Luton Borough Council

Early Help Strategy

2014-2017

April 2014

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Summary of Purpose	The aim of the strategy is to support all partners to work in a co-ordinated way to use their resources most effectively to meet the needs of children and families at an early stage. The Strategy explains what is meant by Early Help, identifies the local needs of children and families in Luton, sets out the priorities for service development, and describes the process by which services will be planned, commissioned and delivered.
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Equalities Impact Assessment	During the preparation of this protocol, care has been taken to promote fairness, equality and diversity in the services delivered regardless of disability, ethnic origin, race, gender, age, religious belief or sexual orientation. These issues have been addressed in the protocol by the application of an impact assessment checklist.
Circulation Restrictions	Public Policy Document at Draft 2

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**Luton Borough Council
Early help strategy**

1. The Aim of the Early Help Strategy

The Early Help Strategy for Luton has been developed following consultation with key partners. It is a 3 Year strategy and will be implemented from April 2014.

The aim of the strategy is to support all partners to work in a co-ordinated way to use their resources most effectively to meet the needs of children and families at an early stage.

The Strategy explains what is meant by Early Help, identifies the local needs of children and families in Luton, sets out the priorities for service development, and describes the process by which services will be planned, commissioned and delivered.

To be successful in its aim to develop services for the whole population of Luton, the Early Help Strategy needs all agencies to work positively together and to build on the existing examples of the effectiveness of multiagency co-operation.

2. What is early help?
Early help for children and families means providing support early on, before or as soon as a problem emerges, at any point in the child's life from the antenatal period and birth through to the teenage years.

It is not just about the early years and applies to a wide range of problems, issues and risks affecting the lives of children, young people and their families.

Early help is about agencies acting together to prevent escalation of need by intervening at the right time and the right level of service. It aims to prevent or reduce the need for specialist interventions such as child protection and intensive physical and mental health services.

Early help in Luton is about agencies working together to support the more vulnerable families and communities in the local area.

3. Background and current context
The need to develop early help services was emphasised in the influential report by Frank Field MP 'The Foundation Years: Preventing poor children becoming poor adults' (2010).

This report states "*We have found overwhelming evidence that children's life chances are most heavily predicated on their development in the first 5 years of life. It is family background, parental education, good parenting and the opportunities for learning and development in those crucial years that together matter more to children than money, in determining whether their potential is realised in adult life*"

This agenda was widened to include early intervention for all ages of children and young people by the report from Graham Allen MP 'Early Intervention: The Next Steps' (HM Government 2011). The Wave Trust '1001 Critical Days' emphasises the importance of the very early years of life making the most significant difference to a child's life chances.

The critical importance of multiagency Early Help was strongly emphasised in the pivotal report by Professor Eileen Munro's Review of Child Protection (2010). This led to its inclusion in government guidance, in particular Working Together 2013. Chapter1 of this document recommends the development of multiagency early help services and early help assessments in all local areas. Alongside this the Framework for the Inspections of services for children in need of help and protection, children looked after and care leavers includes those for whom a preventative service would reduce the likelihood of that risk of harm escalating and reduce the need for statutory intervention.

Learning from serious case reviews also indicates the points at which early intervention could help reduce risks. The learning is as important for children known to universal and early help services, where they do not see a social worker, as for children with known child protection risks.

4. Early Help in Luton

Luton has a strong tradition of agencies working together in preventative services. The previous Early Help Strategy, published in 2011 summarises this approach and recognises the importance of early intervention in giving every child the best start in life and ensuring they develop resilience and reach their full potential. Achieving our ambition has meant a significant shift in how services are delivered. To this end we have implemented a new approach aligning services across a continuum of need, with a clear 'step up, step down' pathway. The intention of this approach is to maximise resources and joint work, ensuring that in doing so we are targeting our interventions at those most in need and at the earliest point of need in order to reduce the number of children and families requiring specialist services.
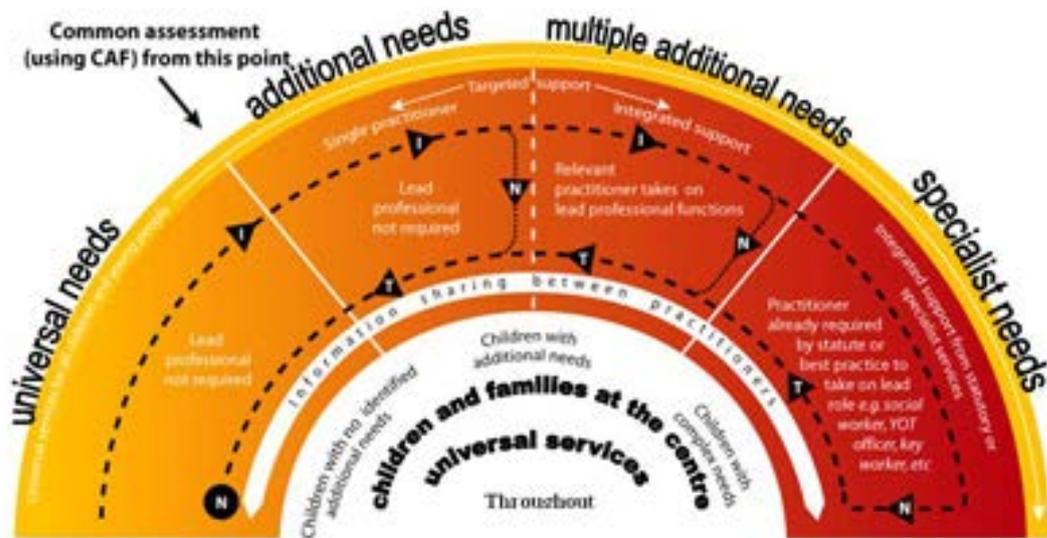
To embed the 'step up, step down' pathway, the **LBC CAF team** has developed as one of the key vehicles for coordinating early intervention and prevention activity. The team facilitate a 'team around the family', bringing together a virtual team of local practitioners and offering an opportunity to identify early concerns about a child's wellbeing and the most appropriate level of support for children with additional needs and their families 'before things reach crisis point'.

