

**Safe and Strong Communities Select Committee  
Working Group**

# **Preventing the Low Level Neglect of Children in Staffordshire**

**Final Report**

**8 June 2016**



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## Chairman's Foreword

The definition of Child neglect is a "Failure to meet children's basic needs, to provide them with the support and care they need to thrive. Child neglect has profound negative consequences for children and young people, and even low-level neglect is harmful to children's health and development."

Poor parenting is a major risk factor in terms of child safeguarding. Approximately 40% of children subject to a child protection plan and 47% of those escalated from child protection to 'Looked After' children cases have drugs and alcohol as a risk factor.

The Safe and Strong Communities Select Committee recommended, to the Cabinet Member for Children and Young People, that 'a strategic approach to embed, promote and encourage the use of the Common Assessment Framework (CAF) process amongst partners' should be adopted. As a result of this it was reported to the Safe and Strong Communities Select Committee in March 2015 that, '... the Children and Young People's Strategic Partnership had approved a replacement for the national CAF which is the Staffordshire Early Help Assessment (EHA)'. This much more user friendly tool is now in place.

A presentation to the Safe and Strong Communities Select Committee in October 2015 on Commissioning Better Outcomes for Children and Young People highlighted that; 'Children, young people and parents do not want to be 'in the system', they want to be supported in their community by peer and family networks.' The category of neglect for children who are made subject to a child protection plan has remained the highest category for a number of years, particularly in respect of children under the age of five years old, in order to reduce the impact of neglect it is therefore important for services to take a different approach. By focusing on a more holistic wrap around support plan and using partnership working, we should provide a more effective response to a families support needs and avoid services working in silos. Low-level or early indicators of neglect will be identified and addressed at a more local level preventing these cases from escalating to a tier 3 - 4 statutory basis, and helping to ensure that children are given the best start in life possible.

It was therefore decided that a cross party working group, including a member from Healthy Staffordshire Select Committee and a Member from the Prosperous Staffordshire Select Committee, should be formed to review the County's response to Low Level Neglect. The aim was to produce a report identifying what low level neglect is and how it is being addressed. Subsequently the group decided to look at two main areas:

1) The early identification of the signs of neglect in children under five years of age.

And

2) Preventing the low level neglect of children and young people by addressing the risk factors commonly present and promoting good parenting.

Following this review the group have worked with officers to determine several recommendations' to be presented and hopefully formally approved by the Safe and Strong Select Committee in June before being submitted to Cabinet.

I am indebted to all agencies and Officers who took the time to attend the meetings, briefing members on their differing roles and responsibilities towards neglect. I would also like to personally thank both Members for their input and scrutiny of these agencies and Scrutiny and Support Officer for her hard work in arranging the meetings and putting together this report.

I therefore submit this report to the Safe and Strong Select Committee for approval.

**County Councillor David Williams  
Working Group Chairman**



## Glossary of Terms

BRFC	<p><b>Building Resilient Families and Communities</b></p> <p>BRFC is Staffordshire's response to the Department for Communities and Local Government's troubled families work stream which focusses on new ways of workings with the most troubled families in the UK.</p>
EHA	<p><b>Early Help Assessment</b></p> <p>The EHA is the tool for the county, and practitioners are encouraged to use it when they feel that they need to discuss concerns with a child and their family. The form guides that discussion and should prompt recognition of the strengths and resources in families and the communities in which they live. It will inform a plan of action that draws on those resources to achieve improvement for the child or young person. If more than one agency needs to be involved - either from the outset or later on – then the format is one which is familiar and not specific to any one agency and is an ideal tool to support partnership working. It can be added to and updated but there should rarely be the need to start the assessment again.</p>
FNP	<p><b>Family Nurse Partnership</b></p> <p>The FNP is a voluntary home visiting programme for first time young mums, aged 19 years or under. A specially trained family nurse visits the young mum regularly; from the early stages of pregnancy until their child is two. The FNP programme aims to enable young mums to:</p> <ul style="list-style-type: none"> <li>•Have a healthy pregnancy</li> <li>•Improve their child's health and development</li> <li>•Plan their own futures and achieve their aspirations.</li> </ul> <p>The FNP programme is underpinned by an internationally recognised robust evidence base, which shows it can improve health, social and educational outcomes in the short, medium and long term, while also providing positive economic returns.</p>
LSTs	<p><b>Local Support Teams</b></p> <p>Families First LSTs work with children and young people who have a problem that can't be solved within the family or at school (or with the help of other services that everyone can access such as doctors or children's centres) but who don't need intensive social work support. They can help when there's an ongoing issue with a young person not attending school for example or a concern about alcohol or drug use. They'll give advice on how a child's needs could be met, but they may also do more in depth work on a one-to-one basis or with groups of families. On occasion, if there is an issue that is affecting a school, perhaps anti-social behaviour for example, Local Support Teams will develop a programme that will support a whole school. There are 19 Local Support Teams across the county, so there will be one supporting families in your local area.</p>
SSCB	<p><b>Staffordshire Safeguarding Children Board</b></p> <p>SSCB is the key statutory mechanism for agreeing how local organisations will co-operate to safeguard and promote the welfare of children and young people living in Staffordshire. It is an inter-agency forum for agreeing how the different services and professional groups should co-operate to safeguard children throughout Staffordshire (except Stoke-on-Trent) and, for making sure that arrangements work effectively to promote better outcomes for children.</p>

# 1. Conclusions and Recommendations

## 1.1 Table of Recommendations

Members <b>recommend</b> that the Cabinet Member for Children and Young People;	
1	<b>Reports to the Safe and Strong Communities Select Committee the learning and outcomes of the Children's Transformation Pilot Programmes.</b>
Members <b>recommend</b> that the Cabinet Member for Children and Young People and the Cabinet Member for Health, Adult Care and Wellbeing ensure that;	
2	<b>County Council and Clinical Commissioning Group (CCG) commissioners work together to map antenatal group support currently provided in Staffordshire and ensure that this information is incorporated into the Best Start Pathway.</b>
3	<b>County Council and CCG commissioners work together to ensure that evidence based preparation for parenting programmes are available and long term support networks encouraged.</b>
4	<b>The Health Visiting contract includes antenatal support in group settings.</b>
Members <b>recommend</b> that the Cabinet Member for Children and Young People ensures that ;	
5	<b>As part of the Children's Transformation Programme, the provision for children and families in each District is mapped and information is made available in one place for professionals and families. This should include details of local partners and online parenting advice and guidance.</b>
Members <b>recommend</b> that the Cabinet Member for Children and Young People together with the Cabinet Member for Learning and Skills ;	
6	<b>Write to all school Governing Bodies in Staffordshire highlighting the importance of identifying and preventing low level neglect and providing information on where to seek advice in supporting Young Carers and those with low level disabilities.</b>
Members <b>recommend</b> that the Cabinet Member for Children and Young People;	
7	<b>Seeks reassurances that the work of the Family Strategic Partnership Board results in services being commissioned proactively rather than reactively to meet the root causes of issues experienced by families.</b>
Members <b>recommend</b> that the Cabinet Member for Health, Adult Care and Wellbeing and the Cabinet Member for Children and Young People;	
8	<b>Write to the CCGs in Staffordshire highlighting the importance of the Building Resilient Families and Communities (BRFC) Programme, recognising the positive developments already made, highlighting the importance of the BRFC Programme and seeking a formal commitment that the relevant health providers will be engaged with the project.</b>
Members <b>recommend</b> that the Cabinet Member for Children and Young People;	
9	<b>Ensures that commissioners include in contracts with specialist providers, that they work with BRFC to provide training to Key Workers/Lead Professionals who have regular contact with families to ensure a skilled workforce that is able to meet the needs of families, understand complex agendas and help families manage their own lives without the need for future intervention.</b>
10	<b>Ensures that the Key Worker model, recognised in the work of the Children's Transformation Programme, ensuring a 'whole-family', holistic approach is embedded when working with families, to build community resilience.</b>
11	<b>Reports progress on the Breathing Space project to the Safe and Strong Communities Select Committee for scrutiny in six months time.</b>
12	<b>Encourages commissioners to include, use of the Early Help Assessment (EHA), as a tool for working with families to identify the issues for them, in contracts with providers of all services where contact with children and families may identify additional unmet need.</b>
13	<b>Ensures that Staffordshire Safeguarding Children Board (SSCB) undertakes an audit of the quality of EHAs undertaken and reports to the Safe and Strong Communities Select Committee the number and quality of EHAs completed by individual agencies, the take up of training and details of any agencies that have been reluctant to use or undertake training on the EHA.</b>
14	<b>Undertakes a study to establish the sustainability of the childcare sector and report back to the Prosperous Staffordshire Select Committee for scrutiny, with key information shared with Safe and Strong Communities Select Committee Members, recognising the potential safeguarding implications.</b>
15	<b>Writes to District and Borough Councils and Registered Social Landlords recognising the good work of housing providers in supporting families and highlighting the positive impact of involvement in BRFC, with details of how providers can get involved and develop their offer to families.</b>
16	<b>Ensures that Housing Providers are included in the Children's Transformation Pilot Programmes, where appropriate.</b>
17	<b>Provides an Executive Response to these recommendations to the Safe and Strong Communities Select Committee in three months time.</b>

## 1.2 The role of the Community in providing early help

The Working Group heard how formal services are not always best placed to help at an early stage or to be involved in prevention. A presentation to the Safe and Strong Communities Select Committee in October 2015 on [Commissioning Better Outcomes for Children and Young People](#) highlighted that; *'Children, young people and parents do not want to be 'in the system', they want to be supported in their community by peer and family networks.'*

The category of neglect for children who are made subject to a child protection plan has remained the highest category for a number of years, particularly in respect of children under the age of five years old, it is therefore important for support to be delivered differently. It was reported that where possible it is better for communities to have the tools and networks to help themselves to stop issues escalating at the earliest possible stage. In one example area however the Working Group found there was a lack of informal support for families, with the Chairman identifying that a Families First Local Support Team (LST), which is targeted at providing support at Level 3 (see 6.1), was receiving Level 2 referrals. The LST was picking up these cases as there were few alternative support services available in the local area.

Members saw positive examples of peer support being available on visits to Children's Centres, with sessions being run in the community by parents, commissioned providers and non commissioned providers. In some areas, following the withdrawal of funding and services, parents have been very proactive and now run breast feeding groups and a multiple birth groups.

Members welcomed the example of a Children's Transformation Programme Pilot Programme running in Burntwood in conjunction with Spark Community Interest Company (CIC) and Burntwood Childcare Hub. This pilot is exploring the development of community-based solutions to support families with babies / pre-school-age children. It was acknowledged that similar models could be developed elsewhere in the County, but it is important to develop a commercial angle so that projects are not reliant on local authority funding and that the drive behind them comes from local people so that the project is community based.

The Pilot discussed with the Working Group was one of an number of pilots in the County which build on Building Resilient Families and Communities (BRFC) in identifying ways to build capacity in the community to support families to avoid difficulties and/or provide support when issues very first emerge. Members are interested in the outcome of these pilots and **recommend** that the Cabinet Member for Children and Young People;

1	<a href="#">Reports to the Safe and Strong Communities Select Committee the learning and outcomes of the Children's Transformation Pilot Programmes.</a>
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## 1.3 Preparation for Parenthood

It is important for people to be prepared for parenthood and to have positive models of parenting to draw upon. Examples of support provided during pregnancy by Midwives, the Family Nurse Partnership (FNP) and by Health Visitors were discussed.

Prevention is important as Members recognise that despite, for example, the benefits of the FNP in supporting young parents;

- It is not available in Lichfield and South Staffordshire.
- In Staffordshire Moorlands it includes the Biddulph East Ward only.

- There is not the capacity to work with all eligible parents, in Cannock, Tamworth and Newcastle.
- Other young parents over the age of nineteen would benefit from the type of support the FNP could provide.

