



**Sutton** LSCP  
Local Safeguarding  
Children Partnership

# Sutton's Helping Early Strategy 2020 – 2023



“...That there is support available for everyone, you don't have to be at rock bottom to seek support...We want it to feel like it's not a big deal to seek support”

Family Workshop,  
2020



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# Introduction

Our Helping Early Strategy seeks to address the needs of children and families in Sutton through coordinating the right kind of help and support, at the right time, with our community.

Sutton is a great place for families to settle, raise their children, and enjoy a good quality of life. The majority of children in Sutton have supportive families, access to good education and services and a sense of community. These factors help them to thrive and succeed. We are proud to have a number of professionals across the Borough, in the voluntary sector, health, schools/education, social care, community safety, police, housing that have worked in Sutton for many years and have contributed to sustained support for families.

We know through evidence outlined in this strategy, that being proactive at the earliest stage has the best chance of sustained and positive outcomes for families. Our strategy outlines the ambition we have as a partnership for helping at the earliest point, and the building blocks we are committed to putting in place, to get us there.

We also know that it is not just practice and our service offer that has an impact on families but our systems, leadership and approach, that can significantly affect a child or families' experience and potential outcomes. Our helping early strategy addresses this and outlines the approach that our whole partnership signs up to in Sutton.

Nationally, we continue to work in a context of reduced budgets for social care, health, education and policing. This context challenges us as a partnership to invest and pool our resources to where we will see the greatest impact for families in Sutton. If delivery and support is right at a 'universal' stage, which is the services that are available to everyone, the demand for more targeted and specialist support should reduce.

Helping Early includes both interventions early in life (with young children, including prenatal interventions) and interventions early in the development of a problem (with children or young people of any age). It covers universal interventions (e.g. GP practices, midwives, health visitors, school nurses, early years, schools, play and youth provision). It also includes targeted interventions that are offered to children, young people and families that may have some safety needs, vulnerabilities or acknowledged additional needs in order to reduce the severity of problems that have started to emerge.





Our Sutton Helping Early Strategy strongly recognises the value of what children, young people and parents/carers say, and the importance of working with each person's strengths and their existing support network to bring about sustained change in people's lives.

With the right support at the right time, children and young people have more chances of their basic needs being met, theirs and their parents/carers and communities strengths & abilities growing, so they can thrive even when facing difficult circumstances.

Our primary aim is to support children, young people and families to thrive in Sutton, even when facing difficult circumstances. We want to build an environment that is proactive, that helps people to know that **it is OK to ask for help**, that it is easy to access information and advice and that shows value and respect for each person and professional.





The 'Working Together to Safeguard Children' (2018) guidance articulates the importance of early help, delivered across a partnership, in children's lives. The guidance states that professionals should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is a privately fostered child





# Our Helping Early approach

## What is Helping Early?

Helping early is about the right support at the right time. It is for any child or young person (pre-birth - 25 years of age), in the context of their family, support network and community, who are experiencing things that are starting to feel difficult. It is about feeling ok to ask for support at that time, and professionals listening and responding in the most helpful way.

## Our vision and principles

As a community of professionals across Sutton, we are ambitious for our children and families. Our vision is for every child to be able to grow up in a loving and supportive community and to thrive. Our decisions, planning, and Partnership are centred on what works best for families.

### Our coordinated approach is founded on the following principles;

- Everyone is responsible for helping early
- We listen to what children and families tell us
- We create the time and space to develop trusted relationships to support our approach
- We view children in the context of their families, peer and support networks
- We focus on strengths and communities to bring about and sustain change
- We value the significance of the child's first 1000 days in improving life chances
- Everything we choose to do is based on evidence of both what is needed and of what works
- We are brave enough to stop things that aren't working.



# EARLY HELP AGES

## Pre-Birth

- Mum works nights
- I'm growing in Mum's tummy
- Mum loves dancing
- Dad is good at making friends
- Midwife
- Healthy Child Programme from 28 weeks of pregnancy through to age 5



- Feeling anxious about having me
- Feeling tired
- GPs
- Family Line
- Family Lives

## I'm Born!

- Breastfeeding groups
- Children's Centres, Baby & Me group
- Health visitor

## 0-2

- Money is tight
- No income, rent is increasing
- Feeling abit alone
- Christians Against Poverty (CAP) free debt support
- Citizens Advice Bureau
- Homestart - home-based volunteer befriending
- Perinatal peer support group
- Nurturing parent programme



## 2-3



- I like playing and hearing
- Dad volunteers
- Faith based tots
- Storytime at the
- Dad's tots group
- Free childcare f

