

**Kensington and Chelsea Early Help
Partnership**

Early Help Strategy

2020 – 2023

“Working together and building relationships with families to support all children and young people to achieve good outcomes”

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Introduction

Our Early Help Strategy is informed by engagement and consultation with leaders and practitioners from a range of local agencies, insights shared by the community about their priorities after the Grenfell disaster, the data on outcomes for children in Kensington and Chelsea, the Bi-borough Children and Young People’s Plan (CYPP) 2019-22 and our understanding of the views of children, young people and their families. This strategy identifies a set of high-level priorities which will be supported or delivered through effective early help and early intervention activity across the Early Help Partnership, encouraging focus and collective working.

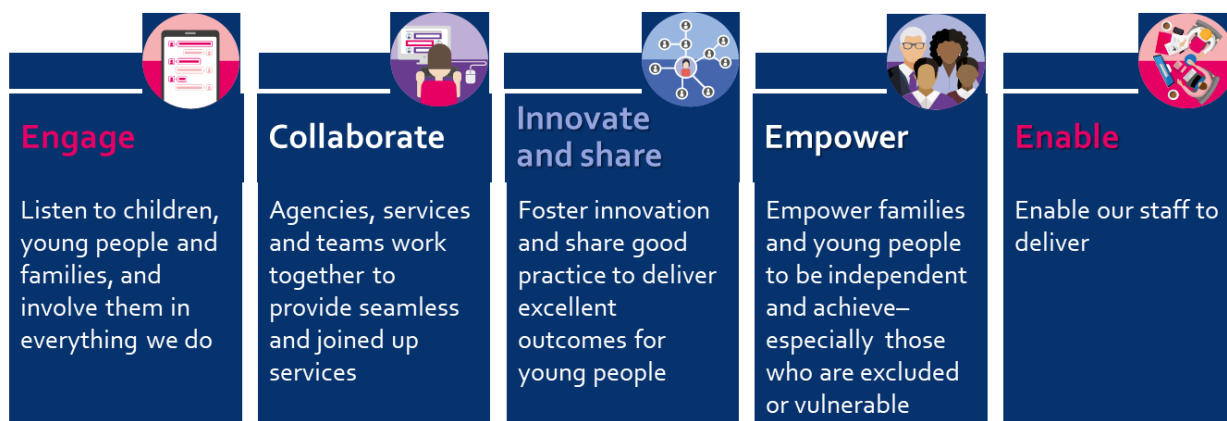
While the term “Early Help” describes a particular service provided by the Council’s Children’s Services department, in this strategy it is widened to encompass all services across different sectors which provide early intervention or preventative support for children, their parents or carers.

Vision

Our vision is that all Early Help services work together to enable all children and young people to reach their full potential, including those who are most vulnerable. The principles and behaviours that guide decisions made and which underpin how we deliver services (taken from the CYPP) are:

- Children and young people are at the heart of what we do
- We promote independence and achievement, enabling families to be ambitious
- We listen to front-line staff and the communities we serve
- We understand that good relationships are crucial, and promote this through systemic practice and “whole family” approaches
- We collaborate to deliver the right service, provided at the right time by the right people for sustainable change
- We believe in children growing up in their own families, and work to make this happen while keeping them safe
- We accept and work with risk more creatively

We therefore commit to:



Early Help Partnership

A key aim of our strategy is to **collaborate** better across the wide range of organisations that have already forged strong, supportive links with children and families in Kensington and Chelsea. We have brought greater focus to this in 2020 by launching a new Early Help Partnership group, creating two family hubs and setting up allied structures such as “Team Around the Family Hub”.

Through this approach, our intention is that the support that families need will be provided at the right time in a more personalised and holistic way without duplication or overlooking any significant needs. The following organisations have been working increasingly together under these refreshed partnership arrangements and the list has grown during the initial period of lockdown that resulted from the 2020 COVID-19 pandemic:

Kensington and Chelsea Council Services

Kensington and Chelsea Family Services

Kensington and Chelsea Education Department and schools

Kensington and Chelsea Housing Department

Kensington and Chelsea Community Safety Department

Kensington and Chelsea Economic Development Department

Kensington and Chelsea Community Engagement Department

Kensington and Chelsea Public Health Department

Kensington and Chelsea Children's Commissioning

Health Partners

GP Practices

Central London Community Healthcare NHS Trust

West London Clinical Commissioning Group

Grenfell Health and Wellbeing Service (on behalf of Central and North West London NHS Foundation Trust)

Voluntary and Community Services

Young Kensington and Chelsea Foundation

Volunteer Centre Kensington and Chelsea

Kensington and Chelsea Social Council

Other services

Metropolitan Police Area West Basic Command Unit (including Youth Engagement teams)

Team Around the Family Hub arrangements include a wider range of agencies and services and are progressing integrated working arrangements, using data and partner insight to understand need, trends and patterns, identify gaps or need to improve particular services, monitor performance and report on outcomes.

The Early Help Partnership has agreed to develop this strategy, associated actions and shared principles regarding Early Help and Family Hubs across the 0- 19 years age group (and young people up to the age of 25 with SEND).

The Partnership has an ongoing commitment to share and seek ways to gain and jointly respond to the views of local parents, young people and children.

It also provides a forum through which partners can inform and update each other about key service developments, opportunities or changes to priorities which are likely to have a local impact and to which a multi-agency response would be beneficial. The activity of the Partnership throughout the early months of the COVID-19 pandemic has been a particular example of this.

The Partnership also acknowledges and is strategically aligned with a wide range of other relevant areas that feed into the implementation of a wide range of change programmes as follows:



Background

Our strategy has been informed by systemic practice and a shared commitment to provide whole family support to residents who need this. Systemic practice emphasises people’s relationships as a key to understanding their experiences. It is acknowledged that different agencies have different levels of understanding of systemic approaches and that some may focus particularly on the needs of children or on adults who may be parents.

To enable us to achieve our ambition, we are building a community of services in which anyone who engages and works with families has the knowledge, skills and support to be able to understand family needs and ensure they receive the right support at the right time. We also want our partnership arrangements to enable seamless support which meets the needs of every family member without a need for them to keep having to repeat their story.

