



Kirklees Safeguarding Children Board
www.kirkleessafeguardingchildren.com

Kirklees Safeguarding Children Board (KSCB)



**Neglect and Early Help Strategy
2017 - 2020**

Contents	
1. Forward by Chair of KSCB/ DCS	Page 3
2. Development of the strategy -Who is involved and consulted Inc. families	Page 4
3. Introduction -Purpose and Scope	Page 5 and 6
4. Vision and Objectives	Page 6
5. Definition of Early Help and Neglect	Page 7 and 8
6. Context – national drivers of change	Page 8, 9 and 10
7. Linkages /cross cutting themes local	Page 10 and 11
8. Continuum of Need and Response	Page 12, 13, 14 and 15
9. Measuring impact – how will we know if the strategy is successful	Page 15
10. Review and governance	Page 16
11. Action Plan	Page 16
12. Reference List	Page 17
13. Appendix	Page 18 and 19

1. Forward by Chair of Kirklees Safeguarding Children Board (KSCB) and Director of Children Services (DCS)

This Neglect and Early Help Strategy commits all partners working with vulnerable children in Kirklees, to providing effective early help to children and their families. Many of these children will be at risk of or already experiencing neglect and all partners are committed to understanding and tackling neglect, together with its root causes, with the intention of securing better outcomes for children over their lifetimes.

This strategy replaces both the KSCB's Multi- Agency Strategy on Neglect (October 2015) and the Draft Integrated Early Intervention and Prevention Strategy (July 2016). We have brought these two strands together to reflect our understanding that the long term impact of neglect on children is clearly evident from research. As professionals we need to recognise the signs of neglect early. We know that neglect can be difficult to identify in its early stages and its impact can be hidden. Therefore, identifying signs of neglect early is very important- as parents can more readily adopt changes, and in so doing secure better outcomes for their children.

Parenting is a complex and parents cannot always cope with the challenges it presents ... And these challenges can increase through changes in family composition, partner and lifestyle. Professionals need to be able to identify early signs and remain vigilant when life experiences in families change and where concerns about neglect change.

This strategy outlines not just what we aim to do, but how we will know if our actions are making a difference. We know that this work is complicated, relies heavily on the skills and knowledge of a diverse workforce; on sound, evidence based professional judgements made day to day in many different settings and on effective multi agency relationships, professional trust and mutual support and challenge. Kirklees Council's children and family services are committed to improving professional practice in this area of work and in working in partnership with others to ensure that we all put children first and provide the best possible help as early as possible.

We recognise that this strategy builds on much good local practice and sets out how, through learning from each other; focusing on outcomes; measuring impact; describing and achieving excellent standards of practice, we aim to improve in this vital area of work.



Bron Sanders
Independent Chair of the KSCB



Sarah Callaghan
Director of Children Services

2. Development of the strategy – who involved and consulted including families

This strategy has been developed through a multi-agency partnership approach. It has been endorsed by the Kirklees Safeguarding Children Board and should be considered alongside other key strategies, policies and procedures, which affect children across the Kirklees area, such as the Threshold Document – Continuum of Help and Support <http://www.kirkleessafeguardingchildren.co.uk/procedures-guidance.html>

Children in Kirklees contributed to the KSCB conference on neglect in 2015 and have consistently told us what is important to them and what they would like us to consider when planning services to support them and their families.

They say:

We don't always need a solution, just listen to us.

We don't want a friend or an authority figure. We want something in the middle

Be predictable and consistent

Involve us in delivery and planning services

Have the right adults working with us

Supports our parents, carers and siblings so they can support us

Provide young people friendly venues

We want to know what we can expect from a service

3. Introduction- purpose and scope

Most of Kirklees' 98,000 children will grow up happy and healthy, able to reach their potential at school and will thrive in their community. For all children, their primary source of nurture and support should be their immediate family. Whilst all families experience challenges and difficult times, for some these challenges have significant impact on parent's capacity to fully meet their children's' needs consistently and adequately. This strategy seeks to ensure that children in these circumstances have access to timely and effective early help to tackle problems early, before any lasting damage occurs.