## I love learning how to invent things

- After-school clubs
- Sutton libraries



## 12-13

- Mum is sick and I look after her
- Young carers group



## 11-12

- Starting secondary school! Transition is hard again
- I'm slow in some of my development
- School teachers
- Mentoring & Peer Support (MAPS) in School
- SENCO support at school
- Y6 transition projects (Targeted Early Help Team)



- I am d
- GP
- SENCO
- Paving

## 13-14

### I get bullied

- Designated Safeguarding Lead Teachers



## 14-15

### Anxious and stressed with exams

- Roundabout drama therapy
- Mental Health Schools support
- Young Minds
- School Nurses
- Children's well-being practitioner



### Skipping School

- Police Youth Outreach
- Family Group Conferences



## 16-17

- I start a new r
- Start self-ha
- Outreach health cl
- PSHE in schools
- CAMHS
- Off the Record Co

## 15-16



# HELP FOR ME

## 0-25

Love my parents, I'm attached to them  
but with speech development

Development reviews at 2 1/2  
Chatterbox speech and language  
development programme

3-4



musical instruments  
Stories  
at a tots group

groups  
library  
for eligible 2 year olds

I start going to pre-school  
-15 to 30 hours free provision for 3-4 year olds

4-5



- Starting School! The transition is hard on everybody  
- I get some friends

- Emotional Literacy Support Assistant (ELSA) at school
- School nurse
- Family Support Worker at school

Relationship breakdown  
with Mum and Dad

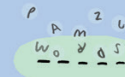
- Transform domestic abuse services
- Relate Counselling
- Education Psychology
- SENCO support at school
- Family Group Conference

5-6



Move flat in Sutton  
- Citizens Advice Bureau

6-7



I've got some social  
communication difficulties  
- SENCO Teacher



Start learning dance  
- Voluntary sector free clubs  
- Faith group free holiday clubs

Diagnosed with ASD

the Way



- New relationship for Mum, I don't like him
- New relationship for Dad, Mum doesn't like Dad's new girlfriend
- Restorative Family Coaches

10-11

8-9



9-10



Nan passes away  
- Counselling in School

Get into a crowd that uses cannabis

- Police Engagement Team
- Switch service

17-18



Looking for a job that will fit  
my strengths and needs

- Opportunity Sutton : Get Ahead Apprenticeship Scheme

18-25



Become a Dad to my first child,  
need to get a stable home

- Dad's support group, homestart
- Encompass housing advice
- Sutton Uplift Support

Relationship  
forming  
inics

counselling

## Our recent progress:

- Launched Sutton's Children's First Contact Service (CFCS) which replaces the multiple entry points and pathways into Children's Social Care for referral, assessment and safeguarding within the London Borough of Sutton.
- Developing Special Educational Need Coordinator (SENCO) clusters for coordination and support across Sutton.
- Co-locating Sutton Clinical Commissioning Group (CCG) with Sutton Social Care
- Commissioning community building to Community Action Sutton, to support place-based support near the St Helier estate.
- Moved the management of Children's Centres to Public Health to prioritise an integrated offer for the best start in life.
- Simplifying the needs assessment (EHAT) for families to receive early help support.





# Learning from evidence and insights: the needs of children, young people and families in Sutton

‘Early intervention and supporting people to solve the problems they face is all about human relationships. It is relationships which change people, not systems or processes or anything else.’

**Early Intervention Foundation**

## Evidence of what matters for Helping Early

Evidence shows us (see Appendix B) that for people to be able to thrive and sustain positive outcomes, some foundational needs should be met, which are; to have a trusted and secure relationship, and to have basic needs met (such as housing, food, safety).

Nationally, we are seeing an increase in relative poverty and child poverty, and this is projected to continue to increase over the next two years. (Poverty & Life Chances, Frank Field, 2010). Poverty continues to be the main predictor for poor life outcomes, and so we expect this increase to impact on the needs of families in Sutton. Locally, we are seeing an increase in the numbers of families living in temporary accommodation and that are homeless.



Recent research commissioned by the Local Government Association (LGA, 2019) on Early Help, The Improving Lives; Helping Workless Families report, alongside the national reviews undertaken by Frank Field (Poverty & life chances, 2010), Marmot (Marmot review 10 years on, Fair society, healthy lives, 2010), Munro (A child-centred system, 2010), and Allen (Early Intervention the next steps, 2011) have highlighted the importance of Early Help in improving children's life chances, and delivering better outcomes for them and their families. Our approach will be underpinned by the following messages from these reports & research;

- A whole family approach is needed
- A focus on building resilience in communities and families
- Coordination and a joined up approach is critical within a partnership to promote an Early Help approach and safeguard children
- A child's life chances are most heavily predicated on their development in their first 1001 days.
- Children growing up with parents who have good-quality relationships (whether they are together or separated), tend to enjoy a wider range of better future outcomes. These span mental and physical health and educational attainment (Harold et al, 2016).
- To provide early intervention particularly in relation to crime and violence, a trauma-informed approach is needed
- Poverty affects multiple dimensions for a family's well-being and outcomes
- The impact of place-based support in response to local needs

"I want to know I won't be judged, a friendly face goes a long way actually"

Young person, Young Commissioners Group, Sutton



"With so many providers involved, often working with members of the same family, coordination of help is important to reduce confusion, inefficiency and ineffectiveness in service provision."