Building long term resilience is essential and the Working Group heard how networks of peer support is key. During visits to Children’s Centres however, it was unclear how this type of support can be encouraged before children are born. Group antenatal provision does exist, for example University Hospitals North Midlands NHS Trust confirmed that sessions were provided at County Hospital and the Royal Stoke University Hospital. It was however difficult to get a clear picture of the antenatal group support offered across the County, even though the Working Group visited Children’s Centres; and the Stoke on Trent CCG and North Staffordshire CCG Maternity Service Specifications, and the Specifications for Maternity Services provided at Queens Hospital Burton/ Samuel Johnson Midwife Unit and the Royal Wolverhampton Hospitals NHS Trusts were provided by the CCGs Senior Commissioning Manager for Maternity and Children’s Services.

Recognising the importance of the first 1001 days, from conception to age two, and the need for universal and targeted support, Members **recommend** that the Cabinet Member for Children and Young People and the Cabinet Member for Health, Adult Care and Wellbeing ensure that;

2	<b>County Council and Clinical Commissioning Group (CCG) commissioners work together to map antenatal group support currently provided in Staffordshire and ensure that this information is incorporated into the Best Start Pathway.</b>
3	<b>County Council and CCG commissioners work together to ensure that evidence based preparation for parenting programmes are available and long term support networks encouraged.</b>
4	<b>The Health Visiting contract includes antenatal support in group settings.</b>

## 1.4 Information, Advice and Guidance

Access to information and support for parents is sometimes too complicated. Members identified in discussions with Early Years Family Support Services that this was particularly the case for families with a young child with some additional needs that are yet to be assessed and formally diagnosed.

Members felt that it would be helpful if there was a one stop shop for families/ professionals to access information about what local organizations are available to support them. The Working Group were informed that at the time of the review, a spreadsheet of local contacts was being pulled together for the LSTs and it was confirmed that this would be shared with schools.

Members felt that if families and communities are to be encouraged to be independent and resilient and if additional capacity is to be built at a local level, people need to know what is available locally. Recognising the importance of access to information, advice and guidance Members **recommend** that the Cabinet Member for Children and Young People ensure that;

5	<b>As part of the Children’s Transformation Programme, the provision for children and families in each District is mapped and information is made available in one place for professionals and families. This should include details of local partners and online parenting advice and guidance.</b>
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## 1.5 Working with people who are unknown/ don't meet the threshold for statutory services.

Members heard that Families First was establishing data collection systems to provide information to commissioners on parental status, including substance misuse, mental health issues, physical and learning disabilities. This is helpful in providing information to commissioners and linking work with Families First, but only relates to people in receipt of paid for services through Families First or Independent Futures. Those who struggle with parenthood however may be unknown to local services until a crisis point is reached.

Members felt that it was important for schools and care systems to consider what education is needed to prepare all young people for adulthood, parenthood and living in the community. Although the Working Group did not have the time to consult with schools as part of this review, it was suggested by Officers that schools may see young people with moderate and mild learning disabilities go through the school system and then educate the children of these people. It would be helpful therefore if schools could identify families and recognise if the child was safe and achieving the best that they could do.

The pressures on Young Carers were also discussed with the Working Group as part of this review. Schools may successfully identify pupils who are Young Carers but also need to understand what support can make a difference.

Young people need to be prepared for parenthood and Young Carers should be supported appropriately, Members therefore **recommend** that the Cabinet Member for Children and Young People, together with the Cabinet Member for Learning and Skills;

6	<b>Write to all school Governing Bodies in Staffordshire highlighting the importance of identifying and preventing low level neglect and providing information on where to seek advice in supporting Young Carers and those with low level disabilities.</b>
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## 1.6 Working in Partnership to address the multiple needs of families

The Working Group heard how the factors commonly present in the lives of children who are neglected could coexist for example; children from the poorest households are three times more likely to have a mental health problem than children from more affluent households, people who have been abused or have been victims of domestic violence have higher rates of mental health problems, people with mental health problems are more likely to smoke and to drink alcohol, the environment in which people live could have an impact on mental wellbeing and when someone is subject to domestic abuse, particularly psychological or emotional abuse this may reduce their self-confidence and self-worth which could have an impact on their ability to parent and look after children.

The Building Resilient Families and Communities (BRFC) programme, which is Staffordshire's response to the government's Troubled Families agenda, takes a multi agency and partnership approach to responding to a family's needs and this work is progressing across the County. The collaborative approach being undertaken by One Recovery and Families First to support families with alcohol and substance misuse issues was highlighted as an example of this.

## 1.7 Integrated Commissioning

Although there has been positive work to bring services together to meet the needs of families, Members identified that commissioning still takes place in silos as commissioning portfolios are stratified on presenting needs rather than looking at a family's need's collectively. Members felt that going forward it is important to consider how effectively services can be commissioned around the family and be proactive, rather than reactive, focussing more effectively on the root causes of neglect. Members **recommend** that the Cabinet Member for Children and Young People;

7	<b>Seeks reassurances that the work of the Family Strategic Partnership Board results in services being commissioned proactively rather than reactively to meet the root causes of issues experienced by families.</b>
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## 1.8 Taking a holistic approach

Recognising the complex and multiple needs of families the Working Group welcomed the holistic approach being undertaken through for example the BRFC model of working.

Following the successful completion of Phase 1 of the BRFC programme, Phase 2 has extended to include six eligibility criteria and the target number of families that BRFC Programme will work with has also increased. The Working Group welcomed the strength of the partnership working in Staffordshire, improved data sharing between partners and that the Department of Communities and Local Government wishes to work with Staffordshire to embed the BRFC health offer.

Members understand the importance of partnership working and the need for the BRFC Intervention Teams to expand to include other partners, for the health offer to be more robust and for partners to work collectively to prevent issues becoming more serious for the family and costly for services to respond to. With this in mind, the Working Group **recommend** that Cabinet Member for Children and Young People and the Cabinet Member for Health, Adult Care and Wellbeing;

8	<b>Write to the CCGs in Staffordshire highlighting the importance of the Building Resilient Families and Communities (BRFC) Programme, recognising the positive developments already made, highlighting the importance of the BRFC Programme and seeking a formal commitment that the relevant health providers will be engaged with the project.</b>
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## 1.9 The Key Worker Approach

The prevention and response to low level neglect is everybody's business and through the Early Help Assessment (EHA) the lead professional working with the family can bring in different organisations to collectively support a family to address needs and build resilience.

The Working Group heard about the importance of a Key Worker in helping families negotiate the system. This reflects the 'Lead Professional' approach and 'Team Around the Family' principle that is core to the delivery of early help. BRFC is embedded in what LSTs do and the key worker approach is integral to this. LSTs deliver 34-45% of the BRFC program and manage the multi-agency Family Intervention Teams. A dedicated key worker helps to provide continuity for a family and can co-ordinate external expertise and the hands on practical support required.

The FNP and the Early Years Family Support Service also discussed with the Working Group the importance of building a relationship with the client, in ensuring better engagement. Key workers are persistent, assertive and challenging and also supportive of the family and work with them over a set period of time.

Workforce training and development is essential in giving workers the confidence and awareness to tackle issues. Through the BRFC for example, three hundred and fifty two Key Workers have been trained on an evidence based programme which embeds the principles of the whole family approach. One hundred and eighty seven of these people were from partner agencies

Examples of professionals in one specialism supporting those that work with families by providing training was referred to. In the north of the county for example, work has been undertaken to upskill those who have regular contact with families to support them around mental health and wellbeing. Through this training BRFC workers learnt more about how to identify and respond to low level mental health and where to turn to if issues escalate. Domestic abuse providers have also delivered training on the domestic abuse tool at a local level to BRFC key workers.

The Working Group understand the value of the Key Worker approach and shared learning, and Members **recommend** that the Cabinet Member for Children and Young People;

9	<b>Ensures that commissioners include in contracts with specialist providers, that they work with BRFC to provide training to Key Workers/Lead Professionals who have regular contact with families to ensure a skilled workforce that is able to meet the needs of families, understand complex agendas and help families manage their own lives without the need for future intervention.</b>
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## 1.10 Building Resilience

It is important to provide short term support which equips people to be good parents and Members heard examples of this from organizations including the FNP which aims for the family to be able to 'stand on its own two feet' and be independent and the One Recovery service which empowers people to respond to their own problems.

The Family Outcomes Star, is used by the Early Years Family Support Services, LSTs and through BRFC to provide a scale for how work is progressing with the family. It is a strength based approach, focused around developing resilience and independence. The Working Group heard how the tool has been key to all LST practitioners in bringing about sustainable change.

For those who do not have help in place, life can be very difficult so it is important to connect parents with the local community so that they can develop networks of support and move forward. The Working Group considered the proactive home visiting undertaken by the Early Years Family Support Service in the 0-30% Lower Super Output Areas of deprivation. Poorer families are more likely to have worse outcomes but these visits are an opportunity to connect these families with the local community. 25% of the families seen have identified some areas that they would welcome some help around and have been offered referral based support to connect them with the right support and networks. Members heard how the Early Years Service costs £650,000 per year to commission. Early indicators demonstrate the positive impact of this Service, in the first twelve months for example 94% of families needs have not escalated to a point where a higher level of service is required.

Through the BRFC programme and in engaging with services such as the FNP, Early Years Family Support Teams and LSTs, families are connected with the local community and have ongoing networks of support.

The Working Group also learnt about the importance of supporting families for whom things have already gone wrong and welcomed the introduction of the Breathing Space project in April 2016, so that mothers, can be supported after they have had a child removed to improve their self

esteem, emotional wellbeing, achieve their ambitions and delay having another baby until they are ready to parent effectively

Recognising the advantages of the provision of support to build the resilience of families to overcome issues, Members **recommend** that the Cabinet Member for Children and Young People;

10	<b>Ensures that the Key Worker model, recognised in the work of the Children’s Transformation Programme, ensuring a ‘whole-family’, holistic approach is embedded when working with families, to build community resilience.</b>
11	<b>Reports progress on the Breathing Space project to the Safe and Strong Communities Select Committee for scrutiny in six months time.</b>

## 1.11 Using the Early Help Assessment (EHA)

The Early Help Assessment (EHA) encourages an approach that requires working with the family and provides a common language to enable professionals to work together in partnership, putting the family and child’s needs at the centre. The EHA has replaced the Common Assessment Framework tool and in doing so Members heard that the amount of form filling required has reduced. The EHA is an accessible tool for providers to use and brings pieces of the jigsaw together at an earlier stage, which can prevent issues getting worse.

Currently approximately 90% of EHAs, are undertaken through the Local Authority, however EHAs can be community led by, for example, childcare providers, community groups and health visitors.

Before making a referral to a LST, agencies are encouraged to talk to the child/family and seek the family’s permission. The EHA is a useful tool in having these conversations and helps to make it clear what needs are present and what the LST is being asked to do.

The Working Group heard however that not all requests for support to LSTs are accompanied by an EHA and not all service providers use the EHA. For example, although domestic abuse service providers look at the needs of the children the EHA is not part of the current service specification, although the service is due to be recommissioned shortly.

Staffordshire Safeguarding Children Board monitors the use of the EHA to ensure that all relevant agencies use it as a matter of course to support good practice in working with children and families. Work has been undertaken to encourage the take up of the EHA and the FNP, Health Visitors and the Early Years Family Support Service all referred to their use of it. The EHA is also embedded into the Young Carers Assessment and BRFC contracts. The Working Group heard that the inclusion of the EHA in BRFC contracts had encouraged its use, for example the volunteers at a local homeless charity, House of Bread, had received training on its use through the BRFC and the EHA was now embedded within the organisation.

Before commencing an EHA agencies should contact the LST. The LST can then advise if the child/family is already known to statutory services, and /or if an EHA is already in place and should be completed. It is important for EHA to be logged on the Capita system, and Members wished to highlight the importance of recording any action undertaken.