We want to develop consistent plans with all families who need help. These plans will identify strengths to be built upon and areas where they might need additional support. The support they receive will be provided by those best placed to offer it and will be coordinated by a lead practitioner who the family trusts.

We will maximise the support available in existing venues that families choose to visit while also developing family-friendly “hubs”, physical settings and virtual alliances of services through which help can be sought and received. We also acknowledge the importance of outreach to families and young people who are isolated, engaging with them where they feel most comfortable. We recognise and intend to build upon the rich data that is held across agencies which can help us make proactive contact with vulnerable families who may not have had access to Early Help services in the past. During the COVID-19 pandemic, we have also broadened our understanding at partnership level of the way that children and families in need can be engaged with and offered help.

What is Early Help?

Early Help seeks to identify the additional needs of families early and provide co-ordinated support before problems become complex and entrenched. A wide range of Council and partner services provide such support and interventions, either alone or as part of a team around families. While providing effective help earlier is more likely to be welcomed by parents and children than statutory interventions, there is also strong evidence that this approach can reduce the cost of providing services which arise from problems become more acute. As well as aiming to prevent serious problems for children, early help also aims to improve the life chances of children and young people in general, particularly through the building of effective partnerships with universal services and lasting connections with the wider community. While providing high quality, evidence based early help when children are in the early years is clearly effective, it is also important to provide support if any problems emerge at a later stage, including during adolescence.

The Council’s approach to Early Help

The Council’s approach to Early Help was reviewed and refreshed in 2019. It seeks to integrate the previously distinct elements of Children’s Centre and local authority Early Help family support teams around two “Family Hub” arrangements, one in the north of the borough and one in the south. The Family Hubs prioritise the coordination of a wider range of services (including those based in other agencies and in local communities) and support them to make sure that help is delivered in the most effective way to families that need it most.

While support is available through a range of existing and new buildings, outreach, informed by data will make sure that the relevant services are provided for the whole community. The significant contribution made to the lives and outcomes of families with very young children through Children’s Centres is being maintained and developed.

The wide range of help and support for families that is available throughout this system depends on their level of need. Therefore, existing and new relationships with partner services are being revisited to clarify services offered, the types of need met and the shared tools and processes that are most likely to support practitioners to have the best impact. The stages of intervention and types of service coordinated through RBKC Family Services that are appropriate at each stage are as follows:

Universal

The needs of most children, young people or families can be met by universal services. In Kensington and Chelsea such services include Children’s Centres as well as Stay and Play groups and activities provided by a wide range of voluntary sector partners. There are also services offered by other providers (e.g., health and schools) which are available to all. In most cases, families can access additional support themselves or be signposted to by universal providers who have a good overview of local provision.

Targeted

The needs of some children, young people or families are best met by a single agency co-ordinating additional support. In most cases, where a child or parent is identified as needing targeted support, it is likely that other members of his or her family will also have needs for additional support. Practitioners from

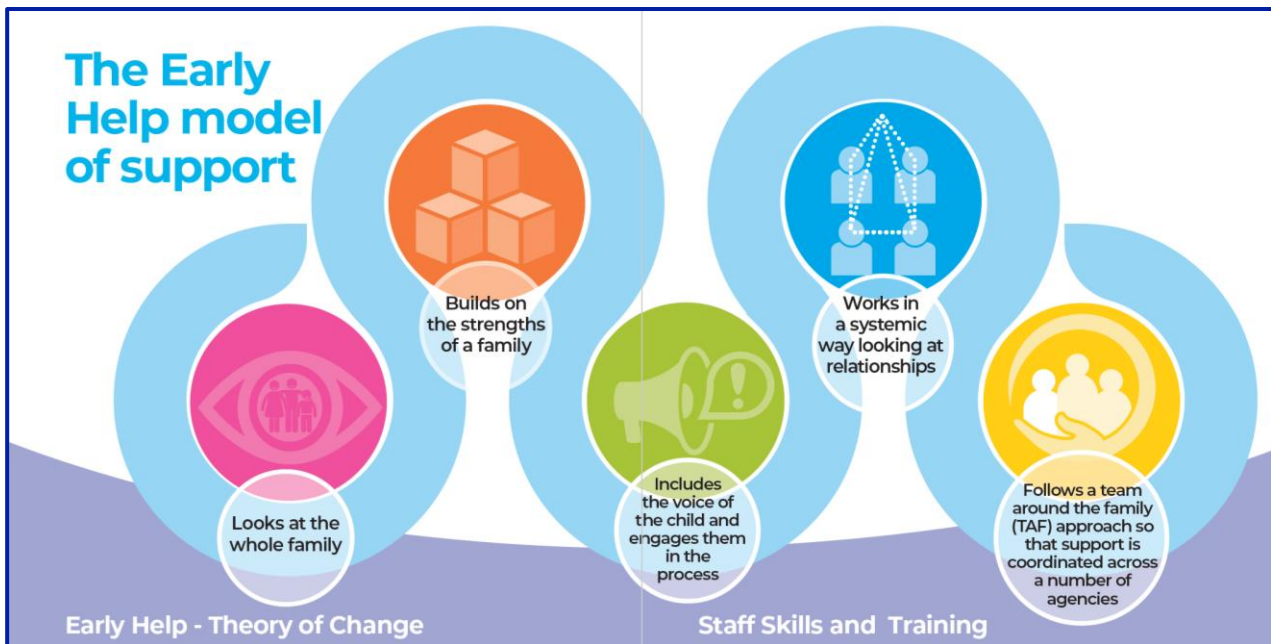
a range of targeted services in all sectors are well positioned to carry out assessments and develop a family plan, working with families to make agreed changes. In such cases, the plan would be coordinated or led by a lead practitioner from a partner agency or the Council’s targeted Early Help service.

Statutory

While many children and families who need statutory support receive this from social workers, the local Early Help service leads on statutory action to address poor school attendance. Also, early help practitioners from all agencies may need to remain involved with families receiving statutory support or interventions because of their particular skills or focus and have an important role in ensuring ongoing support is in place when cases are “stepped down” to targeted or universal services.

