Under 5s Tri-Borough Pathway

Barnet, Enfield and Haringey

Barnet EY SEND

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Why Emotions Matter

A child's emotional world shapes how they **learn, behave and relate**

- Young children are building the brain systems for:
  - managing feelings
  - coping with stress
  - forming relationships



- When emotions feel overwhelming, children cannot:
  - think clearly
  - use language well
  - follow expectations





Emotional wellbeing isn't an "extra" — it's the foundation for everything else.

A CAMHS Perspective

Traditionally, Child and Adolescent Mental Health Services (CAMHS) were targeting older children and teenagers, when support could have helped earlier.

The Under 5s Pathway aims to support parents early in the life of the child.

In our service we often see:

- Anxiety expressed as behaviour
- Regulation difficulties mistaken for “naughty behaviour”

The good news: *Small changes by adults make a big difference*.

Top Tip No. 1
Prioritise Relationships First

"The relationship is the intervention"

For children under five — especially those with SEND — emotional wellbeing develops through relationships, not just strategies.

Before children can:
- self-regulate
- follow expectations
- communicate needs

They need to feel:
- safe
- understood
- emotionally held

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Top Tip No. 1
Prioritise Relationships First

In Settings:

- • The *key person* relationship acts as a secure base — providing safety that helps children explore and learn
  • Consistency and emotional attunement matter more than any specific technique
  • Children regulate best with adults who know and understand them well
  • Predictable routines, adults who stay calm and kind, consistent responses to needs

For Parents:

- • Being emotionally present during difficult moments gives children the security they need
  • Repairing connection after upset (“I’m sorry that was hard”) strengthens attachment bonds
  • You don’t have to be perfect — repairing ruptures builds resilience

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Cookie example...







- **"They say they want a cookie. This moment is part of a much bigger pattern of trust. My job is to stay predictable and kind, whatever the answer is."**
- **"Does this child know I'll still be here even when I say no?"**

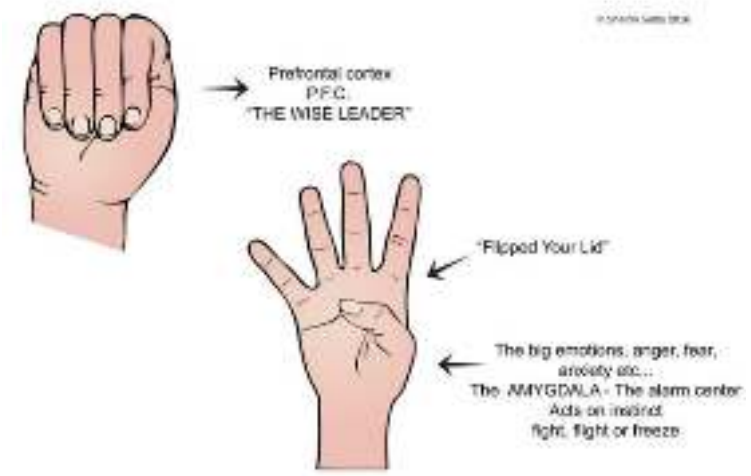
Top Tip No. 2 Connection Before Correction

Regulate first. Educate later.

Young children do not yet have the neurological capacity to manage big feelings independently.

Dan Siegel's 'flip the lid' diagram

When they become dysregulated they cannot think straight until they have closed their 'lid'



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Regulation is co-created with adults- they need your help!

Top Tip No. 2 Connection Before Correction

Putting this Into Practice

- Help regulate the child first; after can talk or teaching
- Use your tone, facial expressions and body language as regulation tools
- Less language during distress — more presence
- Focus on your own regulation as well!

In settings:

- Calm spaces, not time-out
- Spaces for staff to regulate
- Visual routines reduce emotional overload

For parents and caregivers:

- Staying calm doesn’t mean allowing everything
- Boundaries work best when delivered with warmth

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Cookie example...

Connecting (empathy)





before

Correcting (boundary)





"I know it's really hard when you really want a cookie but mummy/daddy won't let you" PAUSE and let the child's body settle a little. When child is calmer e.g. "It's dinner time soon and you need to have space in your tummy for that". "I'm here while you're feeling cross"

Top Tip No. 3
Behaviour is a communication

“All behaviour makes sense when we understand the child.”