Children centres in Luton are organised on a 'hub and spoke' model, providing outreach and home visiting, support for families and children, good quality play, learning and childcare experiences, health care and advice, and support for children with special needs and disabilities. Putting health at the centre for children centres locally has offered a way to bring support to the most vulnerable families from the earliest point, by protecting them within mainstream universal services for all children and families – such as Bumps to Babes antenatal classes and oral health support. Work to reduce social exclusion and address child poverty has also evolved over the past years, with partnership work with nursery schools, childcare and job centres. A comprehensive way of targeting support for more vulnerable families, linking with the CAF process, is also in place.

Considerable development has taken place since the publication of the 2011 strategy.

The Stronger Families programme
The government supported Troubled Families programme has built on this foundation for multiagency working. This is a three-year Payment by Results (PBR) initiative to turn round the lives of 525 households in Luton. It aims to deliver an improved set of outcomes for individual households, and also to encourage local authorities and their partners to adopt improved ways of multiagency working.

There is early evidence in Luton about what works to help these families. At the centre of this is having a key worker or the families who can work intensely with the family, and get to the bottom of their problems. They also coordinate support from other agencies involved with the family, with the overriding aim of creating lasting change.

This approach has lessons for the best way to help families – thinking about the family as a whole rather than the problems of a single individual within it. The key worker approach within the Stronger Families work provides an opportunity to radically reshape front-line response to families, embedding primary prevention and reducing the need for specialist services over time.

The Flying Start Programme
Agencies have also worked closely together to develop the Big Lottery bid under the 'Fulfilling Lives: Flying Start Programme' which aims to deliver a step change in preventative approaches in pregnancy and in the first 3 years of life in specific areas of Luton. Whilst Luton's bid to the Big Lottery was not successful, it has already stimulated a great deal of positive co-working between partner agencies and local people during the construction of the proposal; and a commitment to develop sustainable new investment models that will enable radical change and allow money to flow to primary prevention and across organisational boundaries to reduce crisis intervention. The Flying Start programme will continue to work to stimulate a system change in the way local health, public services and the voluntary sector work together to put prevention and early life at the heart of service delivery and practice, to improve the life chances of babies and young children; and develop a joined up approach across the 0-5 health services including the Healthy Child Programme and Family Nurse Partnership.

Flying Start will continue collaboration between the local authority, the Pre-school Learning Alliance, health services and other partners to develop long term plans to improve the life chance of children by investing in their earliest years, starting in pregnancy and achieving positive outcomes in three main areas of child development:

1. communication and language development;
2. social and emotional development; and
3. diet and nutrition.

Prevention and Early Help across the whole community
Despite the emphasis on these two major projects above, which are focused on specific families and communities, it is important not to forget that the Early Help applies to all communities, children and families in Luton who need intervention at certain stages in their lives. The strategy considers the issues for all vulnerable families and populations including

their social, economic, and medical and health needs; and places integrated approaches and joint work at its centre.

Our strategy will continue to aspire towards improved outcomes for children and young people *across the spectrum* of need (above) by embedding such universal services as providers of early years education and childcare and children's centres, working with relevant health and other partners in an integrated and whole-system approach to enable early identification and timely intervention. The principle of 'progressive universalism' (DfES, 2005) is helpful in this respect, as it sets out an approach of providing support for all, with more intensive and specialist support for those who most need it. To this end, both universal and targeted services are central to Early Help, and should be linked so that one aim of universal services should be to identify those who need additional support.

To this end, we will continue to make early help central to the work of professionals in mainstream services- e.g. family workers in schools, school nurses, health visitors and GPs, the police - who can play a part in offering support and advice to children with additional needs; responding to early indicators to reduce the likelihood of anti-social behaviour or criminal behaviour or family breakdown; targeting young people most at risk to engage in positive activities and raise their aspirations.

Parenting Support and Strategy

The Delivery Framework for Parenting Support in Luton is set within the framework of the Early Help Strategy and is driven by a set of overarching outcomes that build on the outcomes framework developed for the purposes of Flying Start. Referrals for support with parenting will be channelled through the Early Help CAF/ Co-ordination Hub which has the operational level performance management responsibility, and help through universal parenting services will be facilitated through the Family Information Service, Children Centres and Health Services. The Parenting Strategy Group is the custodian of strategic level measurement of performance against outcomes and reports to the Early Intervention Strategy Board.