Recognising the value of the EHA as a tool for encouraging early conversations with families and bringing partners together to support a family in addressing their problems early on, Members **recommend** that the Cabinet Member for Children and Young People;

12	<b>Encourages commissioners to include, use of the Early Help Assessment (EHA), as a tool for working with families to identify the issues for them, in contracts with providers</b>
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	<b>of all services where contact with children and families may identify additional unmet need.</b>
13	<b>Ensures that Staffordshire Safeguarding Children Board (SSCB) undertakes an audit of the quality of EHAs undertaken and reports to the Safe and Strong Communities Select Committee the number and quality of EHAs completed by individual agencies, the take up of training and details of any agencies that have been reluctant to use or undertake training on the EHA.</b>

## 1.12 The role of Childcare Providers

The Working Group heard how childcare providers are in a good position to identify the needs of children as settings see children and families on a regular basis.

In recent years, access to free early years childcare has been expanded with the national programme of early education for more economically disadvantaged two year olds. This is called Think 2 in Staffordshire.

All three and four year olds are also entitled to free education for fifteen hours a week during school term times. The government however has announced that this will increase to thirty hours each week for working families from 2017. Staffordshire however is one of eight local authorities to receive Early Implementer Status and will therefore be offering the extended hours from September 2016 for approximately four hundred and fifteen children.

The government has introduced the Early Years Pupil Premium for approximately twelve percent of those accessing Nursery Education Funding in Staffordshire. This provides an extra 53p per hour per eligible child, using the free school meals criteria, to the childcare provider. This extra money can be used to support better outcomes for the children. There is however a low rate of pay for the free early education hours provided via the Dedicated Schools Grant and settings rely on a cross subsidy model, using the money paid for childcare provision privately to supplement the free nursery education and Think 2 places. The Working Group heard how going forward this could be more challenging as free nursery education will increase to 30 hours per week, reducing the private hours paid for and providers will have higher staffing costs from April 2016 with the minimum wage and pension contributions increasing. There is no funding available for training and workforce development from 1<sup>st</sup> April 2016 and providers will have to pay for all mandatory and additional training.

The Working Group also heard that there is no longer County Council provided childcare. Private settings now care for vulnerable children who may be for example on a child protection plan. These children require greater monitoring and supervision and settings have to attend meetings in the day to provide updates on a child's progress. This affects staffing ratios so additional staff have to be employed, however there is no additional funding for settings in recognition of this.

Recognising the important role that childcare providers play in identifying the needs of children early on, Members **recommend** that the Cabinet Member for Children and Young People;

14	<b>Undertakes a study to establish the sustainability of the childcare sector and report back to the Prosperous Staffordshire Select Committee for scrutiny, with key information shared with Safe and Strong Communities Select Committee Members, recognising the potential safeguarding implications.</b>
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## 1.13 Addressing Housing Needs

Harvey Girls referred to overcrowding in the privately rented sector, with a number of families living in one property and housing officers only referring families at the point when they want to evict.

Due to time restraints, information was not gathered from housing providers across the County and Members are not in a position to comment on how proactive different providers are in supporting families. A best practice example was however provided by Trent and Dove who have been involved in BRFC work. This example highlighted the role that housing can play as part of a multi agency team in supporting vulnerable families in the community and those aspiring to reach their full potential.

Members wish to emphasise the positive impact that providing early support can potentially have in ensuring sustained tenancies, a reduction in evictions, on anti social behaviour and in the educational and life outcomes for its residents. The usefulness of the EHA tool in encouraging other professionals to support the family alongside the housing provider was also referred to. Members therefore **recommend** that the Cabinet Member for Children and Young People;

15	<b>Writes to District and Borough Councils and Registered Social Landlords recognising the good work of housing providers in supporting families and highlighting the positive impact of involvement in BRFC, with details of how providers can get involved and develop their offer to families.</b>
16	<b>Ensures that Housing Providers are included in the Children's Transformation Pilot Programmes, where appropriate.</b>

## 2. Setting the Scene

### 2.1 What is Neglect

Neglect is a; ***‘..Failure to meet children’s basic needs, to provide them with the support and care they need to thrive. Child neglect has profound negative consequences for children and young people, and even low-level neglect is harmful to children’s health and development.’***

Child Neglect is Everyone’s Business’ Achieving a Greater Sense of Shared Responsibility for Tackling Neglect - Findings from LARC 6 National Foundation for Educational Research (NFER)

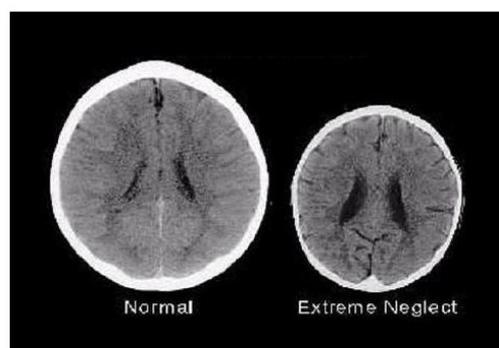
Neglect can have a serious impact on the lives of children and young people. According to the [NSPCC website](#); *‘Children who have been abused or neglected may experience physical or emotional harm. The effects can be short term but sometimes they last into adulthood.... Long term effects of abuse and neglect include:*

- *emotional difficulties such as anger, anxiety, sadness or low self-esteem*
- *mental health problems such as depression, eating disorders, post-traumatic stress disorder (PTSD), self harm, suicidal thoughts*
- *problems with drugs or alcohol*
- *disturbing thoughts, emotions and memories that cause distress or confusion*
- *poor physical health such as obesity, aches and pains*
- *struggling with parenting or relationships*
- *worrying that their abuser is still a threat to themselves or others*
- *learning difficulties, lower educational attainment, difficulties in communicating*
- *behavioural problems including anti-social behaviour, criminal behaviour.*

Representatives from Staffordshire and Stoke on Trent Partnership Trust shared the below information with the Committee, demonstrating the impact of extreme neglect on a child’s brain by the age of three years.

Staffordshire and Stoke on Trent Partnership NHS Trust

### The Impact of Neglect by Three Years



Members of the Working Group had sight of the cross political party [1001 Critical Days manifesto](#) which refers to the importance of intervening early in the 1001 critical days between conception to age two to enhance the outcomes for children.

The issue of child neglect is one of national concern. The Local Authority Research Consortium published a report which stated that; *‘There are thresholds against which organisations can assess the level of neglect occurring and, for cases of higher need that meet these thresholds, formal support will be put in place for a family. However, the **ways in which low-level or early indicators of neglect are identified and addressed are less formalised. Local authorities have no statutory duty to address low-level neglect themselves, although the majority offer or are developing ‘early help’ services and signposting support.**’*

Child Neglect is Everyone’s Business’ Achieving a Greater Sense of Shared Responsibility for Tackling Neglect - Findings from LARC 6 National Foundation for Educational Research (NFER)

## 2.2 Why we considered this issue

It was timely for the Committee to consider the response to low level neglect in Staffordshire for a number of reasons.

The Cabinet Member for Children and Community Safety, in response to a recommendation from the Safe and Strong Communities Select Committee for ‘a strategic approach to embed, promote and encourage the use of the Common Assessment Framework (CAF) process amongst partners’, reported to the Safe and Strong Communities Select Committee in March 2015, that the Children and Young People’s Strategic Partnership had approved a replacement for the national CAF – the Staffordshire Early Help Assessment (EHA). This inquiry an opportunity to identify how well the new EHA tool had been received by partner agencies and how effective it is at preventing low level neglect issues escalating to a point where more expensive statutory intervention is required.

The Safe and Strong Communities Select Committee has concentrated efforts on scrutinising the multi-agency approach to preventing and responding to child sexual exploitation (CSE), with quarterly reports presented to the Committee since December 2014 and biannually from January 2016. At the March 2015 meeting however, as part of the discussion around CSE, the Strategic Lead, Specialist Safeguarding Delivery, stated that ‘the number of CSE cases was a small proportion of children’s social care casework’.

The largest proportion of work for Families First is around child neglect. In December 2015, Staffordshire Safeguarding Children Board’s 2014/15 Annual Report was presented. This made clear the impact of neglect in Staffordshire, with the report referring to neglect as a; *‘...reoccurring theme arising from serious case reviews that has a significant impact on the lives of children. In Staffordshire the category of neglect for children who are made the subject of a child protection plan has remained the highest category for a number of years, particularly in respect of children under the age of 5 years old.’*

The issue of neglect continues to be a priority for the Board.

In January 2015 the Medium Term Financial Strategy (MTFS) 2015-20 Working Group identified pressures within Families First, which provides the Council’s Children’s Services, reporting a £2.3 million overspend projection to Corporate Review. Members of the MTFS Working Group encouraged the Head of Families First to move away from expensive emergency intervention to a greater focus on early prevention. The MTFS 2016 – 2021 identified a more positive position for

Families First financially, however there is a continued focus on prevention both locally and nationally.

There have been a number of changes to the support for children and young people in Staffordshire. In March 2014, Cabinet agreed a new approach to commissioning for young people and in January 2015 Cabinet agreed a new approach to Early Years. The Safe and Strong Communities Select Committee has monitored the impact of these decisions, with a focus on ensuring that early help and preventative work is in place.

In October 2015 the Committee received a presentation on work being undertaken by the County Council on 'Commissioning Better Outcomes for Children, Young People and Families'. This followed a report received in September 2014 considering the future of Families First acknowledging that it was time for the children's system to be aligned to the Council's vision and that there was now rising demand for support and budgetary pressures. At the time, the Committee agreed to form a Working Group to consider the options for services going forward but this work was put on hold following the outcome of the Council's bid to the Department for Education. The report presented in October 2015 focussed on maximising the outcomes for children in Staffordshire using all available resources effectively and efficiently.

The Families Strategic Partnership Board was established in September 2015 as a sub group to the Staffordshire Health and Wellbeing Board to lead work around the Health and Wellbeing Board's key priorities in regard to:

- Starting Well: give every child the best start possible to reduce health inequalities.
- Growing Well: children, young people and adults who are supported to reach their potential can have greater control over their lives and their health and wellbeing.

A report presented to the Health and Wellbeing Board in March 2016 described how the Families Strategic Partnership is leading on work around ensuring that the children's system works well, that the actions of different people and organisations in the system complement each other and that as a result, limited resources are used to enable families to start and grow well. The Families Strategic Partnership is leading on system co-ordination and integration, collaborative commissioning and early intervention and prevention. This report also discussed the role of the Children's Transformation Programme which is in place to take this agenda forward.

Staffordshire County Council's key areas of activity include;

**Living Well** – Encouraging people to take control of their lives and to have good health and wellbeing...

**Resilient Communities** - ...How we can help communities and individuals to create strong and vibrant localities where people can prevent, cope and recover from harm...

**Best Start** – Making the most of the early years of life is fundamental for the delivery of all three of the council's priority outcomes. Which are that;

- We will work hard to ensure that the economy continues to grow and that everyone has a good job with good prospects.
- We will help people to help themselves to lead happy and independent lives with less need for services and support,
- We will continue to support those least able to help themselves through creating new models of care in line with resources.

**Ready for Life** – Regardless of age or personal circumstance, being ready for life means having the drive to want to attain a good job and the skills to do so, to support themselves, their families and their communities.

**Enjoying Life** - ...What we need to do to enhance the wellbeing of our residents and foster pride in our people, places and cultural activity.

Recognising the impact that neglect is having on children and young people in Staffordshire, the limited resources of the Council and the need for prevention, the Committee agreed to consider the issue of low level neglect in more detail. Members would like the findings from this piece of work to feed into the Children's Transformation Programme.

### 3. Scope of the Work

The initial terms of reference for this review was presented to the Safe and Strong Communities Select Committee in July 2015, the Working Group however did not commence work until January 2016. The terms of reference were very wide and at the Working Group's first informal meeting a number of more focussed lines of inquiry were identified. The Working Group decided to focus on;

- 1) **The early identification of the signs of neglect in children under five years of age.**  
and
- 2) **Preventing the low level neglect of children and young people by addressing the risk factors commonly present and promoting good parenting.**

The Working Group decided to undertake evidence gathering throughout January- March 2016 with the intention of reporting findings to the Safe and Strong Communities Select Committee in June 2016.