Munro (2010)



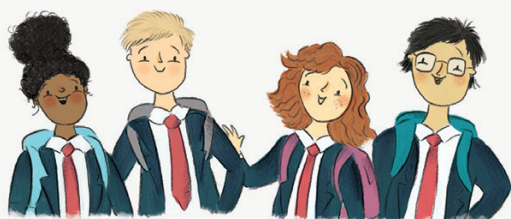
## Evidence of the needs in Sutton

### A growth in child population in Sutton

Sutton has a population of approximately 207,900 people, a quarter of whom are aged 19 years or younger. According to the Office for National Statistics (ONS) estimates, Sutton's population will grow by 8% during the next decade. In the same period, the population of children and young people (aged 0 to 19 years) is expected to increase by 12%. This is higher than in London (9%) and England (6%). The wards estimated to have the highest increase of children and young people are Sutton North (22%), Wandle Valley (19%) and Sutton Central (16%). Our growing population of children and young people means that there will be increased demand for school places and children's services in Sutton.

### Sutton becoming more diverse

Sutton has become increasingly diverse over the last decade. In 2018, nearly 1 in 2 primary school children in Sutton were from minority ethnic groups. The changing ethnic composition of the community has implications for how we plan and deliver services. For example, some groups access health services differently, and language barriers might create communication challenges for families, schools and services. Schools and health and care professionals can help by tailoring the advice and support they give to children and families. In Sutton's primary schools, 30.5% of children have a first language other than English. This is higher than the England average (21.2%).



Below are some of the key needs for children in Sutton, based on our Joint Strategic Needs Assessment (JSNA):

### Key issues for Sutton:



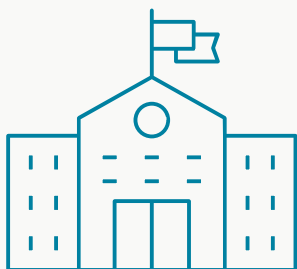
#### Children living in poverty

It was estimated in 2016 that there were 3,850 (9.8%) children under 16 in Sutton living in poverty. The ward with the highest percentage of children living in poverty was St Helier (18%), while the ward with the lowest percentage was Cheam (4.3%).



#### Homelessness

The number of dependent children in temporary accommodation has more than doubled from 380 in 2014-15 to 1,004 children in 2019-20 (Year to Date).



#### Fixed Term Exclusions

The number of pupils receiving one or more fixed term exclusions is increasing from 773 in 2015-16 to 883 in 2017-18. A greater number of boys are excluded each year (67 - 70%) than girls.



#### Good Level of Development

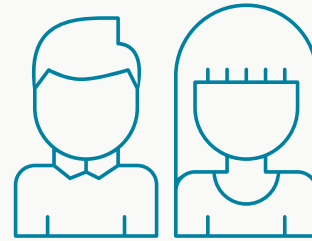
Children receiving free school meals (FSM) are over-represented in Sutton's pupil referral units (77.2%) and special schools (41.3%). Only 56.8% of children receiving a FSM reach a good level of development aged 5, compared to 72.7% of their peers.





### **Youth Custody**

The number of young people sentenced to custody as a percentage of all sentences issued in court has increased markedly from 0% in 2014-15 to 7.5% in 2018-19.



### **Autistic Spectrum Disorder (ASD)**

Sutton has a higher proportion of young people with autism known to schools than either London or England. The rate of young people with autism is increasing, rising from 11.6 per 1,000 in 2015 to 16.8 per 1,000 in 2018. The 2019 Spring School Census shows that 2.4% of the whole Sutton school population has been diagnosed with ASD.



### **Speech, Language and Communication Needs**

2.6% of children in Sutton have speech, language and communication needs (SLCN) as a primary special educational need. 17.5% of children do not reach the expected level of development across all learning goals for communication and language aged 5.



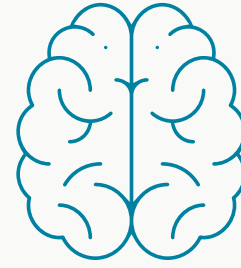
### **Alcohol and Substance Misuse**

Sutton has high rates of hospital admissions for alcohol (32.0 per 100,000) and substance misuse (100.2 per 100,000) related conditions in young people. These are almost double the rates for London.