SEN reform

The Children and Families Act 2014 sets out the legislative framework for a radical overhaul of the system for supporting children and young people with SEN and disabilities from September 2014. The implementation framework in Luton for this reform brings together a wide range of organisations including the local authority, schools, colleges, early years providers, clinical commissioning groups (CCGs), community and parent groups. Key principles for delivery include:

- The development of the Local Offer, setting out in one place information on provision the local authority expects to be available to children and young people with SEN and disabilities;
- The introduction of Education, Health and Care (EHC) Plans, which will replace statements of special educational needs and Learning Difficulty Assessments (LDAs);
- Collaboration between education, health and social care services in commissioning support for children and young people with SEN or disabilities;
- Personal budgets, to reflect the holistic nature of an EHC plan and can include funding for special educational, health and social care provision.

The **Luton Children and Young People's Trust** has developed the following priorities for Early Help, as part of the overarching Health and Wellbeing Strategy in Luton:

- Keeping children and young people safe and secure
- Building strong and supportive families
- Improving children's and young people's health and well-being
- Raising the aspirations of children and young people to raise the attainment and achievement

Addressing key priorities such as Family Poverty, Domestic Violence and Parenting through early help is central to the Children and Young People's Plan for Luton.

5. Key demographic and needs factors in Luton

5.1 Demographic and deprivation indicators
Luton is very different from the rest of Bedfordshire and neighbouring counties particularly in the areas of deprivation, age of the population, and ethnic diversity.

- Luton is in the top 10% of deprived areas nationally
- It has relatively high numbers of children (28%)
- It is ethnically diverse (35% from minority ethnic communities)
- It has high rate of overcrowded households
- It has high rates of unemployment
- It has high rates of child poverty
- Child wellbeing index: Luton is ranked at 291 from 354 Local Authority areas
- It has high rates of childhood obesity
- It has low rates of breastfeeding
- Educational achievement is improving but remains below the national average

These factors increase the need for early help services in Luton.

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5.2   Children known to social care

Most children who are subject of Child Protection Plans are in the categories of neglect (43%) or emotional abuse (37%). A very small proportion (under 4%) are in the categories of physical or sexual abuse.

The impact of the" toxic trio": domestic violence, parental substance misuse and mental ill-health:

- Of the 278 children subject to Child Protection Plans in March 2014, 106 have a presenting issue of domestic violence
- Domestic violence was associated with 60% of looked after children in June 2013. It is also strongly associated with children subject to child protection plans, and to gang membership.
- 35% of the mothers of children in care in June 2013 had a mental ill health issue, as did 9% of fathers
- 18% of mothers of looked after children in June 2013 had alcohol related issues, as did 9% of fathers

Disabled children – children in South Asian communities are affected by life limiting illnesses and high levels of complex disability in 3 wards in the town. Analysis by the child death panel shows that consanguinity was a factor in 20% of the 98 child deaths between 2009 and 2011.[1]

5.3   Luton specific issues
A number of specific reports have been commissioned to address issues of concern in Luton. Key findings from these reviews are summarised below and described in more detail in Appendix 1

The **LBC bullying survey 2009** identified that 35% of children reported being bullied in school, and 19% bullied out of school.

The Luton Youth Violence Review (January 2014) identified key themes associated with youth violence:
1.   Early exclusion from school
2.   Exclusion for violent behaviour

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1 Data from Big Lottery bid 2013

3.   Low educational attainment
4.   Family history of criminality / violence
5.   Experience of domestic violence
6.   Early drug use (12y or younger)

The Gangs Profile: Luton Community Safety Partnership (2012) identified that characteristics of victims of gang related offending are similar to the offenders. Violence and intimidation is a common theme in the way gangs operate and a common feature is lack of education and employment. Over half of all gang related offenders have been excluded from school on at least one occasion. Gang members are from the same groups of young people, live in specific confined areas and offend in their own localities (as well as the town centre). North and West Luton have seen substantial increases in violence from young offenders.

6.   A National and Local Framework for Needs Analysis

The social care research organisation Research in Practice2 has developed a needs framework to support commissioning of Early Help services. This is developed in detail in relation to Luton at Appendix 1. The key elements of the framework are summarised below:

Children's vulnerabilities
*   Poor mental health
*   Disability or learning difficulties, especially speech and communication problems
*   Isolation from peers and services

How parents can improve children's resilience
*   Providing a warm and caring environment
*   Setting appropriate boundaries
*   Providing advice and guidance
*   Supporting engagement in education

Characteristics associated with a reduced risk of harm
*   High self esteem
*   Good emotional well-being
*   Opportunities to develop talent and skills
*   Strong relationships with parents or significant adults

Parental needs

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2 Commissioning Early Help Research in Practice Rebecca Godar November 2013

- Parental mental health problems
- Domestic violence
- Parental substance misuse

Environmental factors

- Unstable housing
- Low income and debt

- **Multiple risk factors**
- Children of families with multiple needs relating to mental health, low income and poor housing are 6 times more likely to enter care
- Analysis of serious case reviews poses the risk of the toxic trio of domestic violence, poor mental health and substance misuse
- Children who have experienced sexual exploitation are likely to have been excluded from school, use substances, be involved in crime, and go missing

Other risk factors significant in or specific to Luton

- Bullying, including cyber bullying
- Racial extremism
- Youth violence
- Drug and alcohol abuse
- Involvement in gangs
- Trafficking and child sexual exploitation
- Disability and infant mortality associated with consanguinity

The above framework is expanded at appendix 1 to contain data relevant to Luton and form the basis for prioritisation.