### 4. Membership

As this review would include engagement with health partners and early years education providers, the Chairman of the Working Group was keen to include representation from the Healthy Staffordshire Select Committee and the Prosperous Staffordshire Select Committee.

Members of this Working Group included;

Councillor David Williams (Chairman)

Councillor Maureen Compton (Prosperous Staffordshire Select Committee representative until May 2016)

Councillor Terry Finn

Councillor Michael Greatorex (Healthy Staffordshire Select Committee representative)

*(Councillor Astle was also initially a Member of the Working Group but was unable to attend the Working Group meetings after the initial informal meeting.)*

### 5. Methods of Investigation

The Working Group wished to undertake visits to organisations in their local area so that collectively Members could find out how the issue of low level neglect was being addressed across Staffordshire.

The Safe and Strong Communities Select Committee undertook a series of visits in February and early March 2016 to the Children's Centre(s) on their patch. Members took this opportunity to discuss with the local Early Years Provider, the local commissioned Family Support Provider and the Early Years Commissioning Manager how organisations were working together to promote good parenting, identify low level neglect in families with children under the age of five years and support those with risk factors that could result in them becoming neglectful parents.

In addition to these visits, three evidence gathering sessions were held.

At the first session Members considered the definition, indicators and risk factors of low level neglect, common characteristics of neglectful parenting, the early signs of neglect and the need to

identify low level neglect and provide early help. The Acting Board Manager, Staffordshire Safeguarding Children Board and the Interim Strategic Lead Targeted Services, Families First supported the Working Group with these initial discussions, which enabled Members to narrow down the scope of this piece of work.

The first formal meeting of the Working Group, took place in public on the 2 March 2016. Members considered the draft Early Help Strategy and the role of Early Years Childcare Providers, Midwives, Health Visitors and Housing Providers in identifying and responding to the neglect of children under the age of five

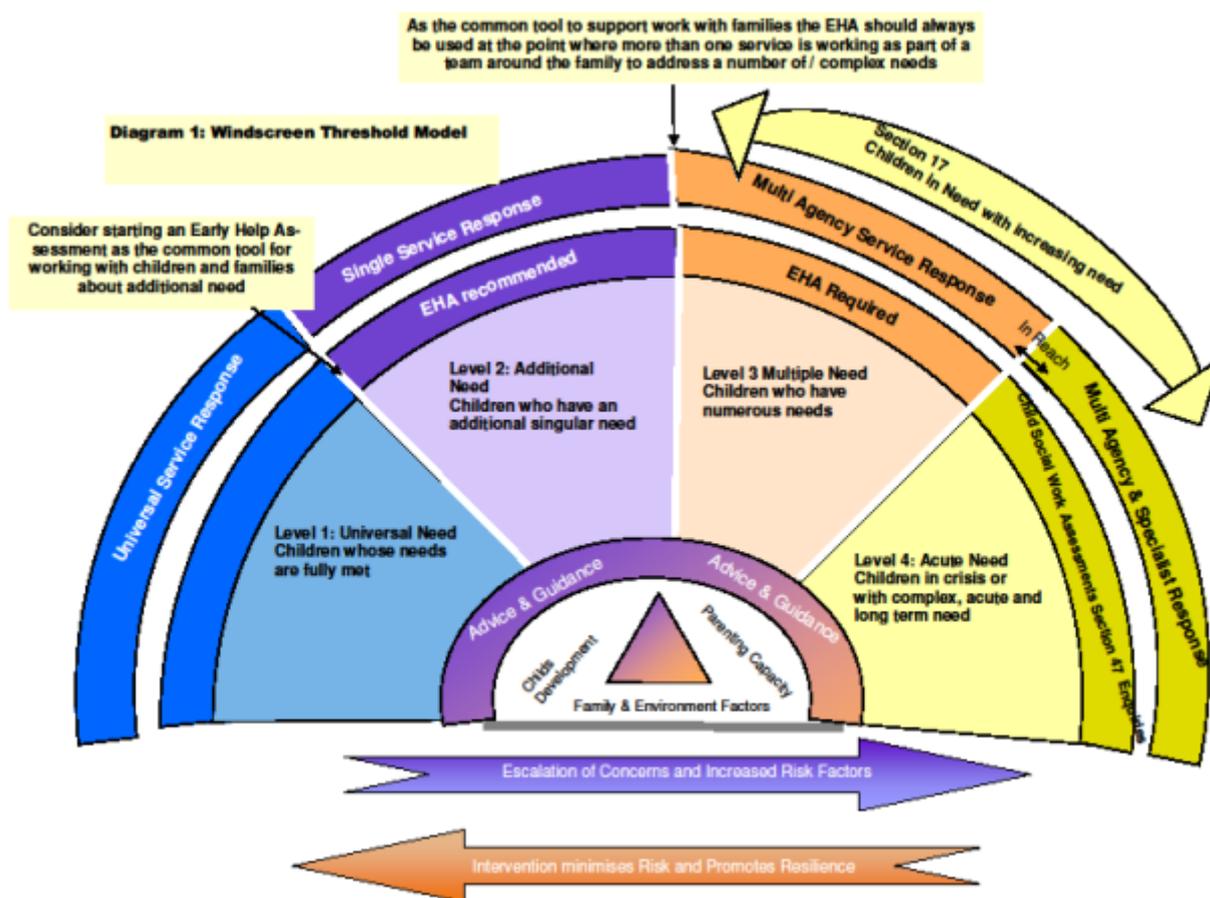
The second meeting held on the 23 March 2016 was focussed on the risk factors commonly present in the lives of children who experience neglect. The Working Group explored how alcohol and drug services, mental health services, disability services and domestic abuse services were commissioned and examined the Building Resilient Families and Communities (BRFC) model of working. Members considered the impact of neglect on Looked After Children and how good parenting could be supported and promoted with teenage parents and in the community. Finally the Working Group received information on the experiences of Young Carers, the provision of the Family Support Service and the role of Families First Local Support Teams.

Recognising the importance of partnership working in providing early help and addressing the root causes of neglect, the Chairman of the Working Group felt that the meetings should be held in public to promote awareness raising around the issue of low level neglect and so that all could be included in the discussions.

## 6. Findings

### 6.1 The number of children and young people coming into the system

Staffordshire Safeguarding Children Board has produced a document detailing the different thresholds for intervention and when a case should be referred to statutory services. There are four levels of intervention ranging from level 1 where families and children have no additional needs and access universal services, to level 4 where statutory intervention (from, for example, children’s social work teams in Families First) is required due to the risk of harm.



A report to Staffordshire Health and Wellbeing Board in March 2016 on the Family Strategic Partnership, stated that; *‘At present, demand for specialist support by Staffordshire’s families is increasing.’*

It is important for support to be available at the right level to prevent issues escalating. The Working Group heard that approximately 70% of referrals to Families First, First Response, do not meet the threshold but further action is always taken.

### 6.2 Responding to Low Level Neglect

The County Council’s Families First LSTs work with children, young people and families where there are complex needs that require the co-ordinated engagement of a number of agencies. LSTs

are targeted at Level 3 cases but in some areas a lot of Level 2 referrals are received as there are few support services to pick up these cases. This creates a pressure on LST capacity.

LSTs work on a casework basis, supporting the whole family by delivering evidence-based interventions and promoting effective co-ordination between agencies, with a clear and common focus of improving outcomes. They work closely with the Families First statutory Safeguarding Teams and are frequently co-located with them. The ongoing dialogue between the teams ensures that the families that LSTs work with that have children on the edge of 'care' are also clearly sighted by Staffordshire's statutory social work service and cannot fall between the two services.

LSTs also deliver targeted interventions for families identified by the BRFC programme and manage the multi-agency Family Intervention Programme (FIP) teams which work intensively with those families whose challenges are most entrenched.

LSTs also work to support young people when returning home from Local Authority care, and provide help to fostering families where there is a risk of placement breakdown.

LSTs use the Families Plus Outcomes Star Framework to consider; a Child's Physical Health, Parental Well-being, Children's Emotional Needs, Social Networks, Education and Learning, Boundaries and Behaviour, Family Routines, Home and Money and Progress to Work. The Outcomes Star Plus provides a scale for how work is progressing in each of these areas and what stage the family is at in accepting help and in building resilience to deal with existing problems and future concerns.

The Outcomes Star Plus information is recorded so that the factors involved in LST cases can be considered. Data gathered provides a picture of the reasons why children may experience low level neglect.

LSTs work with families in Staffordshire to address factors which may result in neglect and consider;

**The Child's Physical Health** because, for example the;

- (Unborn) Mother is insufficiently prepared for the birth of her child
- Child is not registered with a GP
- Child has not had relevant health checks and/or immunisations
- Child has delayed physical development
- Child / young person is obese, overweight or is underweight
- Child / young person has clear and persistent signs of poor personal hygiene and physical care

**Parental Well-being as;**

- Parents / carers find it difficult to deal with stress
- Evidence of domestic abuse in the family in the last 12 months ( plus Police call out to an incident in the last 12 months, and adult/young person as perpetrator in the last 12 months)
- Substance misuse (including alcohol) by parents is impacting on their care of the child / young person
- Parent/ carers are being treated for, or self-medicating for, anxiety and/or depression
- Parent / carer has a diagnosis of mental illness
- Parent/carer has a learning need
- Parent with main caring responsibility is under 21 years old and unsupported by friends or family
- Parent with main caring responsibility is under 25 years old and a care leaver
- Adult with parental responsibilities is serving a prison sentence and is less than 12 months from release date

- Parents are disputing contact/care arrangements which is impacting upon the child

**Meeting Children's Emotional Needs because;**

- Parents find it difficult to give children the attention, positive feedback and encouragement that they need
- Parents' relationship with their children is strained and distant
- Child / young person has caring responsibilities for a family member
- Child / young person's behaviour suggests they have low self-esteem and/or poor emotional well-being.

**Keeping Children Safe because;**

- Safety in the home is not well understood and children are accidentally hurt as a result
- Children / young people are associating with adults / other young people who may present a risk to their well-being
- Parents / carers are insufficiently aware of where their children are and who they are with, to be reassured that they are safe

**Social Networks as the;**

- Family is new to the area and have no local friends or relatives
- Family is isolated from the local community for reasons related to culture and ethnicity
- Family has experienced bullying and/or intimidation from others locally.

**Education and Learning because the;**

- Child is persistently absent from school (missing 10% of sessions last 3 terms), or considered by educational professionals as having school attendance problems
- Child is missing from education

**Family Routine because;**

- Family life is chaotic and the needs of the children in the family are not regarded as sufficiently important
- Adults living in the household have limited experience of parenting and lack confidence in how to parent

**Home and Money as;**

- Home / housing is poor / over-crowded and in need of repair / heating / furniture
- The family are unable to provide for their basic needs
- The family are at significant risk of financial exclusion.

**Progress to Work as the;**

- Young person is NEET / at risk of being NEET
- Family has no one is working and the adult is in receipt of out-of-work benefit.

As the support provided by LSTs is not statutory social work intervention, parents and young people have a choice whether or not to engage with LSTs. As a result parental consent is paramount.

In a twelve month period from October 2014 to September 2015 there were approximately eight thousand five hundred LST involvements with children.

## 6.3 The impact of neglect on children

Signs of neglect in children and young people include the child/young person becoming withdrawn, anxious, clingy, depressed, aggressive, suddenly behaving differently, having problems sleeping, eating disorders, wetting the bed, soiling clothes, taking risks, missing school, changing eating habits, having obsessive behaviour, nightmares, using drugs and/or alcohol, self-harming and having thoughts about suicide.

As referred to in 2.1 there are a number of long term impacts of neglect and children and young people who had been abused and/or neglected have much poorer outcomes in terms of their health and abilities to form positive relationships.