### **Self-Harm**

Sutton has a high rate of hospital admissions for young people (aged 10 - 24) at 471.3 per 100,00, which is significantly higher than London (209.1 per 100,000) and higher than England (421.2 per 100,000). The rate is for Sutton residents, not those attending Sutton schools.



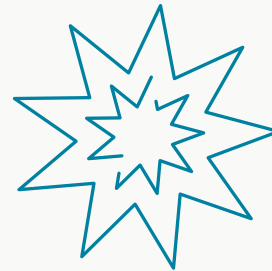
### **Mental Health Issues**

Prevalence estimates of mental health issues suggest that 5,000 children and young people within Sutton have a mental health disorder. This equates to 1 in 10 5 - 10 year olds (1,764), 1 in 7 11 - 16 year olds (2,110) and 1 in 6 17 - 19 year olds (1,075).



### **Obesity**

The National Child Measurement Programme shows that 19.8% of Sutton's Reception class children are overweight and obese. This figure almost doubles by Year 6 to 35.0%.



### **Domestic abuse**

We know that nationally and locally domestic abuse is a significantly under reported crime, with shame, stigma and fear often preventing reporting. Based on the information available, Sutton is ranked 12th of 32 London boroughs in terms of reports of domestic abuse per 1000 people. Reported figures suggest Sutton has a higher rate of offences than Richmond, Merton and Wandsworth, but lower than Croydon. As a proportion of total violent crime, domestic abuse in Sutton stands at 35% which is higher than the London average (31%).



## What this means for Sutton's Children

- Poverty is causally linked to poor development outcomes, particularly cognitive development and education outcomes. Children living in poverty are more likely to have poor physical and mental health, experience bullying, material hardship, and increased family stress.
- Temporary accommodation has an impact on a child's mental and physical health, education, relationships and safety. Children experiencing homelessness have school absence rates 2 - 3 times higher than average, are more likely to experience anxiety and depression and are more likely to become a young offender. Homelessness is also linked to developmental delay in communication and behaviour.
- Based on the Council's most recent Housing Benefit data, 147 (22%) of the children living in TA are housed outside of the borough, of which 126 (86%) are living in Croydon. Applying these figures to the total number of children living in temporary accommodation known to Encompass\*, it would suggest that a total of 213 children are currently living outside of Sutton, with most of them (183) housed in Croydon.
- *\*Based on Encompass LATC data from November 2019, a total of 968 dependant children living in temporary accommodation.*
- A child is more likely to be excluded if they live in poverty, have a sibling who has previously been excluded, are experiencing unresolved loss/grief, experience neglect or abuse at home, have a special educational need or suffer from a mental health condition. Children who have been excluded are more likely to have lower educational attainment, poor employment opportunities and a greater likelihood of offending.
- Young people in custody are more likely to have experienced trauma or to have a neurodevelopmental disorder than the general population, including high percentages of communication disorders, dyslexia, and traumatic brain injury. Trauma, if left unresolved or if the child is not surrounded by protective factors, may lead to lower levels of emotional development, low self-esteem, risky behaviours and poor life chances.
- Speech Language and Communication Needs (SLCN) is linked to social deprivation; the more deprived a family, the more likely the child is to have SLCN. A child with SLCN is likely to have lower educational attainment, poorer life chances and is more likely to become a young offender.
- Early use of substances is a risk factor in developing a mental health issue or exacerbating an existing condition. Young people using substances with an existing diagnosis of psychosis or depression have an increased risk of suicide.