Neglect is the most common reason for referrals to social care and one of the most common reasons that children are deemed to need protection. We know that neglect is often the result of the parent's vulnerabilities; drug and alcohol misuse, poor mental health, learning difficulties and the impact of both past and current domestic abuse. Most families who come into contact with children's social work teams also experience poverty and frequently have a poor history of school attendance, parents who have had adverse childhood experiences (ACEs) combined with low levels of confidence and attainment. Effective Early Help can transform lives - helping parents back into work, stabilising children at school and removing the barriers to living healthy and productive lives.

An effective early help offer is not the responsibility of a single agency. It requires a *Think Family* approach owned by all partners working with children, young people and families. These include Health, Police, Probation, Schools / Education, Children and Adult Services, Public Health, Housing, Voluntary and Community Organisations. Working Together (2015) requires local agencies to have in place effective ways of identifying emerging problems and potential unmet needs for individual children and their families. It also requires local agencies to work together to put processes in place for the effective assessment of needs of individual children who may benefit from early help services.

This strategy is informed by the developing national context regarding Early Intervention. It is set in the context of Kirklees Council's journey towards becoming a [New Council](#) and by an understanding of the current data relating to safeguarding children in Kirklees (see appendix one). It represents a commitment by all relevant agencies to a shared understanding and a common approach to tackling neglect and to offering help and support to prevent children from experiencing harmful neglect.

A number of transformation programmes are taking place across the public sector impacting on how education, health and social care agencies respond to and make provision for early help for children, young people and their families. At a time of significant change and squeezing of public sector resources it is more important than ever that all agencies collaborate and share knowledge, skills and resources to deliver seamless and holistic support to vulnerable children and their families. This strategy covers the work of all agencies and services in Kirklees whether or not they primarily work with children, young people, vulnerable adults or whole families. It sets out the direction of travel and steps needed to establish a fully integrated and seamless approach to tackling and eradicating neglect and providing early help to address the root causes of neglect and other forms of harm to children.

This strategy will set out:

- Our vision , aims and objectives of Kirklees Neglect and Early Help Strategy
- What we mean by early help, neglect and underlying risk factors, high risk indicators, thresholds.....
- National and local policy drivers
- Evidence informed tools to support best practice
- How early help will be delivered now and in the future
- How success will be measured
- An action plan to support the strategy
- Governance arrangements

4. Vision and Objectives

Kirklees is a great place to grow up where every child and young person:

- is safe and loved, healthy and happy and free from harm, and
- has the chance to make the most of their talents, skills and qualities to fulfil their potential.

Aim

To improve the early identification of neglect and other potential sources of harm to children and young people and to put in place an effective early help approach which tackles the underlying factors associated with neglect through a partnership approach.

Objectives

- KSCB's **Continuum of need and response** is understood and accepted by all partners and supports **effective multi-agency working** to deliver early help and tackle neglect.
- **Early identification of neglect** and effective evidence based early help is consistently in place across all relevant agencies.
- Every opportunity to **identify and tackle neglect** is taken at first point of contact resulting in effective offers of support at the earliest opportunity.
- Child centred, and **whole family** (Early Help Assessments) **Single Assessments** are routinely judged to be good or outstanding through a multi-agency peer review.
- **Front line workers** in all agencies have the skills and knowledge required to identify and address the most **common underlying risk factors** such as poor mental health, domestic abuse and substance misuse
- Front line workers have access to **timely expert advice** to enable them to manage risk sensibly and to know when to escalate to social care if necessary
- The experience of **children , young people and their families** is positive and their feedback informs plans for improvement
- Consistent and relevant **local data and intelligence** is used to identify gaps, emerging trends, and record impact and success i.e. impact of early help in an area
- The effectiveness of the strategy is reviewed regularly using **a maturity model to evaluate progress** in achieving the aims and objectives

5. Definition of Neglect and Early Help

By Neglect we mean:

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment

This strategy aims to tackle the impact of neglect which can be far reaching, influencing future life chances and potentially generations to come. "Consequences can also include an array of health and mental health problems, difficulties in forming attachment and relationships, lower educational achievements, an increased risk of substance misuse, higher risk of experiencing abuse as well as difficulties in assuming parenting responsibilities later on in life" (Taylor & Daniel, 2005).