When children come into the care system after having experienced abuse and/or neglect, they generally have behavioural and emotional issues. All foster carers are encouraged to do a minimum of twenty one hours of development training per year, although many exceed this. Family and Friends Carers, are the carers most likely to leave the fostering system very quickly and become Special Guardians for the children that they care for. This may be the outcome of care proceedings (Court). As a result of the neglect that children have suffered these carers could need services and support in future years. A specifically designed nineteen week training programme (Keep) is in place to support these carers to develop their understanding of the children's needs and to develop their skills.

There is evidence that such training helps to promote stable placements but foster and adoptive families sometimes still struggle to cope with a child's behavioural and emotional needs. This can occasionally lead to parenting that falls short of the high standards expected and a range of interventions could be needed to support the placements to ensure that children are safe and secure. Children occasionally have to move placements and research shows that this happens in a small proportion of permanent placements that are made.

## **6.4 The cycle of neglect**

A number of factors are commonly present in the lives of children experiencing neglect. These factors should not be viewed as causing neglect in all circumstances, but, whether in isolation or combined, these elements can provide early indication of the potential for neglectful care of a child:

- Mental illness or emotional wellbeing difficulties – one or both parents has mental health problems.
- Substance misuse (alcohol; illegal or prescriptive drugs).
- Domestic violence – unstable and abusive relationships (e.g, physical, sexual, financial, coercive and controlling behavior).
- Low income – the family has low income (below 60% of the median).
- Material deprivation – the family cannot afford a number of food and clothing items.
- Cycles of neglect and the adult caregivers' experience of poor parenting as a child which is repeated in their parenting of their own children.
- Housing – the family lives in poor quality and/or overcrowded housing.
- Illness/disability – at least one parent has a limiting long-standing illness, disability or infirmity.
- Poor parental functioning (including learning disabilities).
- Social isolation.
- Low self esteem

The Working Group heard how there may be a continuation of issues in families from one generation to the next as people experience parents and grandparents behaviour and replicate this. Sometimes parents simply do not know what being a good parent looks like as they never experienced good parenting themselves. Poor parenting can become normalised behaviour and the only way to break this cycle is to educate the parent and provide a positive parenting model.

## 6.5 Working with parents who have had a child permanently removed

There has been a children's system and an adults social care system in the past but not a Think Family approach. As a result there has been a gap in support for vulnerable women and their partners who have their children removed as they do not meet the threshold for adult services but they may continue to lead a chaotic and disorganised lifestyle and go on to have more children removed. The loss of a child further diminishes a woman's confidence and emotional wellbeing.

The Working Group heard how services are working to develop a Think Family approach so that mothers can be supported after they had had a child removed so that they can improve their self esteem and emotional wellbeing, achieve their ambitions and get back to school, training or work. This project is called 'Breathing Space' and commenced in April 2016.

Families First is leading the multi-agency approach which will explore the support for the women and build on social capital and will work with partners including maternity services, health visitors, substance misuse specialists and sexual health services to develop a programme to;

- 1) Identify vulnerable young women and try to prevent them from getting pregnant.
- 2) Target young women and their partners who are pregnant and at risk of having their baby removed and work with them through the court process to build up their parenting skills and their trust in those around them to help them deal with substance misuse, domestic abuse and/or mental health issues. This has to be undertaken in line with the Public Law Outline timescales.
- 3) Work with women who have already had a child removed to try to delay them having another baby until they are ready to parent effectively.

The approach has been used in Hackney in a project called Pause and has reduced teenage pregnancies and the loss of children for adoption significantly. In fourteen months no repeat pregnancies occurred.

Up until the introduction of Breathing Space there has been no routine way of providing support for parents who have had a child removed and gone through that emotional process. Breathing Space may also have a positive impact on identifying vulnerable parents with learning disabilities and/or physical disabilities who become parents.

## 6.6 The cost to the local authority

Neglectful parenting caused by poor parenting as a result of drugs and alcohol for example, is a major risk factor in terms of child safeguarding. Approximately 40% of children subject to a child protection plan have drugs and alcohol as a risk factor and of those cases escalated from child protection to Looked After Children cases, approximately 47% had drugs and alcohol as a risk factor.

The in year cost of escalating cases from child protection to Looked After Child cases for **seventy eight children** was approximately **£3.5 million**. This figure includes placement costs and the costs of legal proceedings and assessments.

If services do not address the causes behind poor parenting and this cycle continues there are significant costs to the local authority. A piece of work commissioned last year found that

vulnerable parents who are at risk of losing their children through the care system need additional support in their own right to prevent the financial, social and emotional strain this causes to the individual and the system.

It costs approximately **£50-60000 per child** that goes into the care system. This is therefore a considerable issue for a minority of people and is of great cost to the Council. This money could be reinvested elsewhere and issues could be prevented.

## 6.7 The Early Help Strategy

Early Help means;

*'...providing support as soon as problems emerge, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising, for example, if it is provided as part of a support plan when a child has returned home to their family from care.'*

Working Together to Safeguard Children, HM Government, March 2015

In the course of the review the Working Group had sight of the draft Early Help Strategy 2015 to 2018, which has been developed by the Staffordshire Safeguarding Children Board in recognition of the significant national and local focus on early help and prevention. The Families Strategic Partnership Board, has the responsibility for the delivery of the strategy as its implementation is key to ensuring children and family's needs are recognised and addressed at the earliest possible time and as a result, managing demand on costly higher level services.

The Strategy highlights that getting the provision of early help right will have a good impact on the lives of children, young people and families and reduce costs later. The Strategy refers to the; *'...wide range of evidence which demonstrates effective Early Help identification, assessment and provision can have a positive impact on the outcomes of children, young people and families. This strategy takes into account relevant reports and research on Early Help including by Allen, Marmot, Field, Tickell, Ofsted, the EIF, LARC and iMOWER...There is a high cost to public services for late intervention, nationally estimated at £17 billion per year. Allen highlights evidence which suggests that £40 million investment in positive parenting could potentially save £400 million over a 15 year period.'*

There is not an early help service, as all agencies have a responsibility for spotting where a family/child might need additional support and providing this early help themselves. The Staffordshire Early Help Assessment (EHA) tool (see Appendix 1), can be used by agencies to do this.

## 6.8 Use of the Early Help Assessment (EHA)

The Early Help Strategy explains that;

*'The Staffordshire Early Help Assessment (EHA) is designed to help anyone who already knows a child and their family to talk to them about their lives and any concerns that they may have. The EHA has been adopted by the SSCB for use by all partners who engage with children, young people and families as a common tool to explore their additional needs and agree how they will work together and with other services and community partners to reach a point where extra help is no longer needed. As our 'common' tool, this means that everyone who works with children and families knows where to find it and how to use it, and so – once started – any other practitioners or agencies who become involved simply add to the original: there is no need for the family to tell their story again. When working with a child or young person about an additional need (level 2 on*

*the SSCB threshold model) it is recommended to start an EHA, as appropriate. An EHA is required when working with children or young people who have numerous needs requiring a multi-agency response (at level 3 on the threshold model).'*

The Staffordshire EHA is a simple discussion tool for leading a conversation with a family. There had been a lot of training on the EHA and a virtual e-learning package has been completed by nine hundred individuals. The EHA is straightforward to use and has replaced the Common Assessment Framework which people felt they had lacked training in.

In the last twelve months, approximately 9% of requests made to LSTs from organisations for support for families were declined. There were a number of reasons for this but the main factor was that there was no consent from the family to share information with the LST and/or it was unclear why the organisation was making the request. LSTs encourage agencies to discuss a possible referral with a family and to use the EHA to do this as this guides agencies through conversations and can support them to identify the needs of the family and bring other agencies in to work collectively with the family.

## **6.9 Early Years – Best Start**

Recognising the impact of neglect in the early days of a child's life and the need to provide help as soon as possible, before poor parenting is embedded, Members wished to understand what support was available to families in the first 1001 Critical Days, from conception to age two.

The County Council's Cabinet agreed to establish a new, integrated approach to early years in Staffordshire in January 2015. This was based on a reconfiguration of the previous commissioning approach to meet the needs of Staffordshire's most vulnerable families through integrated early intervention, whilst working more effectively with partners to raise aspirations for all families and to give their child the best start in life by ensuring communities have the skills and resilience needed.

Best Start sets out a vision to ensure Staffordshire's children have the best start in life, by improving outcomes for young children and their families with a particular focus on the most disadvantaged families in order to reduce inequalities in child development and school readiness. Supported by improving parenting aspiration, self-esteem and parenting skills and child and family health and life chances.

Families with young children (aged from 0-5) can access a range of services at Staffordshire's Children's Centres and through the Children's Centre offer and can participate in activities and access information about what's going on locally. Members visited local Children's Centres and saw first hand how agencies including the NHS, Jobcentre Plus, adult learning and targeted and specialist services deliver services at Children's Centres and support families. Types of activities on offer include Healthy Eating, Introduction to Childcare, Language Courses, Breast Feeding Support and Simply Play. Activities are provided by commissioned and non commissioned services and some are run by parents themselves. Childcare is also provided by private providers on Children Centre sites.

## **6.10 Early Years Family Support Service**

On their visits to Children's Centres the Working Group had the opportunity to meet representatives from the Early Years Family Support providers (Homestart, Barnardos, Harvey Girls and Pre School Learning Alliance) to find out more about the services that they provide and the experiences of local families.

The Family Support Service delivers four key elements:

- a. Referral based Family Support via home visits, group session and peer support.
- b. Proactive Home Visiting in the 0-30% Lower Super Output Areas of deprivation. The contract specifies two visits, the first visit when the child is between five and eight months old and the second when they are between thirteen and twenty two months.
- c. Evidence based parenting programmes to help to deal with social problems such as a breakdown in family relationships, child development, behaviour and boundaries. An important element of these programmes is that they've been tested in randomised, control trials, which means any observed differences in outcomes between groups are the result of the programme itself and not any other factors.
- d. Bookstart, which is a programme to develop early literacy skills with children. This programme has evidenced that those taking part in the programme are ahead of other children in both literacy and numeracy upon entering school and this head start was maintained through Key Stage 1.

The Family Support Services provide early help at Level 2, and support families with an additional need. The Services use the Outcomes Star tool to identify and monitor the family's needs and progress. The Outcomes Star information can easily be transferred to an EHA if the family has additional needs and more than one agency needs to be involved to support the family. Barnardos and Harvey Girls have both adopted the EHA as their referral form.

A key element of this contract is about providing low level support to families to prevent their needs escalating and becoming complex and multiple.

Positive results from the Service evidenced to date include;

- a. 100% of families reporting an improvement in their outcomes in Cannock, Lichfield, Newcastle-under-Lyme, Stafford, Staffordshire Moorlands and Tamworth.
- b. The highest number of families engaging with the proactive home visits in Newcastle under Lyme where 61% of families in the 0-30% most deprived Lower Super Output Areas (LSOA's) have taken up the proactive home visits. Of these 100% of families are reporting that they are satisfied with the service.
- c. Harvey Girls ,in East Staffordshire district, are reporting the lowest level of re-referral to services with only 7% of families needing support 12 months after case closure. Family support providers are being brought together to share and learn from these examples of good practice.

One of the issues identified by all of the Early Years Family Support Services is the lack of provision for young families with disabled children and those who are yet to receive a diagnosis. The time from being referred to being assessed is too long.

Another areas for development was access to good parenting advice at the antenatal stage as this is when prospective parents are keen to take on board advice and do not have a small baby to look after and experience sleep deprivation. Preparation For Parenthood groups are an opportunity for professionals to identify issues very early on and for prospective parents to meet one another and build networks of support before their child is born.

## **6.11 Midwives**

Although there are a number of NHS Trusts which provide maternity care to women living in the County, due to time constraints and to avoid duplication, the Working Group received evidence from the University Hospitals of North Midlands NHS Trust (UHNM) only. The Deputy Head of Midwifery/Divisional Matron at the Trust, discussed the role of the midwife in providing antenatal

support and responding to neglect. UHNM works with approximately one thousand two hundred and sixty Staffordshire women each year.