Council Early Help service model of support

The model of support builds on successful approaches to practice at the local level which are informed by evidence of impact evaluated nationally and beyond. Through consultation with partner agencies, there are high levels of support for this model, strengthened through the provision of workforce development, tools and materials and practical support to be developed across the partnership.



(NB: cleaned up version of this diagram to be included in final version)

Early Help – the Kensington and Chelsea context

This strategy is set within a unique set of circumstances that inform service development and provision going forward:

The ongoing impact of the Grenfell Tower disaster

The aftermath of the Grenfell Tower disaster has had a profound effect on local children and families as well as practitioners from all agencies who continue to work with the communities affected. Children’s Services, including those which provide Early Help, as well as services provided by other agencies including the voluntary sector, continue to have a particular focus on supporting the bereaved, survivors and those most affected by the fire.

The Grenfell Health and Wellbeing Service has developed a Health and Wellbeing Strategy for North Kensington to 2024 which plans and coordinates provision of high quality and appropriate health and wellbeing services, that meet the needs of the residents of North Kensington as well as survivors and bereaved and contributes to building resilience.

There is an ongoing commitment to provide tailored support for bereaved and survivor children through a dedicated service and deliver a wider programme of support for young people in schools and community settings including an Early Help team. The Grenfell Education Support Fund (GEF) supports affected children, young people and families with the cost of uniform and other essential school equipment, additional tuition, extra-curricular activities or trips and bursaries. Core services including the targeted Early Help service provide support for the wider group of children, young people and families affected by the tragedy. The Council's Early Help team provides a service to families living in the wider community who were impacted by the disaster in the Malton Road Key worker team.

The tragedy has also had a significant impact on the Council and the way that services are organised and delivered. This includes the development of a set of "values and behaviours" which should inform all activities which are led by the Council. The values are as follows and these inform the development of the Family Services approach to Early Help and how we aim to support families:

- **Putting Communities First**
- **Respect**
- **Integrity**
- **Working Together**

Kensington and Chelsea's Council Plan 2019-23 identifies three "cross-cutting themes" informed by what is most important to local communities. The aims of this Early Help Strategy align closely to the themes of "Community involvement", "Narrowing the gap", and "Prevention and early intervention".

Impact of the COVID-19 Pandemic

Like all local authority areas, since March 2020 Kensington and Chelsea has endured a significant impact from the ongoing Coronavirus pandemic. While the whole population has experienced unprecedented changes to daily living, vulnerable groups have been disproportionately affected, particularly families living in poverty. The increase in financial instability as a result of this crisis will have hit low-income families the hardest. With more children at home for extended periods the cost of living increased, with the significance of Free School Meal provision becoming increasingly important along with the need for stimulating activities to support learning and development to be provided away from schools, early years settings and wider youth provision.

Residents from Black, Asian and minority ethnic communities have been at greater risk of infection from COVID-19 causing concern and distress to families from those groups. The impact of this is accentuated when it is also noted that children from particular communities are twice as likely to be identified with Social, Emotional and Mental Health (SEMH) needs as White British pupils. Of the children and young people with Education Health and Care Plans in Kensington and Chelsea schools nearly 70% are from such communities. While many families with children who have SEND have received proactive support during periods of lockdown, day to day care and home-schooling has been challenging for many families.

There have been particular concerns about isolated people who may have become parents for the first time during the pandemic with increases in peri-natal mental health concerns such as anxiety and depression and so proactive services have been coordinated to ensure contact is made and support offered. With older children, there have been fewer opportunities to identify those needing support as they have not been attending school and other universal settings as regularly where concerns might be identified.

Increases in parental conflict and domestic abuse are also anticipated as a result of the lockdowns.

There are a number of longer-term issues that have been delayed because of national policy decisions but are likely to impact on families in the near future. An eviction ban, which means it has not been possible for families to be evicted from properties from March 2020 was extended until March 2021.

Bi-borough arrangements

Kensington and Chelsea has continued to share a number of Children's (and other) services and senior leadership roles with Westminster City Council since April 2017. The two boroughs now share a Children

& Young Peoples Plan identifying shared vision, outcomes and priorities. There is significant sharing of ideas and expertise across the two boroughs. Westminster City Council is also pursuing a similar Family Hub model with systemic, trauma informed approaches with a particular focus on a more integrated approach to working with schools and reducing exclusions.

Our population, it's diversity and levels of poverty

The population of Kensington and Chelsea is approximately 156,197 (ONS mid-year estimate 2018). It is an ageing population with 17% aged 0-15 and 9% 16-24. The most significant age group in terms of overall numbers is the 25-49 age group (40%).

In the 2011 Census, 58% (92,663) of the population was “non-British/Irish” although 50% of this group were classified as “other white”. The main other groups within this cohort were people of multiple/mixed, other Asian, other Arab and Black African ethnicities. The ethnic composition of each Ward varies significantly although the non-white population is more concentrated in the north of the borough.

Less than half of residents were born in the UK (48%), the fourth lowest proportion in England and Wales. More than 20% of all households (16,389) have a first language that is not English, the fourth highest proportion in the country. Only 61% of our residents have a UK passport, the lowest proportion in any authority in England and Wales.

Key first languages spoken by people who cannot speak English well or cannot speak English (so not the same as speakers of English as an additional language) are Arabic (19%), Spanish (11%) and French (9%). In 2020, 53.9% of children in primary school and 49.3% of those in secondary were recorded as being speakers of English as an additional language. These rates are significantly higher than those of statistical neighbours. Rates at national level are 21.3% and 17.10% respectively.

Kensington and Chelsea contains some of the most deprived communities in the country with 11 of the 103 Lower Super Output Areas in the Borough experiencing multiple deprivations in the bottom ten per cent of any community in England and Wales. The Indices of Multiple Deprivation (IMD) and Income Deprivation affecting Children (IDACI) poverty scales (2015) identified Golborne and Dalgarno wards in the North of the borough as having the highest levels of deprivation.