7. Delivering Early Help Services

Luton is committed to a whole system approach to the delivery of early help, recognising a need for universal services accessible to all, through to specialist services to address more complex issues.

Elements of the model

- Universal services will support all children to achieve their full potential and will work with partners to support families to access service appropriate to their needs.

- Early Help is not separate from universal or higher level statutory services and is used to 'step up' or 'step down' according to level of need and risk.

- All agencies are committed to identification of a need for early help services. Integration and joint work across services and agencies is central to early help, to ensure that children and families are supported as early as possible through a multi-agency approach. .

- Common Assessment Framework (CAF) is used at the first point of contact by all parents, to identify and understand additional needs which cannot be met by universal services. When a CAF is completed it is submitted to the CAF team who facilitate a Team around the Family (TAF) meeting, identify a lead professional and support completion of an action plan.

- Children, young people and families are key partners and should be involved and consulted at every stage.

- Information sharing between agencies should support integrated processes and inform joint commissioning.

- Services should be reviewed and evaluated to make sure they address needs. Commissioned services should provide information on outcomes achieved.

8. Priorities for Early Help in Luton

Key priorities for early help in Luton have been established through:

- Plotting Luton data against the above needs analysis framework (see appendix 1)
- Priorities established for the 5 target wards under the Flying Start Project:
- The output of a multiagency workshop held on 4th February 2014, comprising key staff and managers from partner agencies working with children and families in Luton (see Appendix 2)

Overall prioritisation from this wide range of data, reports and structures is a challenge. It is however a necessity particularly in terms of commissioning early help services and promoting interagency working.

We therefore propose a simplified structure for prioritisation under 2 main headings:
- Building resilience for the future
- Addressing current issues at an early stage

8.1   Building resilience for the future

Building resilience for the future is arguably the highest priority in the long term, and should attract resource investment and multiagency working. It will mean addressing both the negative and positive factors which can have long-term consequences for children and young people.

Addressing Negative Factors

- The" toxic trio" of domestic abuse/violence, parental drug and alcohol misuse, and parental mental ill-health
  - Domestic violence is widespread nationally, and is a particular issue in Luton. It is strongly associated with children subject to child protection plans, forced marriage, gang membership, youth violence, trafficking and violence against women.
  - Parental drug and alcohol misuse is a driver of domestic violence, and also the neglect and emotional abuse of children and young people
  - Parental mental ill-health also contributes to the neglect and emotional abuse of children and young people, and is a key factor in developing toxic stress, which can affect children for life

- Economic stress and poverty

- Overcrowded housing

- Poor health outcomes including
  - childhood obesity
  - increased levels of disability

- Addressing speech, language and communication problems

Building the positives

- Promoting self-esteem and emotional health and well-being
- Promoting good parenting
- Supporting engagement in education
- Promoting attainment at school
- Promoting opportunities to develop talent and skills

8.2   Addressing current issues at an early stage
- Gang membership and youth violence
- Trafficking and sexual exploitation
- Extremism and risk of radicalisation
- Poor mental health of children and adolescents
- Bullying in school and out of school
- Drug and alcohol abuse by young people
- Support for public health information about consanguinity and services to support increased numbers of disabled children

Early intervention and support for children to remain safely with their families in the community or return to their families as soon as possible is a priority locally and central to Working Together 2013. Children's needs are best served in their own families if this can be safely supported. Early intervention and prevention services can reduce the number of children and young people needing to come into care, avoid repeat entry into care or support them to return safely to their families in a timely manner. Achieving this goal requires the collective engagement of all parts of the local authority and its partners to work together, under the oversight and governance of our Corporate Parenting Board. Helping families stay together must therefore be a key focus for Early Help Services.

In order to support this we will:
- Develop support services for parents and young people to prevent the need for care
- Make more effective and consistent use of Family Group Conferences to help prevent unnecessary admissions
- Develop a crisis intervention response to prevent unnecessary admission of adolescents and to work with young people on the brink of care, youth gangs and violence and NEET.

9.   Working together to implement the Early Help strategy

Successful implementation will require a strategic commitment to working collaboratively from all agencies and will build on Luton's existing partnerships across the statutory, voluntary and community sector. The community and voluntary groups are at the heart of service delivery for youth work and support for disabled children. The Stronger Families programme brings together schools, health, social care, youth offending service and the police to turn around some of Luton's most troubled families. Partnerships across youth offending and youth work services, probation, police, community safety, the community and voluntary sector, and safeguarding / social workers are central to preventing serious youth violence and tackling gangs. Partnerships with schools enable early help and safeguarding of those young people at risk. By working better together, community health services, mental

health service, children centres and social care will align their information and systems so that families only need to tell their story once; and will deliver a more integrated and public health focused service.