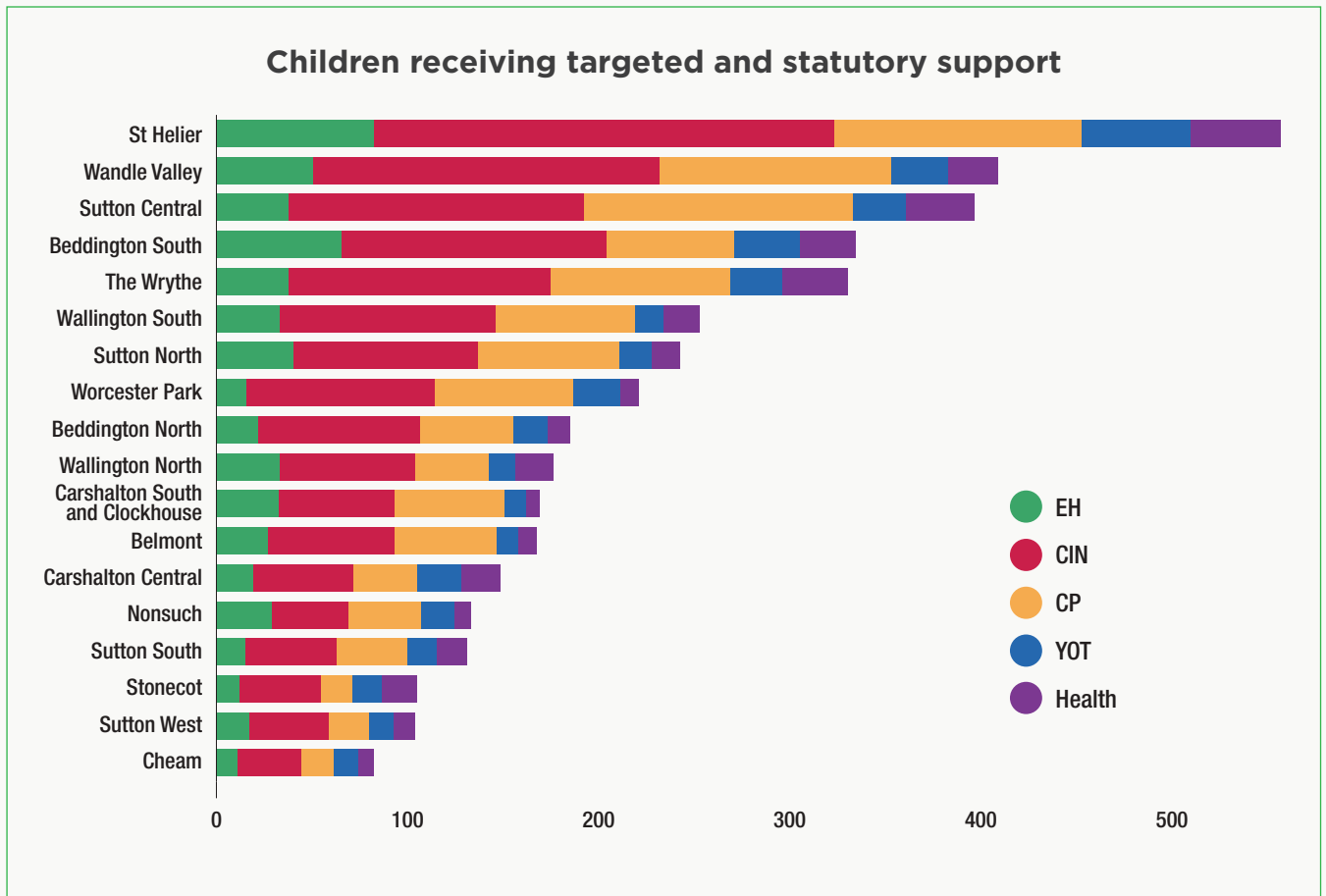


- Poor parental physical and mental health, adverse childhood experiences and not participating in clubs or activities outside of school are all associated with higher rates of mental health disorders in children and young people.
- Being obese as a child increases the likelihood of being obese as an adult and increases the chances of developing heart disease, diabetes and cancer. Obesity is associated with low levels of physical activity which has a negative effect on physical and mental health.
- Children who have experienced domestic violence and abuse in the home display increased fear, inhibition, depression, as well as high levels of aggression and antisocial behaviour, which can persist into adolescence and adulthood. There is evidence to suggest that children have later difficulty forming adolescent and adult relationships as a result of an increased propensity for violence, antisocial behaviour and a lack of trust.



**The needs of children, based on location:**

The chart below shows the children and families that have accessed targeted Early Help, Social Care, Targeted Health support and/or the Youth Offending Team within each ward in Sutton, between 2016-2019, highlighting the need for a 'place based approach':



**Top 3 Factors for a Child in Need (CIN) Plan in 2018/19**



**Mental Health**



**Domestic Abuse**



**Emotional Abuse**

## What children and families have told us

In Sutton we have been undergoing a Council-wide Children's Commissioning Review, which has been looking at early intervention systems particularly for young children and so is closely aligned to the Helping Early strategy. It has looked at: how children can make the Best Start in Life; support for children under five with special educational needs and disabilities (SEND) and improving mental health services for young people. Under the workstream of the Best Start in Life, (including children under five with SEND). The review is looking in more detail at; improving data sharing, 'being a parent', school readiness and early identification, early intervention, complex needs coordination and community outreach and engagement.