21% of children at primary schools receive Free School Meals and 21% of children live in poverty (percentage of children in low-income families). The highest rates of child poverty after housing costs are within Golborne, Dalgarno, Chelsea Riverside, Notting Dale and Colville. Apart from Chelsea Riverside these wards are all located in the North of the Borough.

The Campaign to End Child Poverty annual estimates for levels of child poverty after housing costs to have varied from 2014/15 to 2018/19. In 2018/19 the rate was 24.5% having decreased over the past three years, however this was before the impact of the Coronavirus pandemic.

The New Policy Institute's *London Poverty Profile in 2017*¹ puts RKBC as having the fourth lowest performance in London for inequality, housing, homelessness and worklessness.

What we know about Kensington and Chelsea's families

It should be noted that these measures are for the whole borough so some indicators will be more prevalent in less affluent wards:

Deprivation and Economic Wellbeing

- ❖ Although the rates are lower than those of statistical neighbours, the percentage of children under 16 living in low-income families has increased from 6.7% in 2016 to 8.1% in 2020. This rate is likely to increase with the impact on residents of the COVID-19 pandemic.

¹ https://www.npi.org.uk/files/2915/0754/2603/Londons_Poverty_Profile_2017_report.pdf

- ❖ There have been annual increases in proportions of children eligible for free school meals since 2018. 25.10% of primary children and 22.5% of those in secondary school were eligible in early 2020 again these rates are likely to have increased further in recent months. Rates are higher compared to those of statistical neighbours and nationally.
- ❖ The numbers of children eligible for Pupil Premium have been decreasing gradually since 2012. In 2020/21 there are 4146 eligible children.

Physical development

- ❖ 1.96% of babies born in Kensington and Chelsea have low birth weight (2018), this is a lower proportion for England (2.86%) although there have been reductions in rates at both local and national level.
- ❖ NHS Childhood Vaccination Coverage statistics for 2019/20 show rates of vaccination for children at age 1, 2 and 5 as being lower than those for London region and nationally. This includes vaccinations and boosters for DTaP/IPV/Hib/HepB, PCV, Rotavirus, MenB and MMR.
- ❖ 19.95% of children in Reception were overweight or obese in 2019, an improvement on the previous year. This was a lower rate than for England (22.59%). However, 34.25% of children in Year 6 of school were obese or overweight which was slightly lower than the rate for England (34.29%). The trend regarding children in Year 6 has been improving since 2017 although rates of children who are obese or overweight continue to be considerably higher than for children in Reception.
- ❖ Children in Kensington and Chelsea are also at slightly higher risk of poor dental health – 26.6% of 5-year-olds have one or more decayed missing or filled tooth compared to 25.7% in London and 23.3% in England.

School inclusion

- ❖ There were higher levels of authorised absence from school in 2019 (3.2%) compared with inner London rates (2.9%). Total rates of authorised and unauthorised absence (4.8%) were higher than rates for inner London and nationally in 2019. Meanwhile levels of “persistent absence” have also been rising annually from 2016-2019.
- ❖ There were higher rates of permanent exclusions from secondary schools in 2018/19 (0.14%) compared with 0.07% in inner London and 0.1% nationally.
- ❖ There were higher rates of children with Education Health and Care Plans in primary and secondary schools (3.4% and 2.5% respectively) in 2019 compared with rates in inner London and nationally.

Youth Offending and violence

- ❖ The Youth Offending Team caseload and first-time entrants into the youth justice system have reduced since 2016.
- ❖ Rates of young people within the youth justice system receiving a conviction in court, who are sentenced to custody have fallen from 1.06 (rate per 1000 10-17-year-olds) in 2017-18 to zero in the latest annual period compared with the national rate of 0.31 and London rate of 0.50.
- ❖ Knife crime offences have been increasing in the long term in RBKC and knife crime with injury offences (where 30% of victims are under 24 have risen by 8.5%).

Emotional wellbeing and mental health

- ❖ Poor mental health impacts a significant proportion of children and young people at any given time. It is clear that the Covid-19 pandemic is currently having a detrimental impact on the EWMH of children and young people (CYP), with estimates of an increase in need of up to 50% (with one in six (16.0%) of CYP aged 5 to 16 years old having a probable mental disorder, an increase from

one in nine in 2017).² We estimate that 3096 CYP locally have a probable mental disorder (problems with aspects of their mental health to such an extent that it impacts on their daily lives – including difficulties with emotions, behaviour, relationships, hyperactivity, or concentration). For young people and young adults aged 17-22 this increases to one in five³ - an estimated 1986 young people and young adults in the borough. In a recent survey carried out locally, 88% of CYP said that Covid-19 has had an impact on their mental health.⁴

- ❖ The percentage of school pupils with social, emotional and mental health needs (primary aged pupils 2018), was 2.29% compared with 2.19% in London and nationally.
- ❖ The Grenfell tragedy has had and will continue to have a major impact on the emotional wellbeing of children and families immediately affected as well as others living in the North of the borough. The Council has established a dedicated service to support long-term recovery for the approximately 700 bereaved and survivors from the tragedy. A programme of targeted support has also been put in place for the local community, including mental health and emotional wellbeing services in schools and community-based settings. These sit alongside mainstream services provided by the Council and its partners. Work is taking place with bereaved and survivors and the local community over the coming weeks and months to shape the next phase of this support and ensure it continues to meet their needs. In 2019, a Health & Wellbeing Survey was carried out of 2,000 people living in five North Kensington wards. The survey is being conducted annually for the next five years. From the returns in 2019, 76% said their health was good, very good or excellent, 55% had one or more distressing symptoms following the tragedy, 22% felt their life was extremely or very disrupted and 26% were still feeling distress or anxiety.

Safeguarding and service demand

- ❖ The number of referrals at child level to Council Early Help services in 2019/20 was 7% higher than in the previous year while referrals at family level were 12% higher. The numbers leading to an initial contact with children and their families also increased. While more families are being referred for Early Help for support, the resulting actions of the Council service in liaison with wider partners plays a significant part in preventing the need for higher tier social work services.
- ❖ RBKC's total number of Children in Need has decreased by 8% in 2018/19 compared with rates for 2017/18. This trend continued in 2019/20 with further decrease of 6%.
- ❖ While referrals to Family Services increased by 4%% compared with rates for 2018/19, there has been a decrease in the number of single assessments carried out
- ❖ Numbers of children with child protection plans decreased in 2019/20 along with the percentage of such plans which had been put in place for a second or subsequent time.

