partners logos to be put on back page**