### What children and families have told us is important to them:





### Where we've been listening to children and families:

- Fairness Commission consultation, 2018
- Family workshops for the Helping Early Strategy, 2020
- Focus groups for Child Protection experienced parents, 2020
- Children and Young People Mental Health and Well-being Review, 2018
- CAMHS Service Cafe Feedback, 2019
- Young Carers Listening Event, 2019
- Healthwatch Young People's Mental Health & Well-being, 2019
- Children's Commissioning Review, 2019
- Perinatal Mental Well-being Survey, 2019
- Children's Commissioning Review resident survey, 2020
- Children feeling unsafe and domestic abuse & violence survey, 2018
- SEN Consultation on preparation for adulthood, 2020



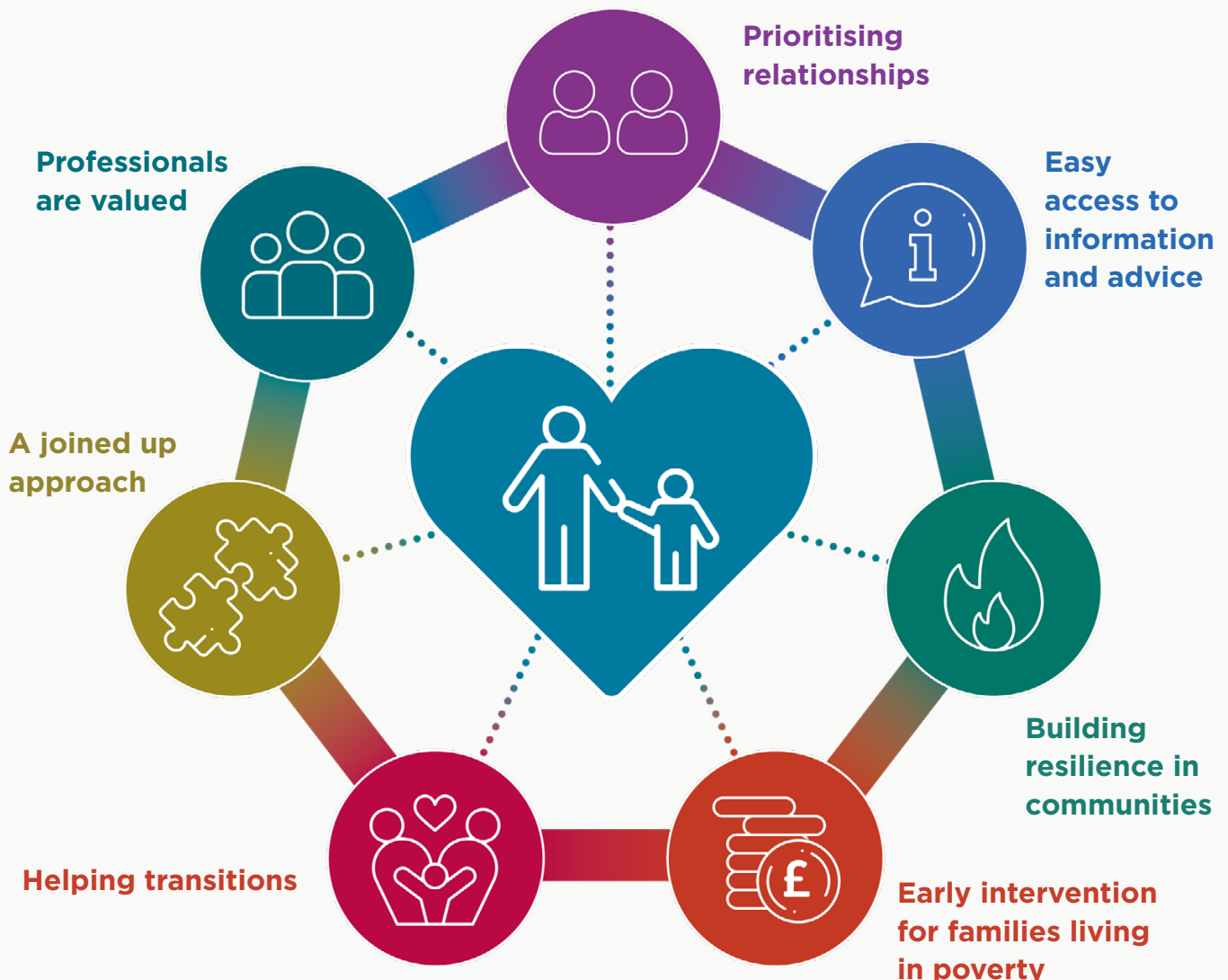
# What Helping Early will look like in Sutton

## Outcomes and objectives

We want to see the following outcomes for children, young people and families in Sutton;

### Outcomes:

- I can access help and support at the earliest opportunity
- I am ready for school, work and life
- We have more stability at home
- I can thrive
- I have better health and well-being





## Our Objectives



### 1. Prioritising relationships

- Improving children's chances for attachment in their early years
- Children's Centres extend their role as hubs of support for families



### 2. Easy access to information and advice

- One place to go to understand what is available
- A point of contact for young people and families to help signpost to relevant advice, information and support



### 3. Building resilience in communities

- Increase peer support groups
- Building inclusive services
- Place-based commissioning



### 4. Early intervention for families living in poverty

- Data insights to support families in temporary accommodation
- Pilot a Multi-Disciplinary, Multi-Agency team based in an area of deprivation



### 5. Helping transitions

- Review of transition points for children and young people



### 6. A joined up approach

- Integrated services
- Partnership sign up to a practice model
- Every professional understands people in the context of their support network and strengths



### 7. Professionals are valued

- Expertise is understood and valued across the Voluntary Sector, Social Care, Police, Education, Health, Community safety
- Development of shared core values

Hi my name is Stephanie I am 31 years old and married, I have two children; a girl 3 years old and my boy who is now 7 months old.