RBKC has consistently low numbers of looked after children compared with similar authorities, however numbers increased in 2019/20. This was the result of an increase in unaccompanied asylum-seeking children becoming looked after by the Council.

Mobility of families

As well as anecdotal indications that significant numbers of families have left the borough, prior to the COVID-19 pandemic there has also been some evidence that some of those in receipt of Housing Benefits have moved away:

² <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

³ Ibid

⁴ <https://healthwatchcwl.co.uk/wp-content/uploads/2020/07/Bridging-the-gap-young-peoples-experiences-of-mental-health.pdf>

Date	Number of Housing Benefit claimants with one or more dependants.	Percentage reduction since January 2017
January 2017	4,447	–
January 2018	3,980	11%
January 2019	3,929	12%

While this reduction in households may reflect changes to benefits with the move to Universal Credit, services working to address parental unemployment noted only small numbers of families being transferred to this benefit prior to the pandemic. Because of the take-up of temporary or permanent housing in different locations within the borough or out of borough following the Grenfell Tower tragedy, there has been an increase in pupil mobility in schools. There has been anecdotal evidence prior to the pandemic suggesting that some services in the South of the Borough were seeing increasing demand. With the introduction of the furlough scheme during the pandemic, households may be just coping, but when this ends, increased levels of financial difficulty may mean more families become mobile.

Youth Review

Following a comprehensive Youth Review, a new youth offer for the borough was launched in September 2019. This responded to the four areas that young people have said matter the most to them:

- **Future and Ambition**
- **Community and Environment**
- **Safety and Security**
- **Happy Health Lives**

The Happy Healthy Lives strand aims to strengthen the targeted support available to young people following the Grenfell tragedy. Existing services are being significantly refocused to ensure they meet local needs and are responsive to changing demands. More local organisations and service providers have become involved in the overall service offer with better coordinated work between the Council, police, schools and colleges, health providers and community groups to support young people on the issues or themes that they say matter to them.

A **Detached and Outreach team** was introduced in 2019 to support the prevention of serious youth violence along with a **Targeted Prevention Team** with specific focus on young people who are not in education, employment or training (NEETs) and teenage parents and a new young people's participation team. The services work alongside the Youth Offending Service, and Families Forward (the Edge of Care team) to form the Parents and Adolescents Resource Centre.

Serious youth violence

While there have been some recent improvements in terms of key indicators, tackling Serious Youth Violence (SYV) continues to be a priority in Kensington and Chelsea. By October 2020 there have been reductions in offences linked to SYV as well as Knife Crime and Knife crime with injury offences. The largest reduction has been within Gun Crime (46%) and Knife Crime with Injury offences for victims aged 1 to 24 years old (45%). In comparison to London boroughs as a rate per 1000 residents, RBKC has experienced offences in the middle tier of boroughs. It experiences the highest rank for all Knife Crime offences (10th out of 32 London Boroughs) and lowest for Gun Crime (20th out of 32 London Boroughs). For SYV Offences the borough has the 17th highest, which is lower in comparison to its neighbouring boroughs (Westminster is 1st in London, and Hammersmith and Fulham the 8th highest). The pandemic lockdown was a significant factor in the steep decline in Knife Crime and SYV offences in April 2020. In July and August there has been a slight rise in offences, but the volume remains low in comparison to the borough average prior to lockdown.

The SYV Partnership response has four themes for delivery: Prevention and Early Intervention; Targeted Interventions; Enforcement; and Community Engagement. This is all set out in a Violence Reduction Plan and a Serious Youth Violence Strategy. The performance against delivery is reported to the Youth Crime Partnership Group and the Safer K&C Partnership Board – which have multi-agency representation across statutory and voluntary services.

Many services allied to Early Help have particular services which need to respond to issues resulting from SYV. Housing carry out ‘serious risk of harm’ applications and a proportion of those are for families who have to move for safety reasons resulting from gang related incidents or crime.

Changes to Policing

The Kensington and Chelsea’s police team has combined into a new Basic Command Unit that also covers Westminster and Hammersmith & Fulham. More is being invested to prevent and investigate domestic abuse, sexual offences and child abuse. A new **Youth Engagement Team** has been developed along with Safer Schools officers who are based in schools. The new teams are prioritising partnership working including with Family and Youth Hubs, outreach services and with schools. This includes the development of a “concern hub” model.

Housing Developments

Housing Needs and Housing Management are working towards gaining the DAHA accreditation. The accreditation standards will consist of 8 priority areas to address domestic abuse; this accreditation is expected to improve the housing sector’s response to domestic abuse.

External funding

The Council is keen to ‘test’ new ways of working, particularly in relation to developing evidence -based approaches to prevention and early intervention. Bi-borough links with Westminster have enabled access to wider partnerships around which funding bids can be made. The following have added to the local Early Help offer and to wider staff development and retention:

Kensington and Chelsea is part of a DWP “contract package area” with six other local authorities developing and testing approaches to **addressing parental conflict**. Tavistock Relationships are delivering four parenting programmes which were selected by DWP. These will be delivered either individually or in groups and are suitable for separated or intact couples. The programmes are a mixture of well-known and new to the UK programmes offering moderate or intensive intervention:

- Family Check-Up
- Within My Reach
- Family Transitions Triple P
- Enhanced Triple P

For Baby’s Sake is a programme for expectant parents, whether together or not, who want to bring an end to domestic abuse and create the best possible start in life for their baby. This has been funded by the Stefanou Foundation (a philanthropic organisation) but from 2020 has been taken on by a partnership arrangement across RBKC and Westminster City Council.

The Council combines with Westminster and Hammersmith and Fulham using external Home Office funding to extend the work of Westminster’s **Integrated Gangs and Exploitation Unit** across three boroughs with an increasing element of whole family working using systemic approaches. A dedicated worker is engaging young people and families in the borough through a Violence Vulnerability Hub.