Shift the question from:
❌ *“How do we stop this behaviour?”*
to
✅*“What is this child telling us?”*

When we understand the need behind the behaviour we might be able to think of other ways to support the need, so they may be less likely to express their needs through this particular behaviour

Making sense of the underlying need can also helping the child to understand their sensations and experiences and what that means for them.



Top Tip No. 3
Behaviour is a communication

How to understand the communication behind the behaviour?

1.) What is the need?

2.) Is there another way I can satisfy that need?

Examples of needs:

In early childhood, behaviour often signals:

- anxiety or overwhelm
- sensory processing differences
- communication difficulties
- fatigue or hunger

Other ways to satisfy the need?

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Cookie example...



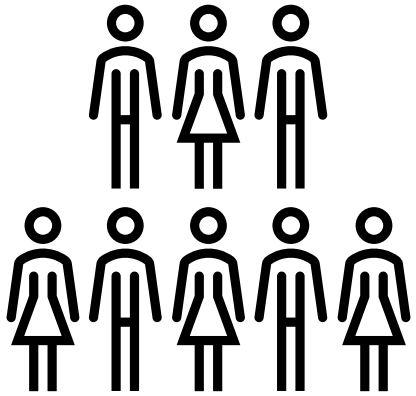
Respond to the underlying need that is being communicated

What is the Under 5 Triborough Pathway?

- Our team includes specialists in early relationships, child development, communication, and emotional wellbeing
- Our service sits within a wider system supporting families when children's needs feel harder to manage.
- Sometimes different services are better placed to help, and we work closely together.
- We also support professionals around the child and family

    - We are not a diagnostic service
    - Not all children need CAMHS/therapeutic support

Who we are and what do we do?



- We are **a multidisciplinary team** of specialists including Clinical Psychology, Child and Adolescent Psychotherapy, Systemic and Family Therapy, Health Visiting, Parent-Infant Therapy, Speech and Language Therapists and support staff.

- We offer assessments and therapeutic interventions focused on **behavioural, emotional and difficulties** for families during pregnancy, infancy and up to the child's 5th birthday to improve emotional development.



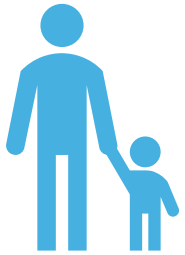
Who can be referred

- Children before their 5th birthday
- Families registered with a GP and home address in **Barnet, Enfield or Haringey**
- Families not currently engaging in psychological therapeutic support elsewhere (child can be open to other services e.g. OT/SLT e.t.c.)









Examples of presentations

If the difficulties haven't been helped by the GP and health visitor

Difficulties with separation e.g. being overly clingy.

Relationship difficulties e.g. not feeling connected to your infant

Difficulties regulating emotions.

Being withdrawn or non-communicative.

Disruptive thoughts and worries.

Experiences of loss.

Traumatic events in the family.

Adjustment to new stages of family life e.g., managing transitions

There must be relational, bonding/attachment concerns alongside other presentations.

Making a Referral



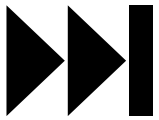
Who can refer?

Healthcare professionals and nurseries/schools can complete a referral form, which can be requested by the Single Point of Access (SPoA)- beh-tr.camhs-spoa@nhs.net or 0208 702 3111



Reason for referral?

Professionals can refer for a consultation and/or to request direct intervention for the family.



What happens after referral?

Referrals will be collated by the Single Point of Access (SPoA) and then screened and triaged with a short call by the Under 5s team before potentially offering an initial assessment and intervention.



So what do we offer?

- **Initial telephone call-** we will give you a call to see if our service is right for you
- **Assessment-** this includes two or more appointments with parents and one with the child present

What might the support look like?

All our interventions are tailored interventions to the individual needs of the parent and child

Parent-child work
Video work
Manualised Interventions e.g., Incredible Years, Circle of Security
Parent groups
Family work
Nursery/School observations
Consultations with professionals



Questions?

Thank you!