Neglect is the most common form of child abuse in the UK today. (Department for Education, 2013). Up to 1 in 10 children across the UK suffers from neglect and it is the most frequent reason for a child protection referral. In England, almost half (43%) of child protection plans are made in response to neglect, and it was a significant factor in 60% of the 139 serious case reviews undertaken in England between 2009 and 2011 into the death or serious injury of a child. Neglect occurred across all ages and was most common among older children aged between 11-15 years. Most children at the centre of the 139 Serious Case Reviews were not known to children's social care at the time of their death or serious injury highlighting the need for neglect to be recognised by professionals from all agencies and not primarily children's social care (Brandon et al, 2012).

It is very rare for children to die of neglect directly, for example through starvation. The majority of neglect related deaths of very young children involve accidental deaths and sudden unexpected deaths in infancy where there were concerns about poor quality parenting, poor supervision and dangerous, sometimes unsanitary, living circumstances which compromised the children's safety (Brandon et al, 2013). The risks included accidents such as fires, and the dangers of co-sleeping with a baby where parents had substance and/or alcohol misuse problems (Brandon et al, 2013).

Serious Case Reviews provide a reminder that for some children severe emotional deprivation and unsafe living conditions can result in serious harm and even death. Yet a number of high profile child deaths (Laming, 2003) have shown that it is extremely difficult for professionals with safeguarding responsibilities to identify indicators of neglect, to assess whether what they have observed is sufficiently serious for them to take action, and to decide on the most appropriate course of action.

Many indicators of actual neglect are not difficult to recognise, when children arrive at school dirty or hungry or professionals visit homes that are indisputably filthy or unsafe. Delayed development, emotional and behavioural problems and poor socialisation are also all well recognised as potential indicators that children are being neglected. Yet, as numerous Serious Case Reviews show, practitioners frequently fail to recognise the severity, or underestimate the potential consequences of neglect, thinking that there is no need for urgency and frequently these concerns do not trigger effective action. Recent learning from Serious Case Reviews has reinforced the need to treat neglect as seriously and as urgently as any other form of maltreatment (Brandon et al, 2014).

By Early help we mean:

The identification of needs within vulnerable families at an early stage and providing support and intervention before problems become complex and more intractable, thus requiring statutory intervention from children's social care services. Early help can mean intervening 'early' in terms of the age of a child, or intervening 'early' after the emergence of a particular need arising at any age in the life of a child from pre-birth to 19 years (or up to 25 for young adults with learning difficulties and/or disabilities).

"The case for preventative and Early Help Services is clear, both in the sense of offering help to children and families before any problems are apparent and in providing help when low level problems emerge. From the perspective of a child or young person, it is clearly better if they receive help before they have any, or only minor, adverse experiences."

The Munro Review of Child Protection, 2011

The most effective early help considers the needs of all members of the family and puts in place as much support as necessary, for as long as it is needed.

6. Context - national drivers of change

Over the past 20 years successive governments have emphasised the importance of Early Help. Policy direction has been backed by central government investment in Early Help, through the Early Intervention Grant (EIG), the Healthy Child Programme, the Health Visiting: Call to Action programme, the Social Mobility Strategy, Supporting Families in the Foundation Years and The Troubled Families Programme.

The central importance of early help in enabling children and adults to reach their full potential has been a common theme in key Government documents.