In 2019, Kensington and Chelsea (as part of West London Clinical Commissioning Group) was chosen to be part of the first wave of Trailblazer sites for the new **Mental Health Schools Support Teams**. The service is being provided by Hammersmith and Fulham MIND (the mental health charity) and is targeted at low to moderate mental health needs working alongside existing CAMHS services. It delivers a whole school approach to emotional wellbeing and mental health, focused on pupils, staff, parents and governors. There are two teams of 8 specialist child emotional wellbeing and mental health staff, 9 of which are Educational Mental Health Practitioners along with 4 qualified therapists and psychologists, 2

wellbeing facilitators and a family support worker. Their interventions are complemented by online counselling provided by Kooth. The teams have been fully operational since December 2019 working in 20 schools in the borough supporting a significant number of young people who do not meet the threshold for existing CAMHS.

Bi-borough Children's services are partnered with the Big Lottery and Family Lives to deliver "Parentchild+" a payment by results programme aimed at increasing the number of children who are assessed as being at "good level of development" in their Early Years Foundation Stage profile where there have been concerns at the point of their 2 – 2½ year check.

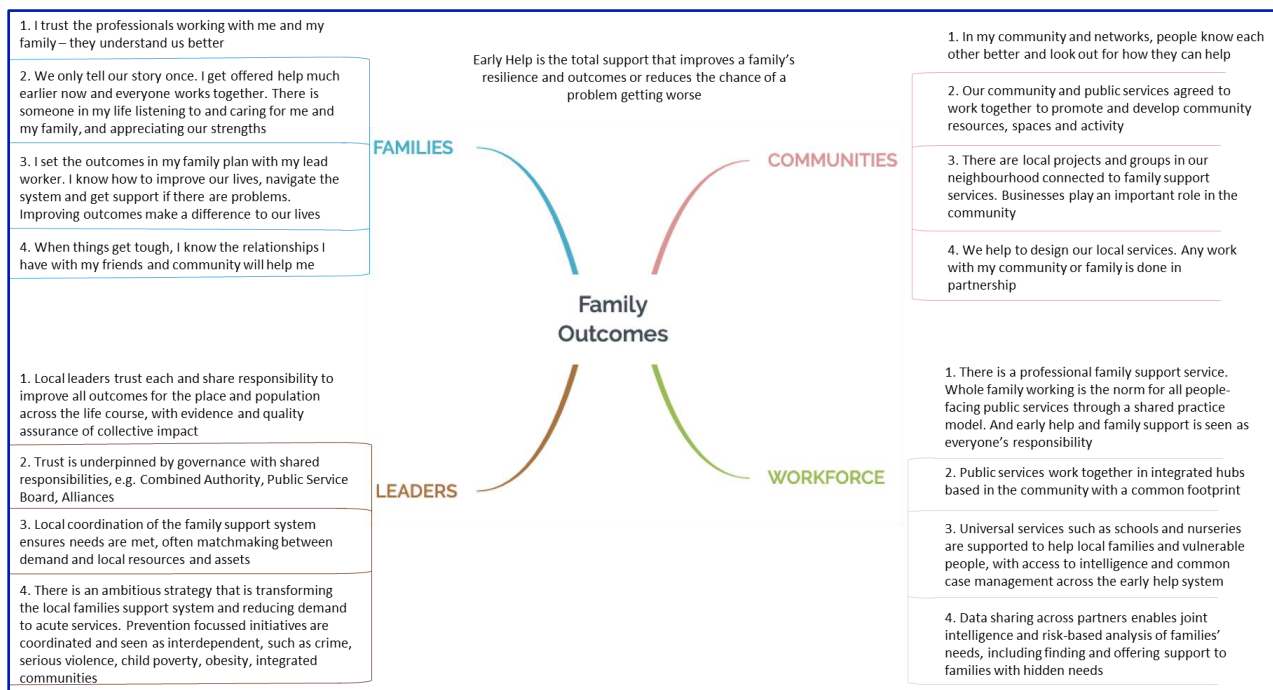
The Early Help Service has been coordinating the introduction of **ARC (Attachment, Regulation, Competency) Trauma Informed approaches** as part of its strategy to reduce levels of exclusion from local schools. This includes significant training for staff from relevant agencies. In October 2020, funding was received through the DfE Partners in Practice programme to implement a new delivery plan with partners across the borough and a particular focus on schools (linked to higher exclusion rates) and community partners in the North of the borough as part of a wider trauma informed recovery. In November 2020, partner members of council led Grenfell Recovery Programme agreed to extend the introduction of a trauma informed approach with trauma training for all agencies and community leaders and volunteers to help create a shared understanding of the impact of trauma, how to identify it, helpful approaches and where culturally competent specialist support can be offered.

Service Transformation Maturity

As part of the national Troubled Families programme, an annual assessment has been carried out of the level of "maturity" of service transformation regarding Early Help and early intervention. The process considered seven transformation strands, and using local evidence, assessed the level of maturity across a four-point scale: Early; Developing; Maturing; Mature. One of the aims of the Early Help Strategy is to facilitate the journey of the local Early Help system towards an increasingly "mature" service offer.

The last assessment was completed in 2019, together with actions to enable further transformation. In 2020, the Ministry of Housing, Communities and Local Government requested all local authorities complete an Early Help System Guide. The Guide includes an "Early Help Vision" as developed by MHCLG with Early Help being defined as "the total support that improves a family's resilience and outcomes or reduces the chance of a problem getting worse". It identifies key outcomes that help identify a mature Early Help system under the four headings of Families, Communities, Workforce and Leaders. Through this, our self-assessment in 2020 identified good levels of progress under the "Families" and "Communities" headings and a need for particular focus on the "Workforce" domain.

Local assessment of development of our Early Help system and this Strategy has been informed using the questions in the Early Help System Guide in a number of multi-agency workshops involving the Early Help Partnership members and the Teams Around the Family Hubs. This process has helped clarify a consensus about future practice and priorities and actions which are captured in this strategy.



