September 2016

Version 13

Kirklees Children's Needs Assessment







Introduction:

This Needs Assessment incorporates a wide range of data to demonstrate the needs of Children and Young People aged 0-19 across the whole authority. The data provided has been arranged by District Committee Area to demonstrate the differences in each District.

This information has been provided by a wide range of services to be utilised for a number of requirements:

- The collated information allows us to consider the wide range of needs in each of our District Committee areas and highlights areas of greatest needs across a number of key indicators.
- b) The intelligence contained within the document points us to a number of areas where we have chosen to 'dig deeper' either at a local level or when reviewing specific service activities; the cross service information prevents us looking at issues in isolation.
- c) It is our intention to build on this current document by including other available intelligence (including any in depth work we undertake related to 0-19 year olds) so we maintain a solid bank of cross service data to provide robust intelligence on which we can make informed decisions.
- d) The gathered intelligence can also be used to inform our Early Intervention and Prevention Strategy to identify where we need to intervene early to stop problems getting worse.
- e) The document will be updated annually at the time that individual contributors review their data so we continue to develop and maintain our body of intelligence.
- f) If maintained this intelligence can act as a baseline to track our progress overtime of those areas of greatest need.
- g) This intelligence will also provide part of the evidence for Ofsted Inspections.

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- Domestic Violence pages 56 58 Alexia Gray
- Children with Special Educational needs and Disabilities (SEND) pages 59 85 Mandy Cameron, Sue Grigg, Roger Clayphan
- o Pregnancy and Childhood Health pages 86 90 Sue Grigg, Andy Shackleton
- Stronger Families Extended Programme 2015/2020 pages 91 94, Clare Mulgan,
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- o Early Learning pages 95 101 Beverley Richards, Martin Wilby, Carol Lancaster
- Planning for school places pages 102 103 Jo-Anne Sanders
- The Children's Centre Data Analysis pages 104 117 Alison Waters, Jane
 Weatherill,
- Children's Centre Data by groupings pages 118 147 Alison Waters, Jane
 Weatherill, Sue Grigg, Simon Haigh
- Appendix 1 Children Centre Activities pages 148 –173 Alison Waters, Jane
 Weatherill
- o Appendix 2 IYSS Group Activities pages 174 184 Nigel Addy

1. Early Help Strategy

The KSCB (Kirklees Safeguarding Children's Board) received a first draft of the Early Help Strategy in July and noted the contents whilst acknowledging that further work was required to ensure that it represented a truly multi-agency cross sector strategy. To this end, the Neglect and Early Help work stream *(chaired by DCS Sarah Callaghan) is working together to develop and refine the strategy with a view to presenting a final version to the KSCB at its meeting in early December. At this stage the current version (4) is a work in progress and not available for wider distribution. Between October and early December a detailed action plan will be developed along with performance and success measures.

2.0 The Benefits of Early Intervention

Early intervention and prevention is about reducing demand, preventing family breakdown and maximising independence.

The aim is to:

- address problems at the earliest opportunity before they escalate
- work in partnership to improve outcomes for everyone, and
- help more people in the most appropriate way with the limited amount of money we have available to us.

National and international evidence shows that early intervention clearly works when it is an appropriate intervention, applied well, following timely identification of a problem; and the earlier the better to secure maximum impact and greatest long term sustainability (both as early in the child's life as possible and/or as soon as possible after a difficulty becomes apparent).

There is widespread consensus that the early years in a child's life (aged 0-5 and especially the first 22 months) have a strong impact on future health, attainment and social/emotional development. During these years, the greatest influence are parents and family, e.g. through nutrition, emotional warmth and providing development opportunities, but poverty is an important inhibiting factor as well.

Investing early in prevention in adult social care, children and family services can reduce or delay the need for costly crisis intervention or care services. This has the potential to save the council a huge amount of money — whilst having the potential to be better for the people who receive support.

Many people get invaluable support from family, friends or neighbours to find their own solutions to meet their needs. Where this is the case we don't want to get in the way of these arrangements. However, when additional information, advice, or guidance is needed, we do need to put people in touch with other organisations who can help, or in some cases offer support, so that they can remain safe and independent in their own home for as long as possible.