- Professor Sir Michael Marmot 2010: Fair Society, Healthy Lives
- The Rt Hon Frank Field MP 2010: The Foundation Years: Preventing Poor Children Becoming Poor Adults
- Graham Allen, MP 2011: Early Intervention, the next steps
- Dame Clare Tickell 2010: Review of the Early Years Foundation Stage
- Professor Eileen Munro 2011: Review of Child Protection

The foundations for virtually every aspect of human development – physical, intellectual and emotional are laid in early childhood. What happens during those early years, starting in the womb, has lifelong effects on many aspects of health and wellbeing, from obesity, heart disease and mental health, to educational and economic achievement... Later interventions, although important, are considerably less effective if they have not had good early foundations.”

Professor Sir Michael Marmot’s review, [Fair Society, Healthy Lives \(2010\)](#).

These reports are united in their call for early intervention and all have independently reached the same conclusions on the importance of providing help early in order to improve outcomes for children and young people and helping parents achieve the aspirations they hold for their children. These principles relate directly to the early help, support and interventions to tackle neglect, and hidden harm in particular alcohol and substance misuse, domestic abuse and mental illness.

Building their essential social and emotional capabilities means children are less likely to adopt antisocial or violent behaviour throughout life. It means fewer disruptive toddlers, fewer unmanageable school children, fewer young people engaging in crime and antisocial behaviour. Early intervention can forestall the physical and mental health problems that commonly perpetuate a cycle of dysfunction.

Graham Allen MP, [Early Intervention: The Next Steps \(2011\)](#)

Ofsted’s 2015 report **Early Help: whose responsibility?** highlights areas for improvement as being quality and clarity of support plans, management oversight, lack of attention paid to family history, lack of feedback for referrers on referrals and lack of attention to the needs of individual children.

Recommendations are for Local Authorities to:

- Improve the quality and consistency of assessments and plans
- Improve professional supervision of all staff delivering early help
- Ensure all staff have effective early help training
- Children’s needs arising from parental substance misuse; mental ill health and domestic abuse are addressed in commissioning plans

Additionally LSCBs should:

- Evaluate, monitor and publish reports on the effectiveness of early help
- Develop quality standards in relation to management and supervision
- Evaluate the effectiveness of the threshold document
- Consider if emerging needs are being met

CQC’s 2016 report **Not Seen and Not Heard** (2016) makes the following recommendations:

- Children and young people must have a voice
- The focus must be on outcomes

- More must be done to identify children at risk of harm
- Children and young people must have access to the emotional and mental health support they need

A recent evidence review highlights the prevalence, impacts and difficulties in identifying and tackling neglect. The report highlights the impact of emotional neglect on children, resulting in insecure attachments, low self-esteem and confidence, delayed cognitive development, poor school attainment and aggressive behaviour. In the longer term neglect can lead to a lifetime of poor mental health, anti-social behaviour, violence, substance misuse, risks to physical health and risk of suicide. The report shows the links between neglect, vulnerability to CSE and Harmful sexual behaviour inter familiar sexual abuse.

<https://www.nspcc.org.uk/globalassets/documents/research-reports/child-neglect-an-evidence-scope-executive-summary.pdf>

The Department of Education's 2016 Putting Children First transformation strategy sets out their vision for improvement in children's social work. The report describes improvements needed in three themes of people and leadership; practice and systems; and governance and accountability. These will drive forward the local improvement strategy for children's social care services in Kirklees and are mirrored in the objectives of this strategy.

<https://www.gov.uk/government/publications/putting-children-first-our-vision-for-childrens-social-care>

7. Linkages, cross cutting themes and local evidence

In March 2015, the report of the Children and Young People's Mental Health Taskforce, '[Future in Mind](#)' established a clear direction and some key principles to improve children's emotional health and wellbeing. The [Kirklees Future in Mind Transformation Plan](#), sets out the approach to partnership working and drives improvements in children and young people's mental health services (CAMHS) over the next 5 years.

The [Health and Social Care Act 2012](#) sets out a Local Authority's statutory responsibility for delivering and commissioning public health services for children and young people aged 5-19 years. Responsibility for children's public health commissioning for 0-5 year olds, specifically health visiting services and Family Nurse Partnership, transferred from NHS England to local authorities on 1 October 2015. The intention is to use this opportunity to integrate a range of systems, interventions and services in order to improve outcomes for children, young people, their families and communities, with a focus on mental and emotional health and wellbeing.