Key Achievements since the 2014 – 2018 Early Help Strategy

An Ofsted inspection of local authority children's services took place in September 2019 through which Ofsted judged the borough's Family Services to be "Outstanding". Ofsted reported that families "receive excellent early help services that are very well established and offer an exceptionally broad range of support to children and families in the community...this means that children and their families are well supported and helped to address emerging concerns quickly, avoiding the need for more intensive statutory services".

There has since been an inspection of the Youth Offending Team in October 2020 with positive judgements about local practice.

The Youth Review developed a newly configured service, informed by extensive consultation with local young people, and involved a wider range of local organisations and service providers, launching from September 2019.

A range of partners identify families for and deliver **evidence-based parenting programmes** including Triple P and Strengthening Families, Strengthening Communities. There are 7 voluntary sector providers including services targeting particular communities. Additionally, parents who take part in specialist courses are being encouraged to support other parents in future programmes. The **Non-Violent Resistance** programme is provided for parents with children aged 10+ who have challenging, destructive or violent behaviours. Those who complete the programme are invited to become active, graduate parent volunteers, potentially training to become group co-facilitators. Some graduates have reported that the courses have helped move them into employment, education or training.

A project has been implemented to reduce the **risk of exclusion** in our secondary schools and alternative provision. The programme uses systemic approaches and works with whole families supported by Early Help practitioners and a family therapist. The schools and professional network are now receiving training on trauma informed approaches to behaviour management in the classroom.

There are very high rates of **registrations and attendance at our children's centres and strong performance on enabling 2-year-olds from families experiencing poverty into good or outstanding childcare settings.**

We have seen the local “Edge of Care” service, systemic social work and early help practice enable a **continued reduction in children coming into care and custody**. These reductions are still significant after factoring in the overall reductions in child population.

Managers and staff from agencies across the Early Help Partnership have participated in the Early Years Transformation Academy pilot run by the Early Intervention Foundation. This aimed to **strengthen pre-birth to five pathways**, with a particular focus on speech and language development and improving school readiness. So that babies, young children and their families receive the support they need when they need it to thrive and to better enable early intervention, the Healthy Child Programme and the involvement of wider services is being reviewed. This has been informed by significant service design activity by a large number of multi-agency practitioners and insight work with parents. This will ultimately lead to a system of support across the early years focusing on communities where the need is highest and guided by evidence of what works.

While the **COVID-19 pandemic** has created huge challenges for local children and families and the practitioners who support them, there have been a number of positive developments including:

- The setting up of **virtual children’s centres** providing weekly, age-appropriate activity packs for families and running virtual parenting programmes and other useful activities;
- **Contact has been made with every new mother** with new birth packs sent out to them. Link workers have been provided to ensure their wellbeing is monitored and support is provided with breastfeeding.
- **Support has been provided by many agencies across the partnership including virtual platforms**, telephone support lines and carefully planned face to face work with vulnerable young people as soon as this became an option within public health guidelines.
- **A “Safe hub”** was set up to provide direct contact with children, young people and parents through partnership working between Council Early Help and children’s centre staff along with health practitioners such as midwives

Our Strategy for Early Help in Kensington and Chelsea - where we want to be by 2022

Our aim is to work together across agencies and build relationships with families to support children and young people to achieve good outcomes. We want to continue to integrate services and leadership for children and young people aged 0-19 and their families, providing help when difficulties first begin so that we can support them to find solutions quickly. This support will be provided through a partnership with services that families are most likely to engage with and in a range of settings including children's centres, schools and other community spaces.

Our aims and objectives

- To embed a partnership-wide whole family approach for families with children and young people aged 0-19 (or up to 25 where they have special educational needs or disabilities)
- To ensure that plans made to improve outcomes for individual families are coordinated by a "lead practitioner" who is well placed to provide support and has access to training and a clearly defined support offer from the wider Early Help community.
- To ensure that all agencies and practitioners who engage with and support families have access to clear offers of advice and support from structures such as the single front door and Family Hubs.
- To enhance opportunities for additional needs to be identified in children (and responded to effectively) as early as possible, identifying indicators of harm early and providing targeted support where needed.
- To be able to effectively monitor and measure impact and outcomes for families, capturing reviewing and responding to relevant data across the partnership.
- To achieve good outcomes using evidence-based systemic support, trauma informed approaches and programmes to strengthen parenting.
- To improve mental and physical health outcomes through co-ordinated interventions and support with health agencies.
- To improve life chances through increasing levels of attendance and attainment at school and supporting inclusion.
- To address the disproportionate representation of young people from Black, Asian and minority ethnic communities (especially boys) in the cohort of children affected by school exclusions, and those who enter the criminal justice system or become looked after.
- To ensure young people remain in education, employment or training.
- To prevent young people from becoming involved with serious youth violence and other crime.
- To support children and families impacted by the Grenfell disaster, collaborating with the Dedicated service and the wider community to understand what they require on their road to recovery.
- To provide effective support to the victims/survivors of domestic abuse and other forms of gender-based violence.
- To mitigate the impact of the Covid-19 pandemic with a focus on poverty reduction and support for mental health needs that have increased.
- To develop the offer of services on multiple platforms and access points.

Key outcomes and performance indicators:

- To reduce the number of children requiring statutory services, in particular those who need to be supported as "children in need" and those who require a child protection plan.

- To increase rates of GLD (good level of development) and school readiness for children as they start primary school.
- To improve rates of school attendance and attainment.
- To reduce rates of fixed term and permanent exclusion.
- To reduce rates of children and young people impacted by grooming and offending.
- To reduce the proportions of young people who are not in education, employment or training (NEET) and young people whose education, employment or training status is not known.
- To reduce number of children experiencing homelessness or being threatened with homelessness.
- To improve child health on key public health measures.
- To increase parent and young people's employment.
- Improved resident insight and service user satisfaction.