To get early help right, a new approach to jointly planning and commissioning services is needed to target priorities and meet agreed outcomes. There will be an ongoing commitment to the continued use of CAF and other core processes including information sharing, monitoring and service review. The momentum developed by Flying Start will be developed to harness funding from social finance and investment, and realigned statutory monies to redirect resources into prevention and early help. The partnership will seek to prove that 'getting it right' early on is not only a good thing for children and families, but is also an economic and sustainable use of money and resources.

Communication will be essential – both with children and families so that they can inform the way in which services are developed and with all partners to promote understanding of thresholds and knowledge of all services which can be accessed. Involving families, local communities and local professionals in decision making will positively and systematically change the lives and life chances of children in Luton for future generations.

Joint commissioning between key partners will support implementation and promote an integrated approach to service design and delivery across health and social care.

10. Keeping the strategy alive, dynamic and responsive to change

Luton's CAF pathways are well developed and effective. To deliver a comprehensive early help programme, we will build on existing step up and step down processes and incorporate other Early Help pathways, including access to commissioned Early Help services and pathways for preventing extremism and involvement in gangs and gang related crime.

We propose that the operational services and pathways should be linked to strategic development, commissioning and governance through an Early Help Coordinating Hub. The diagram on the following page illustrates how this would work.
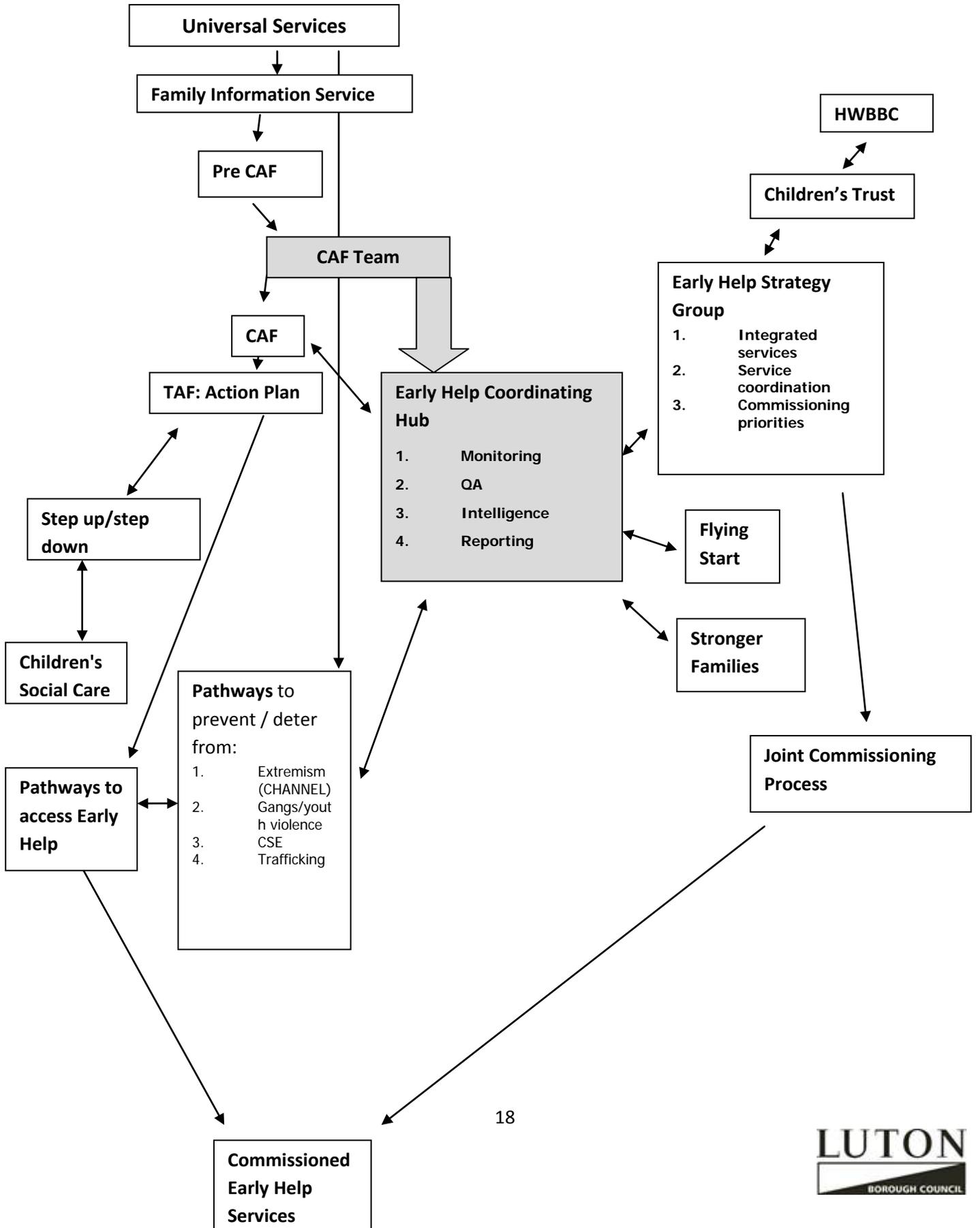
Key elements
- The current CAF process remains unchanged, building on the success of these arrangements, but it is more clearly linked into the operation of Early Help services

- The proposed Early Help Coordinating Hub will form the bridge between the operational pathways and the governance and development function of the Early Help Strategy Group.