There are many opportunities for midwives to recognise high risk pregnancies, with 92% of women seen at UHNM by the time they reach twelve weeks and six days of pregnancy. An ultrasound scan is performed at twelve weeks and twenty weeks and the woman are also seen at weeks sixteen, twenty eight, thirty two, thirty six and forty of their pregnancies and then regularly until they give birth or are induced at forty weeks plus ten. These visits are dependent upon which care pathway is followed, but at UHNM all women follow a care pathway or sometimes more than one pathway. Following birth, the Midwife will visit twice over a five day period and an additional visit is also offered, however if there are any concerns the Midwife can choose to visit everyday for ten days and then provide care for up to twenty eight days after the birth if necessary.

Midwives engage and observe the family and gain their trust. As Midwives manage their own caseloads and as there is not a huge turnover in staff, they may work with women through more than one pregnancy and get to know a family well. Midwives conduct home visits and also see women at GP surgeries.

Whilst supporting a pregnancy the Midwife has a plethora of opportunities to provide positive parenting messages. This is important as, sometimes women have not experienced positive parenting themselves. Midwives can for example identify the low level neglect of children, if there are children in the family who are present but should be in school, can then make enquiries about the welfare or education of these children. Midwives talk to women about domestic violence, ask relevant questions and take a complex history. They increasingly recognise eating disorders and mental health issues and women are referred to other agencies for support. PEACH clinics support women with mental health needs.

Midwives see the interaction of the mother at antenatal checks and in the early days of parenting and can promote bonding and attachment and positive parenting. Concerns during pregnancy or after the birth are discussed with the GP, Health Visitor and the Safeguarding Midwife.

As well as seeing parents individually, parenting education (sometimes referred to as Parentcraft) is delivered at the Royal Stoke University Hospital (RSUH) for those women booked on the Midwife Birth Centre where they run two sessions a week, in addition Parentcraft is delivered within the community for all women who are booked on the Delivery Suite. At County Hospital there are two sessions per month delivered on labour and pain relief, two sessions per month on breastfeeding and two sessions per month focussed on what to expect when you come home with the baby. There is also a rolling programme of support for teenage parents, led by the teenage pregnancy midwife with input from a various agencies.

## **6.12 The Family Nurse Partnership (FNP)**

FNP Supervisors from Staffordshire and Stoke on Trent Partnership Trust, explained how the FNP works with first time young mothers who are under the age of nineteen to provide a holistic service to help clients to identify and achieve their aspirations.

FNP visits take place from early on in pregnancy until the child is two years old. Around sixty visits are offered in total which each last between sixty and ninety minutes.

The FNP is underpinned by international recognised robust evidence and aims for;

- Young women to have a healthy pregnancy.

- The child's health and development is improved.
- Families plan their own futures and achieve their aspirations.
- Improved health, social and educational outcomes and positive financial returns.

The FNP vision is for every baby, child and young parent to thrive and to fulfil their aspirations and contribute to society. The FNP works to improve the life chances of the mother and child by breaking the cycle of disadvantage by addressing the early years high impact areas.

The FNP considers the transition into parenthood. Many of the young parents that FNP work with have been Looked After Children themselves and have experienced neglect. FNP role models parenting and give young people an alternative way to parent. The FNP supports maternal mental health as lots of the mothers have depression and personality disorders and are trying to deal with the neglect that they experienced.

The FNP impacts on breast feeding rates and works towards healthy birth weight and good nutrition, managing minor illness, reducing accidents and supporting child development. A child that has gone through the FNP programme had the same educational achievement as its peers that had not come from families with challenges.

The FNP establishes a relationship with the client and the same professional continues to work with them throughout. Young people are given a voice within the family and the self-confidence to speak out and do things differently. Without FNP a young person may not be aware of any other parenting styles other than what they were used to as a child and their child might be at greater risk of harsh parenting, abuse, neglect and be less likely to access education in a consistent way.

The FNP uses various tools, including PIPE (Partners In Parenting Education) which is part of the licensed programme of FNP and looks at trust and love and what this means for children. Forming an attachment with a baby is discussed with mothers right from the beginning of their pregnancy and insecure attachments are predicted and addressed.

The FNP establishes therapeutic relationships with clients using materials like PIPE to discuss attachments, helps the client have a voice within the family and provides support to raise self-esteem. The FNP uses the Smart Choices package which looks at how to communicate, assesses the baby's development and a tool called a DANCE to consider the interaction between the mother and the baby and the areas she is doing well in and not doing so well in to focus efforts on.

The Dartington Social Research Unit's [Investing in Children](#) estimates that for every £1 invested in the FNP, society obtains £1.94 at an annual rate of 6% return on investment.

The aim of FNP is that by the end of the visits, the family is able to stand on their own two feet and be independent. The Working Group were informed that a recent randomised control trial in FNP in England showed that some of the secondary results for the FNP were improved development and school readiness for children and that there were higher levels of safeguarding as clients tell the FNP practitioner things that they would not tell others.

## 6.13 Health Visitors

The Health Visiting Service is a responsibility of public Health and the Council is therefore responsible for commissioning this service. The current provider is Staffordshire and Stoke on Trent Partnership Trust. This service will be recommissioned in April 2017.

The Neighbourhood Manager (West), Children's Services (County), Staffordshire and Stoke on Trent Partnership Trust discussed the purpose of health visiting service. Health Visitors improve the health and wellbeing of children and families across the life course through early support and intervention. Health visiting is the only service that universally accesses families with children aged 0-5 years. Health Visitors meet families at;

- An antenatal visit.
- A new birth review visit (after ten days)
- A six to eight week contact visit
- A nine to twelvemonth review visit
- A two to two and half year integrated review.

As well as the universal offer to all families, Health Visitors also provide a Universal Plus Offer if more support is needed and a Universal Partnership Plus offer where families need extra support and the Health Visitor needs to work with other agencies to provide this.

Health Visitors build therapeutic relationships with families to support them with behaviour changes. They listen to families and select areas to work on with the parent to develop the parental capacity to manage their own solutions and to change.

Issues identified by Health Visitors included perinatal mental illness (one in ten mothers will experience mild to moderate depression) and maternal mental health issues (anxiety, obsessive compulsive disorder, post natal depression). There is robust evidence on the impact of maternal mental health during pregnancy and during the first two years of life on the child's mental health throughout their life course but these issues were under reported.

The support provided by Health Visitors depends on the family and individual's needs. The PEACH Clinic could support perinatal mental health needs. Whole family access is promoted and fathers could get in touch if they had concerns regarding their partner. If the family could get support at the right time it could stop issues escalating.

It was explained that some families hide things and resources were not always available to provide support at a lower level. If there was no support provided issues could escalate. There therefore had to be a partnership approach.

## **6.14 GPs**

Information regarding the role of the GPs was submitted by the Named GP, Safeguarding Children South Staffordshire.

Every Practice is recommended to have a Lead Safeguarding GP who can raise awareness amongst staff members to identify low level neglect for example;

- Indications of physical neglect might be issues with a child's health, nutrition, poor hygiene or inappropriate clothing.
- Signs of emotional neglect include poor interaction between children and parents, inconsistent parenting, a failure to establish appropriate boundaries, a lack of family routines, children staying up late or roaming the streets, and social isolation.
- Parental behaviours associated with neglect include parents prioritising their own needs over those of their children, behaving inappropriately in front of their children, leaving children without adequate supervision, exposing their children to substance abuse, domestic violence or risk of harm.

- Educational indicators of neglect include children with poor attendance, a poor home learning environment and parents who appear indifferent or unsupportive of their children's achievement.

GPs are in a good position to raise awareness of, and promote the use of the Common Assessment Framework (CAF) (*now referred to as the Early Help Assessment*).

GPs should look out for a pattern of persistent, repeated neglectful behaviour. Where low level concerns exist, early intervention by relevant agencies is recommended. GPs should look out for evidence of the "Toxic Trio" (Domestic Violence, Mental Health problems and Substance Misuse) in parents, and act accordingly. The ability of parents to meet the child's needs must be assessed separately eg. those with learning difficulties.

Child health immunisation clinics are an excellent opportunity to observe parenting behaviour in the community and to assess for low level neglect.

It is vital to have close working relationships with midwives and health visitors. It is recommended that GPs meet regularly with colleagues to discuss children at risk, and those already on the register, to minimise harm.

It is important to recognise risks to unborn child, when a pregnant lady presents to the GP.

It is recommended that all Practices should have a "Did Not Attend" (DNA) policy, when appointments are missed, with clear arrangements outlining responsibilities for contacting the parents and taking further action such as safety checks by health visitors in the Under 5 age group.

## **6.15 Childcare Provision**

There are four main types of childcare– childminders, day nurseries, preschools and schools. We also have two maintained nursery schools in Staffordshire.

All providers have to apply with the Early Years Foundation Stage (EYFS) which is underpinned by the Childcare Act 2006. Ofsted is responsible for the regulation of Childcare Provision which is on the Early Years register via a common inspection framework. Settings should;

- Be welcoming, safe and stimulating.
- Promote good health, ensure suitability of the adults working there, manage behaviour and maintain records, policies and procedures.

There are four key elements to EYFS welfare requirements; policies and procedures are in place, suitable people are employed, health needs are considered and promoted and information and records are kept up to date. All of these come together through partnership working

The EYFS standards include three prime areas of learning and an additional four specific areas. There are a number of goals which children should achieve by the end of their first year in school to inform Year One staff and parents of their children's progress. Children accessing childcare are also assessed at two years old through the statutory Two Year Old Integrated Check. A developmental template has been introduced to inform parents of their child's progress within the Early Years Foundation Stage and this is kept together with the health check in the Red Book that Health Visitors use.

Those working with children on a day to day basis should be attuned to their behaviour. Children may have a very long day and be looked after by different professionals, friends and family. Parents may have complicated working lives and a patchwork of childcare is provided. Neglect can sometimes creep in and parents may not realise that their child is being neglected but child care providers can notice this.

Children should be considered in the context of the whole family and community and District profile data is used to focus Early Years support in certain areas which helped to address issues as early as possible. Ofsted has recognised Staffordshire for this positive approach.

In the past eighteen months County Council Officers have worked collaboratively with Ofsted and met with representatives termly. This is an opportunity to collectively raise standards. Concerns about settings are shared promptly promoting honesty and transparency. As there is less money available to support providers than previously, Officers work smarter with Ofsted.

At the time of the Working Group's evidence gathering, there were nine inadequate settings in Staffordshire. Although this was of concern, the identification of inadequate settings is positive as work is then undertaken with the setting to make improvements. Settings that are good or outstanding receive an Annual Quality Liaison Visit and there focussed support is put in place for settings which require improvement.

All three and four year olds are entitled to free education for fifteen hours a week during school term times. The government has announced that this will increase to thirty hours each week for working families from 2017. Staffordshire is one of eight local authorities to receive Early Implementer Status and will therefore be offering the extended hours from September 2016 for approximately four hundred and fifteen children.

32% of Staffordshire families are also eligible to receive free early years childcare for their two year olds through a national programme of early education for more economically disadvantaged two year olds. This is called Think 2 locally. A report to the Safe and Strong Communities Select Committee in March 2016 providing a [Best Start Update](#) commented that; *'The number of families accessing childcare continues to be high in Staffordshire, with 86% of children in Staffordshire taking up their Think 2 places.'*

On a visit to Staffordshire Moorlands Children's Centre, Members were informed that the EYFS developmental results put Staffordshire at 6% above the national average which is a significant improvement on three years ago when Staffordshire was below the national average. Cannock was the first Think 2 pilot area with ten hours of free childcare offered alongside parenting support and the tracking of the children that accessed Think 2 has demonstrated that they did significantly better than those eligible who did not, with 83% achieving good development.