I started to feel 'odd' if you like, just after my son was born. Everyone around me told me it was my hormones; "I mean you did just have a baby" they would say. So, I put it down to that and believed them.

3 weeks later, I was still very tearful and I had noticed my boy was losing weight and he wasn't suckling properly on his bottles. He was admitted to hospital and had viral meningitis. While he was in hospital, I felt even more low, I couldn't sleep. I was so very anxious, I just assumed this feeling of guilt and uncertainty would pass.

As the weeks went on, I started to feel worse like this utter tense feeling, the only way I could describe was every time my boy cried, I would completely tense up, and instead of wanting to comfort him, I would get angry. I saw him as a chore, something that had to be done like washing or cleaning.

My daughter would ask me 'mum, are you happy or angry?' which shocked me, my 3-year-old waking up and asking me that, filled me with guilt. I thought to myself my little girl should not be asking me that. In my opinion she should be able to look at her mummy and see that she was happy.

I booked myself a doctors appointment, my doctor could see how very upset I was, he told me to speak to my health visitor, which I did and Maria explained about this group that was going to be running from October and asked if I would like to be considered, I of course said yes. I was apprehensive about what

to expect but when Jane came round to introduce herself and explain how the group would work and the layout, I felt very comfortable and couldn't wait to get myself feeling better, for my children's sake first and foremost. And for myself and my husband.

I can safely say that the group has made me feel more like me again. On my first day at the group I was very welcomed by staff and the other mums, tea and biscuits were out. As we got started hearing the other mums felt the same as myself and had older children, which made me feel immediately relieved. I don't know about most mums but I'd always put postnatal depression down to first time mums. I was unaware it can affect mums at any time and after any birth. I will openly admit that I have postnatal depression and am a very strong believer in talking. We should be allowed to voice our opinions without judgement or the fear of upsetting anyone. And this group has allowed me to do so.

I have told all my family and friends about the group, they have all noticed such a difference in me and say that group is improving my life and how I feel.

I would like to remind everyone that parenting is widely varied and no way is the 'RIGHT WAY' you do what works best for you and your family.

**Don't be afraid to ask for help**





## 1. Prioritising Relationships

We currently have six Children's Centres in Sutton. Children's Centres have recently moved under the remit of Public Health to prioritise an integrated offer for the best start in life. From April 2020, a review will take place with local communities, to consider what specific activity could/should be offered in each centre. This will depend on the local needs identified through our Joint Strategy Needs Assessment (JSNA) and from what local families tell us.

We aim to improve children's chances of attachment in their early years. 'Making parenting support more accessible', is a workstream within our Children's Commissioning Review. Over the next two years we will pilot new parenting support options in Sutton. An enhanced understanding of attachment within our Partnership will be promoted over the next two years, seeking to influence direct practice and strategic decision making.

## 2. Easy access to information and advice

We will commission a single directory of services that will bring together detail on the local services, groups and events into one accessible website. This single directory of services will be aimed at all residents - from birth to end of life. The single directory will also provide a one stop shop for professionals, which is intended to increase their ability to signpost young people and families to the services available in Sutton.

Families will be able to have face-to-face support through the Family Information Service and other commissioned services that will help them access the directory and understand what is available for them. A guide for families and Special

Educational Need Coordinators (SENCO's) will be developed to explain Helping Early for children and young people with special educational needs and disabilities.

## 3. Building resilience in communities

We will pilot place-based commissioning approaches in specific local wards in Sutton over the next three years. This means, working with local residents to inform and shape local services at a neighbourhood level.

We will develop our services so they are ethnically and culturally inclusive and accessible. So that each person and family has the same opportunity to access help at an early point.

We will implement the Special Educational Needs Continuous Improvement Plan to help reduce school exclusions for children with Special Educational Needs.







#### **4. Earlier intervention for families living in poverty**

We will be using the Homelessness Prevention Programme which will help us to be proactive with families before they could be evicted.

We will pilot a multi-disciplinary, multi-agency team in an area of deprivation in Sutton, to provide integrated support for families living in poverty.

#### **5. Helping transitions**

Transition in education settings and moving up and down social care and health thresholds is inherently a vulnerable time. Often lots of time, energy and assessment go into starting, however less energy is given to ending well or closure. Our review will include looking at transitions between services, within schools and education phases and as a multi-agency network up and down thresholds.