- The Hub will provide support to the Early Help Strategy Group including monitoring, quality assurance, collation of intelligence and reports. It would be the operating and coordinating arm of the strategy group and help to make it effective as a multiagency partnership, keeping the strategy alive, dynamic and responsive.

- The Early Help Strategy Group will direct the work of the Hub Coordinator, and report to the Children's Trust and the Health and Well-Being Board for governance purposes. It would also build on the information from the Coordinating Hub to inform the priorities for joint agency commissioning, and oversee this process.

- Pathways to address gang and youth violence, CSC and trafficking will work in parallel with the CHANNEL pathway for extremism, and if possible share resources

- Information from the Troubled Families project will be co-ordinated by the Hub performance management.

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Pathways

Coordination

Governance

Universal Services

Family Information Service

Pre CAF

CAF Team

CAF

TAF: Action Plan

Step up/step down

Children's Social Care

Pathways to access Early Help

Pathways to prevent / deter from:
1. Extremism (CHANNEL)
2. Gangs/youth violence
3. CSE
4. Trafficking

Early Help Coordinating Hub
1. Monitoring
2. QA
3. Intelligence
4. Reporting

HWBBC

Children's Trust

Early Help Strategy Group
1. Integrated services
2. Service coordination
3. Commissioning priorities

Flying Start

Stronger Families

Joint Commissioning Process

Commissioned Early Help Services

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11   Governance

Performance against this strategy will be overseen by the multi agency Early Help Strategy Group, who are accountable to the Children's Trust and the Health and Wellbeing board

Although responsibility for improving outcomes lies with the individual organisations working with children, young people and families, the Luton Children's Trust's primary focus is to drive that improvement, through identifying opportunities and removing barriers

12. How will we know we are making a difference?

Our aim is that children, young people and families are supported when they need help and avoid the need for more intensive statutory interventions.

Our challenge now is to ensure that our early help activities continue to improve, are operated consistently across agencies, and are taken forward as a well-managed programme including performance measures, monitoring and assessment of cost-benefit. To this end we will implement Luton's new performance framework that captures and reports impact on outcomes for children and their families, and informs evidence-based commissioning.

The following measures will be monitored:
- Increase in number of CAFS completed by a range of partners
- Reduction in number of children subject of CP Plans as a result of poor mental health, DV and substance misuse
- Numbers of disabled children supported through short breaks and who do not come into care
- Reduction in bullying statistics
- Improved school attendance
- Reduction in persistent absenteeism and school exclusions
- Improvement in attainment at key stages of education and at gcse
- Raising the Participation Age (RPA)
- Reduction in young people NEET
- Reduction in gang related offending
- Reduction in involvement in extremist groups
- Reduced anti-social behaviour
- Increased engagement in work / training for families
- Increased number of integrated health, education and social care plans for children with disability or additional needs

The Performance Hub will be responsible for working with providers of commissioned services to monitor outcomes, through the establishment of a framework for robust needs data, output and outcome based performance information, and information from consultation with children, young people, families and practitioners. This will be essential for the targeted development of Early Help commissioned services, evaluation of effectiveness and ensuring the most cost effective approach to securing the desired outcomes for children and families in Luton. This monitoring process will provide information to inform future commissioning decisions, so that they are made strategically, on the basis of need, alongside partners and after consideration of options.

Implementation of the Early Help strategy will also develop a better understanding of need, both through more systematic analysis of Common Assessments (CAFS) and through a commitment to learn from the solutions developed with individual families to overcome their difficulties and challenges.

Appendix 1

Needs Framework

This framework has been developed from the Research In Practice framework3 for commissioning early help services, and identifies evidence in Luton against priorities from national research.

Focus area	Priorities from national research	Evidence in Luton
Children's vulnerabilities	Poor mental health of children	Childhood obesity at year 6 is 22.4% for Luton overall and 25% in some of the target wards (all higher than the England average) Social and emotional development scores at the foundation stage average 58% in the target wards compared to the England average of 66% The child well-being index ranks Luton 291 out of 354 local authorities nationally (47th from 48 authorities in the East of England) The prevalence of mental health disorders for children is 25% higher than the national average. In the 5 to 10 year age group 60% have a conduct disorder linked to poor educational attainment, risky behaviour and poor interpersonal relationships
	Disability or learning difficulties, especially speech and	Communication, language and literacy: All target wards in Luton out worse than the English average of 82% in achieving a score of 6+ Children in lower socio-economic wards and South Asian communities are affected by life limiting illnesses and disabilities. Analysis by the child death panel shows that consanguinity was a factor in 20% of child deaths between 2009 and 20114