If a family does not take up the Think 2 nursery education offer this information is shared with the Early Years Family Support providers and Health Visitors. They then talk to the family about what is on offer. Parents are sometimes initially reluctant to take up the offer as they think that their child is too young to go to a nursery but are comfortable in accessing Think 2 when provided by a childminder. Childminders have to meet the same standards as other settings but provide home based care. It is important to support parents to make an informed choice. Although some parents do not initially choose to take up free provision, families are empowered to make the decision by having the relevant information and may choose to take the offer later. BRFC key workers encourage families to access provision and support them until this is embedded. None attendance starts at an early age and is an indicative of future issues. Addressing none attendance in the Early Years therefore reduces the likelihood of none attendance at school.

## 6.16 Housing Providers

Trent and Dove is a registered provider of social and affordable housing across East Staffordshire and South Derbyshire. The provider has a housing stock of approximately five thousand seven hundred and a waiting list.

Trent and Dove is aware that it houses a high proportion of the most vulnerable people within the local community and endeavours to provide a holistic approach in order to sustain tenancies. This is above and beyond the core function as a landlord but there is a belief that tenants require and deserve to have this service available to them it also aligns with the providers own mission statement of “Transforming Homes, Lives and Neighbourhoods”.

Trent and Dove are ideally placed to identify and offer early support to tenants and the approach is enabled by a team of specialists in:

- Employment
- Training
- Welfare Benefits
- Debt advice
- ASB advice and enforcement.

There is also a Family Support Officer; Young Person and Family Officer and host a BRFC worker’s post.

Trent and Dove have close links to the community and all other agencies which allows multi agency working to be a positive experience for all, especially tenants. When a referral is made into the support service, work is undertaken to deliver a positive outcome in ensuring the individual or family reach their full potential within their own home and their community. Each family is offered a bespoke package of support of which they have ownership. It is vital that they take responsibility for the plan and support workers facilitate access to internal and external services. As confidence grows the available support network is explored, this can be a family member, neighbour or their community. On withdrawing from the family there continues to be contact on a regular basis and it is often the case that families provide updates for a considerable time afterwards.

The support team offers an approach which is honest and nurturing whilst assertive and challenging when required this support enables tenants to make informed choices, challenge their beliefs and embedded behaviours and allows them to explore their aspirations. Trent and Dove actively encourages tenant involvement and volunteering and this has led to many successful community projects which are a valuable resource. Trent and Dove works closely with all agencies and has delivered Parenting Programmes in conjunction with Staffordshire County Council, Health and Education.

Housing has a huge role to play as part of a multi agency team available to support the more vulnerable in the community and those aspiring to reach their full potential.

## 6.17 Addressing the risk factors

The Working Group spoke to commissioners about work that is undertaken to address the risk factors commonly present in the lives of children that experience neglect.

## 6.18 Drug and Alcohol Misuse

The Council invests in drug and alcohol services due to the impact of addiction on people, families and communities. Drugs and alcohol are major risk factors in terms of child safeguarding however people who misuse drugs and alcohol can change and become good parents.

The Working Group heard about the evidence based Option 2 Project, which has been rolled out across Wales and has been shown to be effective in reducing substance misuse and neglect and averting children subject to a child protection plan from becoming Looked After. This Project commenced in Staffordshire in April 2016 and is provided by the One Recovery service and Families First in collaboration. Work is undertaken with children and families on the edge of Public Law Outline Proceedings and at risk of becoming looked after, in the best interest of children and families and to make savings for the local authority.

The model of One Recovery is to engage as many organisations as possible to address issues as it is recognised that families and individuals may have a multitude of problems. The service tries to understand the family, empower people to respond to their own problems and demonstrate what needs to be done to keep the child(ren) safe. The project worker works with the person most likely to keep the child(ren) safe and supports them in this.

There is an element of payment by results in all contracts. If providers do not deliver there is the potential to claw back funding. There are therefore financial incentives in the One Recovery contract.

An Officer explained that in terms of preventing substance misuse issues arising there is work in schools around drugs and alcohol, there is an Early Intervention Project to work with families at risk, treatment for children and young people under the age of eighteen and parenting programmes. There are lots of different approaches and these in accumulation should have an impact. Unfortunately however many people make a change and resolve substance misuse issues only after they have had a child removed, they then have to live with the loss of that child. Intervening early is therefore the best approach.

## 6.19 Mental Health

One in six working age adults has a mental health issue at one time. People with mental illness are resilient and have the capacity to recover and lead meaningful lives. Mental health services are based on recovery and moving forward, this may be into work, maintaining work or moving into education.

There are numerous services commissioned from low level self-help management interventions to psychological therapies, community mental health services, secondary care and crisis and acute care. The County Council commissions mental health services not only on behalf of the Council but for the CCGs which enables a holistic approach.

Mental Health is Everyone's Business is the pan Staffordshire and Stoke-on-Trent strategy to transform mental health services. There is an implementation plan for the north of the county including Stoke and one for the south of the county. Key areas in the Strategy are;

- To improve the mental health and wellbeing of the population, including those recovering from a mental illness;
- To improve access to and the delivery of mental health services with better outcomes for individuals with mental illness and their carers;

This creates opportunities to commission new services against outcomes focused on individuals, families and communities.

Within the NHS contract there is a specific target around parenting as part of the Child and Adolescent Mental Health Services. There are however few mental health services which specifically cover parenting other than perinatal services. In north Staffordshire there is a specialist perinatal service as part of the Improving Access to Psychological Therapies (IAPT) service which works with mothers before and after delivery and which was put in place as a result of high rates of infant mortality in the Newcastle area.

The approach taken in the north of the county has been to upskill those who have regular face to face contact with families to support them around mental health and wellbeing. BRFC workers have been trained and now know where they can turn to if issues escalate. It was hoped that this approach could be taken in the south of the county also.

Mental health professionals think about the whole family and could use the EHA. There is a community triage service which supports police when they are in contact with individuals in crisis and if children are present work is undertaken to try to make links with other services.

## **6.20 Disabilities**

Many people known to paid services remain single and only a small number are parents. Less than twenty children on Independent Futures caseloads for example are known to have a parent with a learning disability. However over a three year period, of the approximately seventy women who had two or more children removed, nine had had a learning disability and one had had a physical disability.

Since July 2015 Independent Futures worked with just over three hundred people who were potentially at risk of neglect. Ordinarily Independent Futures would not support these people as they did not have a label of having a learning disability, however youngsters come into difficulties as they do not have the early education and interventions to learn about appropriate social relationships or because they are young carers dealing with complex issues.

It is not compulsory to teach sexual, emotional and social education in schools. Independent Futures however sees cases of young people with, for example, high functioning autism, who had moved on from children's services and are neglected because of the system, family environment, because they have autism and do not fit in, and do not have the appropriate social and personal relationships training. It is important to work with schools and care systems to consider what young people need to be educated about to prepare them for adulthood and living in the community.

Transition planning in the past had been reactive and initiated too late however the Care Act is clear that this should happen at the point of significant benefit beyond the child's fourteenth birthday. For those young people unlikely to be eligible for adult's services the taper needs to start much sooner, well before the age of fourteen.

Independent Futures uses asset based approaches. It is important not to give people an over cumbersome set of tools which could create dependence. It was reported to the Working Group that people with autism are presenting with needs and, for example, are encouraged to use Apps on their phone for support. This could be replicated with Young Carers, as assistive technology can support disabled parents and take the pressure away from the child.

Officers reported that people try to access services but are told that they are not eligible and then fall through the gaps. If an early help approach was taken that was more inclusive of all, and that signposted people through to inclusive offers in the community, the Council would be more sustainable. Meeting the needs of parents with learning disabilities is manageable if services start earlier to support younger age groups and adult services work more cohesively with children's services to support the development of young people so that they can be more productive and proactive individuals.

## 6.21 Supporting Young Carers

The Care Act defines a carer as:

*“Somebody who provides support or who looks after a family member, partner or friend who needs help because of their age, physical or mental illness or disability. This would not usually include someone paid or employed to carry out that role, or someone who is a volunteer”*

The Working Group heard that Young Carers come from families where there are illnesses, disabilities, mental health illness, alcohol and drug issues and different scenarios. These children/young people look after a member of the family who is sick, disabled or has mental health problems, or is misusing drugs or alcohol and their day to day responsibilities often include for example:

- Cooking
- Cleaning
- Shopping
- Providing nursing and personal care
- Giving emotional support.
- Caring for siblings

Young Carers have adult responsibilities and grow up too soon. They may miss out on opportunities that other children had to play and struggle as they miss out on educational opportunities. Many young carers are bullied and can become very isolated. Adult Carers have ways to deal with this but Young Carers often do not know where to ask for help or are fearful of letting the family down and being taken into care. Young Carers genuinely feel valued for the work that they do for their parent.

The Council has a responsibility through the Children and Families Act to support Young Carers through an assessment, provide appropriate levels of care and to understand and respond to Young Carers needs. The Staffordshire Carers Hub was set up in October 2015. This was the first stage in a whole system redesign to support carers and there is a specific focus on young carers. The Carers Hub is jointly commissioned with Stoke-on-Trent City Council. Learning from Stoke-on-Trent is being built upon, with the Young Carers lead from Stoke-on-Trent seconded to work on the Carers Hub to embed learning.

Some schools are very aware of their pupils who are Young Carers however Young Carers reported scenarios where their school had not understood how to help them. It is important to take young people out of the caring environment and discuss their needs with them. Young Carers have specific needs and there has to be a holistic approach as both a child and an adult maybe caring in the same environment. Young Carers assessments were focussed on outcomes for young carers.

Support groups were being developed for Young Carers and the use of Assistive Technology was being taken forward to support Young Carers stay at school by providing them with the reassurance that their parent was safe and well.

In the next financial year aims included;

- Educating health and social work teams around the needs of carers in general but with a specific focus around Young Carers.
- Educating schools to consider and identify Young Carers needs as young people might not be known by any other services other than schools.
- Educating other young people as the Young Carer may not require the support of a service if they had friends supporting them.

## 6.22 Domestic Abuse

According to Staffordshire Safeguarding Children Board (SSCB) policy documents, one in five children nationally are exposed to domestic abuse and domestic abuse is a factor in two thirds of Serious Case Reviews.

Domestic abuse is likely to have an effect on the behavioural and emotional development of children who witness it. An example of a young child who had been exposed to domestic abuse and as a result had become devoid of facial expressions was mentioned in a discussion with the Working Group. Harvey Girls referred to the large amount of domestic violence and abusive relationships that Family Support workers see and explained that where this is taking place there is a greater likelihood of neglect occurring. It was commented that although the Early Years Family Support Services are commissioned to focus their work in the most deprived areas, domestic abuse occurs in all sections of society and in more affluent areas it can be hidden. When someone is repeatedly subjected to domestic abuse, particularly psychological or emotional abuse, this can erode their self-confidence and self-worth which it turn can impact on their ability to parent and look after children.

Domestic abuse is included in the eligibility criteria for the BRFC programme and in year one, 60% of BRFC families had met the eligibility criteria for domestic violence or abuse. Domestic abuse providers have delivered training on domestic abuse at a local level to BRFC key workers.

Domestic abuse support services across Staffordshire are currently provided by four different organisations across the eight District and Borough areas.

- Arch in Staffordshire Moorlands and Newcastle (they are also separately commissioned by Stoke City Council to provide services in Stoke-on-Trent.).
- Staffordshire Women's Aid in Stafford, Cannock and South Staffordshire.
- Pathway in Lichfield and Tamworth.
- Home Group (Stonham) across East Staffordshire.

Service Agreements are in place with providers which include a number of strategic outcomes, one of which is that children and young people get the best start in life.

Providers put support plans in place for service users and looked at whether clients have support needs in terms of their parenting skills, safeguarding the wellbeing of their children and engaging with children's services including education and childcare and health and welfare related services. Domestic abuse and low level neglect can often co-exist and service providers work collaboratively with other organisations that service users are engaged with or need to be engaged with and parenting programmes are provided if this would assist clients. Staffordshire Women's Aid for example uses a programme called You and Me Mum which highlights the impact of domestic abuse on children and helps to build parenting skills.