Across education and safeguarding in particular, we will review and improve transition points for children and young people. From children in their early years to young adults leaving the care system.



## 6. A joined up approach

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. The service that the person receives may be different but our coordinated approach will be the same, meaning families won't experience going through multiple processes and 'doors' for the support that they need.

The diagram below helps to explain this:



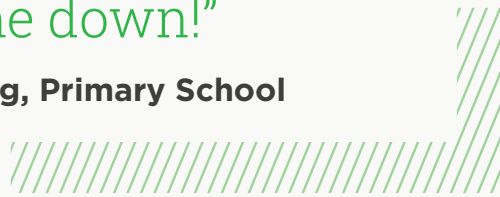
## 7. Professionals are valued

We know that if we are intentional about our way of working as a Partnership, it will have a positive impact on children, young people and families. In a context of reduced budgets and increased demand, we will be even more committed to valuing professionals across our Partnership; creating opportunities for reflection and understanding each others' expertise and service. As we develop our value of one another, a person's experience of seeking and receiving support will be more seamless, and effective.

Over the next three years, to build our value of one another and our partnership approach, we will align inductions, communications, develop a set of core values and create informal networking opportunities for people working directly with children, young people and families.

“I just want to say thank you for not giving up on me.. before I just had my defences up and was testing you because I didn't want to be let down again but guess what....you didn't let me down!”

**Parent, to Director of Safeguarding, Primary School**





# How we will be accountable?

Our objectives and delivery plan will be overseen by a new Children's Delivery Board. This will meet every three months. Direct feedback from families will be heard on this Board. We will report to both the Local Safeguarding Children's Partnership for assurance, and the Health and Well-being Board for accountability and strategic decision making.

Feeding into our Children's Delivery Board will be a number of networks that bring together frontline professionals, such as the Perinatal Mental Health Network, Helping Early Network groups and the CAMHS Partnership Board.



# Appendices

## Timeline of research

Below is a timeline of key policy development that has informed our approach in Sutton:

### 2003: Every Child Matters

- Articulating a holistic understanding of a child's well-being.
- Highlighting the impact of coordination, integration between local partners on safeguarding children, such as the case of Victoria Climbié.

### 2010 to 2012

- Frank Field MP looked at poverty and life chances and recommended a new policy focus around supporting children up to the age of five as a critical period in which disadvantage becomes established.
- Eileen Munro's review of child protection built on the previous reviews and noted the growing body of evidence of the importance and potential impact of early intervention.
- Graham Allen MP reviewed early intervention. Allen's report made a strong case of working with children at risk of poor outcomes in the first five years of their life, with a view to preventing needs becoming entrenched. One of the key recommendations of Allen's report was the need to establish the Early Intervention Foundation, which was subsequently set up in 2013.

### 2012

- Troubled Families was set up.

### 2013

- 1001 Critical Days Manifesto- The lifelong impact of the earliest experiences (the first 1001 days of a child's life).
- Early Intervention Foundation contribution to a secure and evidenced-based understanding of what works in terms of early intervention.
- Ellie Butler's local serious case review; Key learning was listening to the voice of the child and acting on it, listening to other professionals and a cohesive joined up service.

### 2018

- The government's Improving Lives strategy introduced a new focus on tackling the impact of parental conflict on children. As part of this work, the Department for Work and Pensions (DWP) is leading a national Reducing Parental Conflict Programme to embed evidence-based support to tackle parental conflict in local areas.

### 2019

- LGA report on an effective early help offer, which highlights the need for: working with families (a whole family approach) the earliness of early help, integrated joined up offer, building resilience.



## **References to evidence and reviews**

Evidence Review: Improving the early learning outcomes of children growing up in poverty: A rapid review of evidence, Save the Children, 2018

LGA, The key enablers of effective early help partnerships, 2019

Early Intervention: The Next Steps, Graham Allen, 2011

Munro Review of Child Protection in 2011

Working Together to Safeguard Children, 2018

Ofsted Report: Early Help; Whose responsibility?, 2015

A country that works for all Children

National Evaluation of the Troubled Families Programme 2015- 2020

Children Commissioners Report: Children living in households with the 'Toxic Trio', 2018

Early Intervention Foundation: A guide to evaluating complex early help systems

Serious Youth Violence Strategy

Health Visiting in England - A vision for the Future, 2019

Early Help System Guide, 2020, Ministry of Housing, Communities & Local Government

The Foundation Years: preventing poor children becoming poor adults, Frank Field, 2010

Improving Lives: Helping Workless Families, Department for Work & Pensions, 2017

Fair Society, Healthy Lives, The Marmot Review, 2010

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