In 2013, parents in Kirklees were asked what helped them to overcome their difficulties and to focus on their children's needs. The [full report](#) tells the stories of 40 families' experience of their contact with statutory services, often over many years. It graphically demonstrates the challenges for agencies in providing effective interventions with parents who lack trust and confidence in themselves and those trying to help them. The overwhelming message is that they need timely help, time to build trust and confidence, access to specialist services and flexible plans.

Prevalence of underlying risk factors in Kirklees

In Kirklees in 2013/14, it is estimated that in 12,020 women and 8,501 adult men may have been victims of domestic abuse. This figure is expected to rise. National research has found that almost a quarter of young adults in the UK have witnessed domestic abuse during their childhood and almost 1 in 20 (4.5%) children and young people in the UK have experienced severe forms of domestic abuse. Children were present at the incident in 34.3% of cases in Kirklees.

In line with national trends, we have discovered that there has been a 50% increase in the number of children and young people demonstrating abusive behaviour towards their parents. Locally in 2012, 1 in 5 (21%) adults self-reported depression, anxiety or other nervous illness.

Kirklees has higher than average alcohol consumption and liver disease mortality rates in males. The local evidence identifies that those who are middle aged and have higher incomes are more likely to consume alcohol more frequently, but problematic drinking patterns (>7 units on a typical drinking day) are more prevalent in those with low household incomes, in those with routine and manual (R&M) occupations and 18-34 year old males and females. Those who binge drink are also more likely to smoke and take drugs. Over a third of women of childbearing age (WOCBA) and 20% of those with a long term condition drank in excess of the recommendations. Trends indicate that while males appear to be reducing their binge drinking habits, women of childbearing age appear to be binge drinking more than in 2005. The drinking behaviour of parents, carers and other family members is a strong influence on their children's alcohol use. 4 out of 5 (82%) of those surveyed were not concerned about the amount of alcohol they consumed.

16.6% of children under 16 (14,580) live in households where at least one parent or guardian is claiming out-of-work benefits.

The Stronger Families Programme's analysis of eligible families shows 42% have poor mental health or have problematic use of drugs or alcohol; 80% are on out of work benefits and 35% have experienced recent domestic abuse resulting in police call outs. ; 62% of children are not attending school regularly.

Links for further information:

Kirklees Joint Strategic Assessment: <http://observatory.kirklees.gov.uk/jsna>

Domestic Abuse Strategy:

<https://democracy.kirklees.gov.uk/documents/s9476/KirkleesDomesticAbuseStrategy.pdf>

8. Continuum of Need and Response

The Kirklees Children's Continuum of Need and Response (CoNR) Framework is the local model to assist all those whose work brings them into contact with children, young people and their families to identify the level of help and protection required to assist children to grow up in circumstances that achieve their best outcomes.

The framework assists practitioners and managers in different agencies to identify where they can work individually with families, and where it may be better to co-ordinate their efforts with other agencies to support children to achieve their full potential. In a very small number of cases, protective services co-ordinated by a range of services may be required, or a child may have to be removed from its family, to ensure the child can reach its full potential.

It outlines some of the most common indicators of need and risk that practitioners will come across in their work with families, and provides a multi-level framework for practitioners to use in responding with service provision and ensuring both need and risk reduce.

Knowledge and application of the framework's different levels of need must form a common language and culture in the District, assisting agencies in all sectors to work together to meet children and young people's needs. The common language and culture also recognises that service responses must be directed at preventing vulnerability and risk, and meeting children and young people's needs at the lowest level of intervention.

What works in tackling neglect and early help?

What works for prevention and early intervention?

Extensive research supports the view that intervening early in the lives of children and in the development of problems gives the best chances of positive outcomes. Early intervention and prevention approaches which strengthen bonds between parents and their children; support strong attachments and provide advice and guidance and understanding of the normal stages of development; offer community based group support to reduce isolation; early years; peer support, as well as practical advice on welfare, housing , skills all contribute to effective early help.