A service has been commissioned regarding housing related support to ex-offenders and this has been funded between the County Council, the Office of the Police and Crime Commissioner, Stoke-on-Trent City Council and Probation; and the EHA is included in this service specification. The County Council has commissioned a pilot Domestic Abuse perpetrator programme and part of the programme focusses on enabling those taking part to parent better.

Over the next twelve months domestic abuse services will be jointly recommissioned across Staffordshire and Stoke-on-Trent by the County Council, City Council and the Office of the Police and Crime Commissioner. The intention is to have a single domestic abuse strategy covering Staffordshire and Stoke-on-Trent which will link with the Government's recently updated Violence Against Women and Girls Strategy. This strategy states that prevention and early intervention remains the foundation of the approach to tackling violence against women and girls.

The recommissioning work provides an opportunity to commission with the parental role in mind, look at the whole system approach, focus on prevention, early intervention and early help, provide the right services at the right time and put new domestic abuse governance arrangements in place across Staffordshire and Stoke-on-Trent.

## **6.23 Building Resilient Families and Communities (BRFC)**

BRFC is Staffordshire's response to the government's Troubled Families agenda which was launched in 2011. The purpose of the programme is to break the cycle of intergenerational neglect to reduce the cost to the public purse. Phase 1 ran until March 2015 and Phase 2 will run until 2020.

The operational model of delivery in Staffordshire is through eight district multi agency teams that provide intensive intervention with families. Within these teams there are Police Community Support Officers funded by the Office of the Police and Crime Commissioner, Family Support Workers provided by Families First and Youth Workers, Housing Providers and Voluntary Sector organisations. Teams vary depending on the needs of the District.

There are very few services directly commissioned through BRFC as the model is based on agencies working together with the families which cause concerns to all. The BRFC principles of working are transferable to other projects, for example the Option 2 Project and the Breathing Space project. BRFC includes Entrust which provides information and careers advice to young people and has the contract with the County Council to work with young people not in education, employment or training (NEETs) and the Youth Offending Service.

LSTs work with families using the BRFC model. These families do not require as much intensive support and have often already engaged with the LSTs but through a systems based model it has been identified that they have multiple complexities which require intervention.

BRFC offers a holistic approach, with a whole family assessment made, the root causes of issues considered and a strength based, asset based approach put in place. The BRFC principles, referred to as the Family Intervention Factors mean that there is a dedicated key worker for each family who provides continuity, co-ordinated external expertise and hands on practical support. Key workers are persistent, assertive and challenging and also supportive of the family. There is an assessment process and a common purpose based on the strength based approach with the family and developing resilience and independence is the key.

Workforce training and development has been delivered to over four hundred frontline practitioners. One hundred and eighty one of these workers were from partner agencies. Three

hundred and fifty two Key Workers had been trained on an evidence based programme which embeds the principles of the whole family approach. In addition to this there had been training on mental health needs and domestic abuse. A voluntary sector accreditation scheme is in place which providers go through and workforce development is provided. Twenty three providers are on the accreditation scheme and they have worked with over three hundred families in Staffordshire.

The number of families worked with will increase in the next financial year. In Phase 1 the target was to work with one thousand three hundred and ninety families and work has predominately focussed on children and families engaged in crime and anti-social behaviour, those not attending school, adults out of work and/or at risk of financial exclusion and young people out of work. Work undertaken with these families however also identified other issues including mental health needs and domestic violence.

Phase 2 commenced in March 2015 and is supported by the Autumn Statement which stated that this would be financed and sustained until 2020, however the money available has reduced per family. The government's target has been extended to work with one thousand three hundred and eighty families in Staffordshire this year, and four thousand eight hundred and sixty families in total over a four year period.

The Phase 2 BRFC eligibility criteria has been expanded to include six eligibility criteria including domestic violence and abuse, parents and children with a range of health problems including parents and young people with mental health needs and substance misuse issues, teenage mothers and mums with mental health needs and children who need help, care or who were subject to a child protection plan.

All payment by results money that comes in through BRFC is transferred into the District budgets which are managed by the District Commissioning Leads. This money is then used to develop early intervention and support within the Districts. Through the Children's Transformation work there are a number of pilots taking place which have been developed from work already started by the BRFC in communities and link in with the BRFC Programme.

There is good partnership working in Staffordshire and through BRFC there is the opportunity to embed the health offer and make this more robust. The Department for Communities and Local Government wants to work with Staffordshire to embed the health offer and there is an expectation that child development and parenting outcomes will be included in the BRFC going forward.

All key stakeholders are engaged in BRFC but are at different stages of involvement. The challenge is to get everyone working to the same level.

## **6.24 Building Community Capacity**

Within the draft Early Help Strategy;

*'Key messages include:*

- *Children, young people and families are likely to turn to people in their community they trust when they need support and they want to see more peer to peer support in their local areas.*
- *Children and families have told us they are less likely to seek the help of a 'service', as there is a stigma attached to these services, though they would seek professional help if a problem is specific or complex.*

- *When families do access help from a professional they would like it to be in their community at places they go (such as the school, GP or nursery) and they would like consistency so they don't have to tell their story lots of times or be 'passed around'.*
- *Current information, advice and guidance are not accessible on their terms; leaflets and being given phone numbers was not helpful.'*

An NSPCC report published in October 2015 and shared with the Working Group explained that; *'The fundamental basis for a community based approach to preventing neglect is creating the opportunity for parents and carers to share problems and work towards managing those problems at an early stage.'*

Thriving Communities, A Framework for preventing and intervening early in child neglect.

## **6.25 The Children and Families Transformation Programme**

The Children and Families Transformation Programme is exploring how a more collaborative approach can be delivered within communities, that supports families to be independent and resilient. As part of this Programme there are a number of pilot proposals for work in the Districts. The Working Group explored one of these pilots as an example.

## **6.26 Burntwood Spark Bright Beginnings – Bright Beginnings for Families through Community Support**

Work is being undertaken in conjunction with Spark Community Interest Company (CIC) and Burntwood Childcare Hub (virtual) in Lichfield. This pilot is supported by the Design Council who will be providing one hundred and twenty days of advice to the project.

SPARK was set up by parents following a proposal to close local Children's Centres. With the County Council's support and guidance, SPARK has now taken over the running of two former Children's Centre sites and since the 1 September 2015 has been the lease holders of the Centres and is paying the rent. SPARK had successfully kept the former Children's Centre contacts, and Health Visitors and the Council's Safeguarding Teams continue to provide services from those locations. The Centres are now community managed rather than local authority managed settings.

The Pilot will explore the development of community-based solutions to support families with babies / pre-school-age children, where there are known lower level risk factors and there is the potential for earlier and less formalised intervention which could have a significant longer term impact. The intention is to identify low risk factors that may lead to neglect in the future through community activity at an earlier stage than what is currently provided through LST intervention. It is important to stop the need for intervention in the first place.

The pilot is targeted at the under five age group as over the last three years 47-48% of children subject to a child protection plan are under the age of five years and unless these children are attending a pre-school setting, Health Visitors could be the only people to see them. Lichfield was chosen for the pilot as it is a safe environment to test and learn. Whilst it has some of the lowest figures across the county in terms of child in need, child protection plans and Looked After Children, the population size is meaningful, with one thousand five hundred children under the age of five years in Burntwood and there are Red indicators so there is the opportunity to make an impact.

The whole community will be involved in the pilot and both sites are on schools so there are opportunities to link with primary schools and the private childcare provision on site. Opportunities include that the same range of activities will be available in Burntwood as at Charnwood Children's Centre so the population will not need to travel seven miles to access provision. Commissioned services will be provided along with non-commissioned services and the social care and health aspect will be included. The intention is to create one single access point, and where SPARK access is not available someone can get support at Charnwood.

EHAs are core business for LSTs, however the majority of EHAs in Lichfield are undertaken by LST professionals. It is hoped that the Pilot will result in more EHAs being community led, by for example childcare providers, community groups and health visitors and the number of EHAs will increase. The project will not only improve children's start in life but also offer a brighter beginning for parents as they will be able to access community learning themselves.

The Design Council will provide access to worldwide best practice. In Australia for example a programme called [Family by Family](#) had reduced statutory need by one third and for every \$1 invested, \$7 was returned. This programme used a concept of families who had been successfully supported sharing their experiences with those who wished to be supported. It was not professionally led but based on peer to peer support.

## 7. Community Impact

### Resources and Value for Money

Evidence shows that early recognition and intervention will enable resources to target and support lower level neglect issues and avoid escalation into higher level and more costly services.

### Equalities and Legal

Tackling low level neglect is essential in achieving the County Council's priority outcomes, that the people of Staffordshire will:

- Be healthier and more independent
- Feel safer, happier and more supported in and by their community.

Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Local authorities undertake assessments of the needs of individual children to determine which services to provide and what action to take.

Section 10 of the Children Act 2004 requires each local authority to make arrangements to promote cooperation between the authority, each of the authority's relevant partners and such other persons or bodies working with children in the local authority's area as the authority considers appropriate. The arrangements are to be made with a view to improving the well-being of all children in the authority's area, which includes protection from harm and neglect.

Working Together to Safeguard Children, HM Government, March 2015 states that; 'Providing Early Help is more effective in promoting the welfare of children than reacting later. Early Help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early Help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care.'

### Risk

Low Level Neglect impacts on every part of a child's life chances, with the impact also extending to their future prospects and ability to parent effectively.

**Climate Change**

There are no Climate Change implications identified.

**Health**

There are a number of implications for health services within this report and recommendations include work with Staffordshire Clinical Commissioning Groups.

## 8. Acknowledgements

8.1 We would like to thank the following people who have supported Members in their investigations by;

By presenting information to the Working Group:

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Anthony Bullock	Integrated Commissioner for Alcohol and Drugs, Staffordshire County Council
Sue Coleman	Interim Strategic Lead. Targeted Services, Staffordshire County Council
Kate Cox	Neighbourhood Manager (West), Children's Services Staffordshire and Stoke on Trent Partnership Trust
Ron Daley	Commissioning Manager, Mental Health, Staffordshire County Council
Liz Elliott	Professional Lead (Health Visiting), Staffordshire and Stoke on Trent Partnership Trust
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Lucy Hegarty	Carers Commissioning Manager, Staffordshire County Council
Barbara Hine	BRFC Co-ordinator, Staffordshire County Council
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Wayne Mortiboy	District Commissioning Lead for Lichfield, Staffordshire County Council
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Denise Tolson	County Commissioner Care (Children) , Staffordshire County Council
Dr Ian Turned	Chief Operating Officer, Specialist Division, Staffordshire and Stoke on Trent Partnership Trust
Donna Waddington	Family Support Officer, Trent and Dove Housing

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Cannock Chase Children's Centre	
Debs Prew	Cannock Chase Children's Centre Manager, Pre-school Learning Alliance
Becky Tranter	Children's Service Manager, Barnardo's Shropshire & Staffordshire
Charnwood Children's Centre, Lichfield	

Kerry Heath	Children's Centre Customer Care Community Link
Ian North	Harvey Girls
Debbie Nash	Lichfield and Cannock District Children's Commissioning Lead
Leyfields Children's Centre, Tamworth	
Karen Missen	Health Visitor
Amy Morrison	Early Years Co-ordinator
Rachel Norton	FNP Supervisor, Tamworth
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Staffordshire Moorlands Children's Centre	
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Written information to support this inquiry was also submitted by

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**Alexandra Birch**, Senior Commissioning Manager for Maternity and Children's Services NHS Stafford and Surrounds CCG | NHS Cannock Chase CCG | NHS South East Staffordshire and Seisdon Peninsula CCG | (also covering NHS East Staffordshire CCG).

**County Councillor David Williams**  
**Chairman**  
**Preventing the Low Level Neglect of Children in Staffordshire Review**  
**June 2016**

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## List of Appendices

The **Staffordshire Early Help Assessment** – Attached Appendix 1

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