Achieving our vision and ambitions

<p>A shared operating and practice model</p>	<ul style="list-style-type: none"> ❖ Develop more integrated leadership across the two Family Hubs. ❖ Prioritise development of the Lead Practitioner model with practitioners from all partner agencies having realistic expectations, training and access to a clear support offer including consultation. ❖ Work with commissioners, Community Engagement and other Council officers to co-ordinate contracts with voluntary organisations and the early help offer. Maximise the use and targeting of these resources to where they are most needed, while ensuring that whole family approaches are embedded across services. ❖ Ensure whole family working approaches are reflected in the redesign of the Pre-birth to Five pathway. ❖ Identify local schools with good practice regarding family work and Early Help to ensure wider multi-agency support is coordinated around the school and exemplars are developed to disseminate to the wider school community. ❖ Use legislation such as the Homelessness Reduction Act (Housing) and the Care Act (Adults Services) and the need to coordinate how we address priority needs such as parental mental health as mechanisms to engage adult focused agencies in whole family approaches. ❖ Maintain and further develop proactive approaches launched during COVID-19 pandemic where potential need was identified and addressed earlier. ❖ Implement “Building Relationships for Stronger Families; the Bi-borough strategic framework for parenting” Work with the Parenting Development Manager to produce a Bi-Borough parenting strategy and develop parenting forums. Ensure development to support parenting are discussed and promoted via Team Around the Family Hub arrangements. ❖ Ensure relevant early help services are represented at GP Hub meetings to support wider adoption of whole family working and Family Plans. ❖ Identify and share space in a greater range of locations to make services more accessible to more families ❖ Continue to develop the Early Help Partnership structure to implement this Strategy and increase capacity for different agencies to participate in whole family working in a coordinated and consistent manner.
<p>Workforce development</p>	<ul style="list-style-type: none"> ❖ Develop and implement a training plan for the multi-agency workforce with a particular focus on whole family working and the role of the lead professional, trauma-informed approaches and parenting. ❖ Use learning from the COVID-19 pandemic to enable more, shared online training and development opportunities.

	<ul style="list-style-type: none"> ❖ Develop an accessible programme of awareness raising and supporting materials to facilitate a partnership approach to: <ul style="list-style-type: none"> ○ Improving school readiness and earlier identification of SEND. ○ Improving take up the 2-year-old free childcare offer ○ Engaging more parents into employment, training and education. ○ improving school attendance ❖ Coordinate a range of agencies to maximise the impact of the roll out of trauma informed approaches and their link with reducing risk of exclusion in schools. ❖ Implement “Building Relationships for Stronger Families; the Bi-borough strategic framework for parenting” Work with the Parenting Development Manager to produce a Bi-Borough parenting strategy and develop parenting forums. Through the Parenting Practitioner role, work to set up a multi-agency Parenting Forum. ❖ Further develop shadowing and information sharing opportunities across departments to increase collective effort to avoid negative outcomes and ensure service offers are effectively communicated to children and their families. ❖ Review the need and opportunities for staff across agencies to have access to professional support and supervision including reflective practice groups to ensure appropriate support is available for those involved in complex work with families. ❖ Build on learning from the aftermath of the Grenfell disaster, the COVID-19 pandemic and existing good practice, particularly in the Children’s Centres and Maternity Champions where parents and other community members have been recruited and trained as volunteers and apprentices to provide a range of Early Help for families.
<p>Communications and Community Engagement</p>	<p>Engaging with and responding to children and their families</p> <ul style="list-style-type: none"> ❖ Identify mechanisms to “road test” the key messages of this strategy and to gather informed feedback of the impact of planned developments. ❖ Respond to key messages from the listening to and learning from the communities of North Kensington in the aftermath of the Grenfell disaster (A Health and Wellbeing Strategy for North Kensington NHS West London CCG). ❖ Work with Community Engagement, Young Kensington and Chelsea Foundation and others to ensure learning from consultations is pooled and responded to. ❖ Ensure the contribution of community-based roles such as Maternity and Community Champions informs Partnership developments around effective ways to design support and signposting for isolated or hard to reach families. ❖ Commit to the co-production and participation of children, young people and families in the design, delivery and review of what we do as individual agencies, and as a network. ❖ Build on learning from SEND services in relation to consulting, communicating and co-designing of services with parents. ❖ Continue to share and develop approaches to digital engagement and support for families and staff as well as tackling digital exclusion, as identified during the pandemic.

	<p>Publicising our shared offer</p> <ul style="list-style-type: none"> ❖ Differentiate the offers of service in the north and the south hubs to reflect local needs and embed the services within the community. ❖ Build on developments witnessed during the COVID-19 pandemic through which service developments were more regularly communicated in different ways between partner agencies and to local families. <p>Communication of shared priorities</p> <ul style="list-style-type: none"> ❖ Work with voluntary and community sector, schools and other partner agencies as part of locality based “Team Around the Family Hub” partnership forums. ❖ Identify the Partnership role in identifying and tackling structural inequalities, increasing inclusion and acknowledging diversity as further highlighted during the pandemic. ❖ Coordinate processes across the Partnership to quickly identify and meet the needs of families who have required or will require support during and following the COVID-19 pandemic (information sharing and team around approaches). ❖ Work with the Economic Development team to identify strategies to better involve local businesses in early help and support for families or young people.
<p>Sharing information, outcomes and evaluation</p>	<ul style="list-style-type: none"> ❖ Identify and implement a clear set of performance indicators and monitoring tools to be put in place within a shared outcomes framework across the Hubs to enable the Early Help Partnership to understand need, trends and patterns, monitor performance and report on outcomes. ❖ Build on Troubled Families approaches to matching data to map need and services provided at an increasingly local level to identify gaps and continuous development and planning of services. ❖ Plan a series of “deep dive” reviews of priority needs or outcomes to facilitate sharing of data and intelligence and shaping of coordinated responses across the Partnership. ❖ Ensure the needs and interests of partners are considered when developing Case Management Systems. ❖ Use multi-agency feedback to monitor the effectiveness of the framework to support the transition of work with children and families affected by the Grenfell tragedy into wider services as appropriate. ❖ Work with other agencies, including schools to enhance the business intelligence available to identify need and measure impact, including consideration of “soft outcomes”. ❖ Work with Schools Standards to identify schools most in need of support around improving attendance, developing and clarifying the traded offer to schools where appropriate. ❖ Review and develop the levels of integration between Family Hubs and Youth Hubs and wider youth provision.