Provision should be locally based, non-stigmatising and inclusive of fathers and the whole family, using strengths based approaches.

Who will provide this?

Local partnerships including council services working with schools as community hubs, the Healthy Child Programme, voluntary and community sector and as well as extended families, and volunteers, are key to delivery of an effective early help offer.

What works in targeted intervention with families?

This level of intervention is for families already experiencing a number of problems (the council's Early Help Offer). Many of these families have had very difficult life experiences and previous poor experiences such as childhood loss; serious neglect or abuse and are or have experienced conflict in relationships. All of which can make it very difficult for them to trust those who are trying to help. This can result in those in most need being viewed as resistant; hard to engage and mistrustful of the agency or practitioner working with them.

Experiences like that effect the way people look at the world. And it results in a situation where the families with the greatest need for support are, in many cases, the ones least likely to accept that help. Their life experiences have taught them that people in general, and people in authority in particular, cannot be relied on to listen to them or offer the sort of help they need.

It's like they never listen to anything anyone says. I think they have a list of questions they ask and if you don't have the answer that is written down, you're knackered.'

<https://thirdsectorleaderskirklees.files.wordpress.com/2013/07/l2f-exec-summary-apr14-final.pdf>

A *Thinking Families* approach means helping parents/families secure better outcomes for their children through more effective and better co-ordinated interventions from a wide range of services. This means breaking down professional barriers and achieving changes in culture so that all practitioners see their clients in the context of their family and are willing to refer and work collaboratively with other service providers to help secure better outcomes for all family members.

This is in line with the evidence base relating to families with complex needs more generally and in successfully preventing children from entering the care system.

The Working with Troubled Families DCLG report (2012) highlights the 5 family intervention factors which lead to positive outcomes

1. Dedicated workers, dedicated to families
2. Practical 'hands on' support
3. A persistent, assertive & challenging approach
4. Considering the family as a whole
5. A common purpose and agreed action

This echoes the messages from the earlier Ofsted report (2011), which highlights the importance of a **strong and persistent key worker** and describes how successful services are supported by:

- strong multi-agency working
- clear and consistent referral pathways to services
- consistent decision-making processes based on
- thorough assessment of risks and strengths within the family network

- a prompt, persistent, and flexible approach, based on listening to families and building on their strengths
- regular review of progress and risk factors;
- robust risk management;
- clear planning for case closure and for sustainability of good outcomes.

Families have said that they want one worker; they don't want to have to repeat their story or have lots of professionals coming in and out. They want some practical support, such as help completing benefit forms, applying for housing, de-cluttering their homes; and they want to know what the bottom line is, so explaining consequences and challenging families is the way forward.

Targeted Family Intervention usually takes 6-9 months to complete and involves 4 distinct phases, which are delivered sequentially:

Stage 1: Engagement, Assessment, Planning & Initial Response

At this stage the key worker focuses on engagement with the family and with the key agencies involved. Using assertive engagement techniques and a holistic assessment tool, key workers tackle the most pressing needs, thereby securing engagement of the family and consent to working through a Team around the Family (TAF) approach. For more information on the Single Assessment process see the below link:

<http://www.kirkleessafeguardingchildren.co.uk/single-assessment.html>

Stage 2: Addressing concerns

The key worker takes a whole family approach to identify and address the needs of all family members, mobilising the right agencies to meet specific needs in a timely and effective way, focussing on addressing the concerns within the plan and any barriers to achieving the desired outcomes.

Progress is reviewed regularly against the agreed outcomes to determine when risks are reducing and the family is ready to move onto stage 3.

Stage 3: Maintaining progress

At this stage the key worker focuses on supporting families to sustain progress and develop coping mechanisms for dealing with future challenges/problems and reduce risks.

Stage 4: Exit planning

As progress is maintained plans are agreed with the family to cease involvement and consider what, if any lower level support is required, eg engagement in Community Plus activities e.g.: volunteer support.