3 Commissioning Early Help: Research in Practice. Rebecca Goader November 2013

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	communication problems	20% of Luton's Children In Need have a disability recorded compared to 14% for England in 19% for East of England 2.5% of the LAC in Luton have a disability as primary need
	Isolation from peers and services	Just over 20% of total primary exclusions in 2011/12 were from 2 primary schools in two target wards5
How parents can improve children's resilience	Providing a warm and caring environment	**Children On Child Protection Plans** Most children on CP plans are in the categories neglect (43%) or emotional abuse (37%). Very small proportion of physical or sexual abuse (under 4%) More males than females in all age categories apart from 16+ |	Number	Share | |---|---|---| | Emotional | 101 | 37.4% | | Neglect | 115 | 42.6% | | Sexual | 5 | 1.9% | | Physical | 5 | 1.9% | | Multiple | 44 | 16.3% | | All | 270 | | 34% of all referrals for child protection are from the 5 target wards Rates of breastfeeding at 6 weeks is significantly lower in the target wards than the England average of 32%6

Children On Child Protection Plans table:

	Number	Share
Emotional	101	37.4%
Neglect	115	42.6%
Sexual	5	1.9%
Physical	5	1.9%
Multiple	44	16.3%
All	270	

4 (Data from big lottery bid, 2013)

5 (Luton Borough Council, 2013)

6 (Luton Borough Council, 2013)

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Luton has the worst dental health record for 5-year-olds in the East of England

50% of children coming into care in Luton are from single parent households

Family dysfunction is identified as the primary need in 12% of L a C in 2014

Ethnicity

Asian families are significantly underrepresented in child protection plans, and black and white populations are also underrepresented. Dual heritage (mixed) and other families are significantly overrepresented.

	Number on CPP	Share	Population (2011)
Asian	50	18.5%	30%
Black	19	7.0%	10%
Mixed	28	10.4%	4%
Other	40	14.8%	2%
White	130	48.1%	55%
Missing	3	1.1%	
All	270		

Ethnicity of Children Coming into Care and In Care 2012/137

As shown in the table below children from white British backgrounds are underrepresented in the children coming into care group, and overrepresented in the children in care group. Children from other white backgrounds are over represented. Children from Indian and Pakistani backgrounds are significantly

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7 Luton BC analysis of children in care: Keith Hill December 2013

underrepresented, and children from Caribbean backgrounds are in line with the population. Children from mixed heritage backgrounds as a most significantly overrepresented in the care population.

Characteristic				POPULATION (all ages)	Coming into care in 2012/13		children in care at 31 March 2013	
				% of total	Number	% of total	Number	% of total
White	White British	WBRI		45%	59	38%	208	54%
	White Irish	WIRI		3%	3	2%	3	1%
	Any other White background	WOTH		7%	17	11%	19	5%
	Traveller of Irish Heritage	WIRT		0%	0	0%	0	0%
	Gypsy/Roma	WROM		0%	0	0%	0	0%
Mixed	White and Black Caribbean	MWBC		2%	10	6%	16	4%
	White and Black African	MWBA		1%	2	1%	6	2%
	White and Asian	MWAS		1%	10	6%	21	5%
	Any other Mixed background	MOTH		1%	9	6%	13	3%
Asian or Asian British	Indian	AIND		5%	2	1%	0	0%
	Pakistani	APKN		14%	7	4%	28	7%
	Bangladeshi	ABAN		1%	6	4%	21	5%
	Any other Asian background	AOTH		3%	5	3%	6	2%

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Black or Black British	Caribbean	BCRB		4%	5	3%	15	4%
	African	BAFR		5%	5	3%	6	2%
	Any other Black background	BOTH		1%	1	1%	8	2%
Other ethnic groups	Chinese	CHNE			1	1%	1	0%
	Any other ethnic group	OOTH		2%	13	8%	15	4%
Not Recorded	Refused	REFU			0	0%	0	0%
	Information not yet obtained	NOBT			2	1%	2	1%
TOTAL NUMBER					157		388	

Setting appropriate boundaries	No current information
Providing advice and guidance	No current information
Supporting engagement in education	No current information

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Characteristics associated with reduced risk of harm	High self esteem	No current information
	Good emotional well-being	No current information

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Opportunities to develop talent and skills	In November 2013 405 young people were NEET (5.5%)
	A slightly higher percentage of these were male

	Adjusted	Adjusted %
Male	223	5.8%
Female	179	5.1%
Unknown	3	15.0%
November	405	

The percentage of young people who are NEET

is significantly higher in the Mixed category

	Adjusted	Adjusted %
Asian	97	3.9%
Black	27	3.2%
Mixed	35	7.9%
Other	3	3.2%
White	209	6.6%
Missing	34	8.8%

The Farley, South and Lewsey districts have higher percentages of young people who are in NEET

A very high percentage of female NEET are pregnant or teenage mothers

A high percentage of male NEET have learning disabilities or are looked after

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Pregnancy	65%
Teenage Mothers	71%
LDD	11%
LAC	23%

School exclusion

School exclusion has a clear relationship with gang related offending. Over half of all gang-related offenders have been excluded at least one occasion, over two thirds of these exclusions relate to physical assault.