Multi-agency working leading to integrated approaches

A key element of successful integrated working is to provide *consultation and collaboration* between the different agencies working with families. This ensures that timely expert advice is on hand, and can greatly improve outcomes as well as reducing the risk of late interventions (such as evictions) and associated costs. As the Early Help Hubs develop they will include a range of different agencies and disciplines; housing, addiction, mental health,

welfare rights, learning and skills employability, engaging teenagers, tackling family violence and safeguarding. This means that families get the right help at the right time, reducing the need for multiple workers and helps to secure engagement through a warm handover, when face to face intervention is required.

As well as opportunities for one to one consultations, multi-agency working is more effective when all front line practitioners and managers share a common language and tools for assessing analysing and responding to safeguarding concerns. This strategy commits all agencies to work together to agree a common set of tools to support effective multi-agency working to tackle neglect and deliver early help.

9. Measuring impact – how will we know if the strategy is successful?

Successful implementation of the strategy will increase partners and individual workers' skills and confidence, leading to improved outcomes for children and families. The following child and family outcomes will be measured for those in receipt of a targeted intervention:

- Children remain safely living with their family
- Family members are not involved in crime or anti-social behaviour
- Children & young people have access to and attend suitable full time education
- Family is free from domestic abuse or the abuse has significantly reduced in severity and frequency
- All family members have considered their health needs and taken steps to access the help they need
- Children, young people and adults and their carers find it easy to get the right kind of help when they need it
- Adults and young people in the family are working or have made progress towards finding work

The following indicators will provide supporting intelligence with which to analyse the impact of the strategy.

- % of referrals to MASH which result in a SW led assessment
- KSCB agency survey reports increasing satisfaction with multi-agency working and professional support for safeguarding in Kirklees.
- % of referrals to MASH for neglect which have had a Team around the Family (TAF) supported by a single or multi-agency assessment and plan.
- Single agency assessment tools include questions to elicit early indications of the common factors associated with neglect
- The child's voice is routinely evident in Case file audits across all agencies
- Assessments take into account the needs of all members of the family
- Agency survey reports increasing confidence in tackling neglect early.

10. Review and governance

Governance for this strategy is provided by the Kirklees Safeguarding Children Board (KSCB), and has been developed through its Neglect and Early Help workstream. This workstream will continue to monitor the impact of the strategy and will provide regular reports on performance and impact for the KSCB.

11. Action Plan

An action plan is needed for each of the objectives on page 6. This strategy is ambitious and cross cutting in nature so it will take some time for all of the objectives to be fully developed and for a fully integrated approach to tackling and preventing neglect and delivery of early help. Balanced against this there is an urgent need to improve our collective approach to providing early help and to bring all agencies together in addressing long standing challenges. Within this context, using a maturity matrix such as those developed by DCLG's Troubled Families or the Early Intervention Foundation (EIF) is a helpful way to show where progress is strong and where more effort is required. The DCLG matrix is designed to show clearly how the differing levels of maturity across the system will impact on families. Each model has common elements and link closely to the Kirklees Council's Target Operating Model (TOM) for New Council as well as Putting Children First's three themes:

Kirklees TOM	Troubled Families	EIF	Putting Children 1st
People	Leadership	Plan	People and leadership
Process	Workforce Development	Deliver	Processes and systems
Products	Delivery Structures	Evaluate	Governance and accountability
Platform	Delivery processes	Lead	
Policy	Strategy		

12. Reference List:

- 1) Allen G, (2011) *Early Intervention: The Next Steps*. London: HM Government
- 2) Brandon, M et al (2014) *Missed opportunities: indicators of neglect – what is ignored, why, and what can be done?* London: Department for Education
- 3) Brandon M, et al (2013), *Neglect and Serious Case Reviews*. University of East Anglia: NSPCC
- 4) Brandon et al (2012) *New learning from serious case reviews: a two year report for 2009-11*. London: Department for Education
- 5) Department for Education. (2013). *Statistical First Release: Characteristics of Children in Need. Headlines*. London: Department for Education
- 6) “Early Help: Whose responsibility?” (2015), <http://bit.ly/1iJzXdm>
- 7) “Future in mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing” (2015), <http://bit.ly/1x4c473>
- 8) “Health and Social Care Act 2012” (2012), <http://bit.ly/2g2GJf5>
- 9) “Listening To Families Project” (March 2013), <http://bit.ly/2fCjPNf>
- 10) Laming (2003), *The Victoria Climbié Inquiry*. Report of an inquiry by Lord Laming. London: The Stationary Office
- 11) Marmot M, (2011) *Fair Society, Healthy Lives*. Dublin: Cardi International Conference.
- 12) “Not Seen, Not Heard” (2016), <http://bit.ly/29m6ln5>
- 13) Ofsted, (2015) *Early Help: Whose Responsibility?* Manchester: Office for Standards in Education, Children Services and Skills
- 14) Ofsted, (2011) *Edging away from care – how services successfully prevent young people entering care*. Manchester: Office for Standards in Education, Children Services and Skills
- 15) Taylor & Daniel (2005), *Child neglect: practice issues for health and social care*. London: Jessica Kingsley
- 16) “Working with Troubled Families” (December 2012), <http://bit.ly/2fnm0RV>

13. Appendix One - Supporting data

The population of Kirklees continues to grow and diversify with a projected increase in the youngest and oldest population groups putting a 'squeeze' on the working age population. The number of under 18s is projected to increase by almost 9000 between 2015 and 2030.

There is a large variation in population ethnicity and new mothers' ethnicity across Kirklees. For example in Dewsbury & Mirfield, just under 1 in 5 (18%) of the population is Pakistani and over 1 in 3 (35%) of births are to Pakistani mothers. In Batley & Spen the Pakistani population and birth proportions are 10% and 23% and in Huddersfield they are 13% and 23%. This means that the ethnic profile of the children's population is changing significantly and will have important implications for schools and early help interventions.

Some parts of Kirklees are much more deprived than others and this has important implications for how we tackle health inequalities. Virtually all key health indicators show a 'social gradient. This means that children and families living in the most deprived areas in Kirklees are likely to have the worst health and wellbeing and the greatest need for help and support. Populations with a higher density of minority ethnic groups are associated with areas of higher deprivation.

Infant mortality (IM) rates have declined both nationally and locally and the gap between Kirklees and England has reduced. However, IM remains higher in Kirklees than it is in the Y&H region and nationally and rates are highest in the Batley & Spen District Committee (DC) area. Smoking at time of delivery rates vary across the district and are highest in non-South Asian women in Dewsbury and Batley. Breastfeeding rates are lowest in the most deprived areas and highest in the least deprived areas of Kirklees.

School readiness is improving and is significantly better in girls than boys and in children who live in the least deprived parts of Kirklees. Almost 2 in 3 (65%) of all reception class children achieve a good level of development compared with only 1 in 2 (51%) of those who are eligible for free school meals (a proxy indicator for poverty).

The rates of healthy weight remain relatively stable overall in Kirklees with 3 out of 4 reception aged children and 2 out of 3 year 6 aged children being recorded as a healthy weight. However obesity levels amongst children in both age groups living in the most deprived decile are double those living in the least deprived decile.

Over 6000 children aged 5-16 years in Kirklees have some form of mental health disorder and an estimated 1580 aged 5-19 years have a learning disability (40% of whom are likely also to have a mental health problem). National profiles tell us that in Kirklees in 2014 there were 32.2 per 1000 children with learning disabilities (either moderate, severe or profound multiple) known to schools.

Kirklees has 621 looked after children (LAC) and 371 children on a child protection plan (CPP). An estimated 40%-50% of children on a CPP are affected by domestic abuse issues at home. Over 2300 children are classed as 'child in need' (excluding LAC and CPP). Approximately 1 in 12 children are carers.

For more information see ['A Better Service for Children and Young People – proposals for consultation'](#).