Just over 20% of total primary exclusions in 2011/12 were from 2 primary schools in two target wards

This year Luton has reversed a trend: of all 11 Local Authorities in the eastern region, Luton and Herts have the highest levels of overall attendance and we are also higher than the national average, which when you consider the challenges we face in Luton, indicates good practice in early help. Also our Persistent Absentee levels, which we know are the real indicator of how well we are tackling poor attendance – and where the government focus is – show that Luton has the lowest levels of persistent absenteeism in the eastern region; our secondary level is particularly impressive as we are reducing that at an even more significant rate than what is happening nationally.

Strong relationships with parents or significant adult	No current information

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Parental needs	Parental mental health problems	Of the 385 children in care in June 2013, 35% of their mothers had a mental ill health issue as did 9% of fathers
	Domestic violence	Of the 278 children on child protection plans as at 21.3.14, 106 have a presenting issue of domestic violence. Domestic violence was associated with 60% of Looked After Children in June 2013 37% of all domestic violence referrals are from the 5 target wards Gang membership in Luton is associated with family domestic violence8
	Parental substance misuse	18% of the mothers of Looked After Children in June 2013 had alcohol issues as did 9% of fathers Hospital admissions for alcohol related harm are significantly worse in the 5 key wards than the England average
Environmental factors	Unstable housing	80% of children coming into care were from rented accommodation9 48% come from households with 4 or more children 50% come from single parent households 25% are from overcrowded households Overcrowding is a particular factor in the target wards
	Low income and debt	80% of the families of children in care are receiving benefits 10Both victims and gang members in Luton come from socio-economic Mosaic types K 51 and J 45 **K51**: large families, council estates, problem debt, shop for convenience children have say in decisions, influenced by advertising, income topped up with benefits **J 45**: low wages, vertically lower unemployment, blue-collar jobs, stable communities, late adopters of

8 (Luton community safety partnership, 2013)

9 Keith Hill 2013

10 (Luton community safety partnership, 2013)

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		technology, affordable housing, drive to shops, value for money, television viewers, reluctant technologists
		There is a preponderance of gang member home addresses in areas with higher income deprivation affecting children (IDACI) scores – principally Leagrave, Lewsey and Northwell
		The highest number of children coming into care are from the 5 target wards primarily linked to physical and emotional abuse
		14.5% of working age adults claim benefits and Luton has lower wages the rest of the region.
		Unemployment remains high at 9.4% (regional average 5.3%). Unemployment is particularly high in the 5 target areas, with a high correlation to poverty in these areas
		Luton is ranked 39th out of 152 local authority areas in terms of child poverty. (2nd out of 48 local authorities in the East of England) one in 4 children are living in poverty in the town and the target areas have poverty rates double the regional average. 11
Multiple risk factors	Children of families with multiple needs relating to mental health, low income and poor housing are 6 times more likely to enter care	The combination of the above factors as evidenced above greatly increases the risk of children entering care

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11 (Data from big lottery bid, 2013)

	Analysis of SCR is poses the risks of the toxic trio of domestic violence, poor mental health and substance misuse. These factors may lead to toxic stress in children, which can have damaging effects throughout	The multiplication effect of risks in mental health, substance misuse and domestic violence is well evidenced in Luton as above, and can have life time effects

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	their life.12	
	Children who have experienced sexual exploitation are likely to have been excluded from school, use substances, be involved in crime, and go missing	No local evidence
Other risk factors	Sexual orientation	No local evidence
	Teenage	Luton per 1000 women aged 15 to 17 years13 A significant factor in female NEET.

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12 Toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years.

13 (Luton Borough Council, 2013)

	conception	
	Bullying including cyber bullying	LBC bullying survey 2009 (1766 pupils) 35% reported bullying in school (7% bullied a lot)
	Racial extremism	Radicalism – findings from Luton research Daily life characterised by ethnic and religious divides and neighbourhood attachments Divides exacerbated by extremist narratives from far right in groups such as EDL Children and young people reported being bored with few activities to participate in Factors which attract young people to extremist group related to sense of belonging and identity and the excitement of marches Aggravated by undercurrents of racism, bullying and discrimination Black and minority ethnic children have negative attitudes towards the police who are perceived to be supportive of the EDL Alienation, boredom and feeling disenfranchised through poor educational performance and lower employment prospects these children and young people from level to extremist groups Passive support for extremist groups and communities Active supporting families especially for the EDL Schools not thought to be engaging well with issues of extremism and associated risks There is a need for targeting those most at risk, especially young Muslim girls
	Youth violence	6 key themes emerging from Luton research14 associated with later youth violence: Early exclusion from school – 6 years before Exclusion for violent behaviour

14 (Luton youth violence review, 2014)

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		Low educational attainment
		Family history of criminality/violence
		Experience of domestic violence
		Early drug use 12 years or before
	Drugs	
	Gangs	
	Trafficking and CSE (link to gangs	

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