- Working closely with others, we aim to bring together, strengthen and enhance a range of existing services under one integrated offer
- We aim to deliver agreed and shared outcomes through one Integrated Early Help Offer to children, young people and families across Kirklees
- The way we work and co-ordinate support will build community resilience and safely prevent family breakdown
- As the Early Help offer is defined we wish to improve the timeliness of support by having clearer processes in place. We have revised the Threshold document to ensure that the right children get the right intervention at the right time. It also aims to bring clarity to the role of Children's Social Care in terms of when they will intervene to support and protect children. Having clear thresholds for action which are understood by all practitioners can help identify what a child's needs are as well as helping identify suitable additional support

The vast majority of parents want the best for their children and in most families parents are a source of strength, support and resilience. Some disadvantaged families who face the most adverse of circumstances manage to beat the odds and break the cycle of disadvantage. Protective factors for families that shield children from negative influences are:

Authoritative and positive parenting combined with a warm, affectionate bond of attachment between a child and its parents from infancy. Conversely, a harsh or inconsistent parenting style is a key risk factor

Positive relationships between teenagers and their parents can protect against a number of poor outcomes, including low educational attainment, poor mental health, low self-esteem, substance misuse, youth offending and homelessness

Educational attainment is a key protective factor for children, and the level of parental interest in a child's education is extremely important. When a child is very young, parental involvement plays a key role in ensuring cognitive development, literacy and numeracy skills. At primary level, differences in parental involvement in learning can have a very significant impact on attainment and this impact remains very strong into adolescence

Encouraging the child or young person to aim high, and celebrating achievements, are both very powerful motivators for children of secondary school age

Good parenting and strong family relationships can help to build social and emotional skills, which are important determinants of a host of outcomes including raising attainment, avoiding teenage motherhood and preventing involvement in crime

Informal support can act as a strong protective factor in times of difficulty and reaching out to wider family members can have positive outcomes and avoid the need for the child to be taken into care

Services to support vulnerable children and families with specific needs National research and guidance has identified some of the key characteristics of effectively configured services for vulnerable children, young people and families. Certain factors are common to all groups of vulnerable children and young people. These include:

Services are accessible to children, young people and families in their localities, and within a range of settings

The balance of provision should be focused towards early identification and prevention, with support provided well before children reach crisis point

Services are holistic, multi-disciplinary and well co-ordinated between all agencies involved, including the voluntary sector

There is a common assessment process and good information sharing between agencies

Training in the identification and requirements of children and young people with additional needs for all staff working in specialist and mainstream settings

There is a lead or key practitioner role to ensure good case co-ordination

Services are evidence-based, regularly monitored, evaluated and reviewed, with the findings used to improve services

Listening to children/young people and their families and involving them in the planning and delivery of provision

Using effective management information to understand the characteristics of children/young people and plan provision

Services are acceptable: for example, parenting advice linked with other advisory services (such as employment and child care), one stop shops that are both welcoming and helpful for older children and young people

Services are as non-stigmatising as they can be. Generally, targeted services should be embedded in more open-access services, so that a more graduated response can be provided

Services include a particular focus on key transition points in a child's life, such as the change from primary to secondary education, transition from child to adult services for young people with disabilities

There is a whole-child/young person and whole-family approach that is as enabling and empowering as possible

There are good links with relevant adult services (in particular mental health or drug and alcohol services) so that these services take account of the developmental needs of the child or young person. Transition planning is also robust

Services are evidence-based, grounded in robust evaluation of what works. Where possible, new services should be built on existing local networks and services that are already working well

Services are sustainable, with support continuing for as long as is needed

There is an effective assessment process that is child-centred; rooted in child development; ensures equality of opportunity; involves working with children and families; builds on strengths as well as identifies difficulties; is inter-agency in its approach (both to assessment and to the provision of services); is a continuing process and not a single event; is carried out in parallel with other action and provision of services; and focuses on desired outcomes.

In terms of children, young people and families we have further defined which outcomes we seek in order to achieve the key priorities. These are based on the Stronger Families outcomes:

Children remain safely living with their family free from harm

Children's basic needs are met within the family until they are ready to live independently without support

Family is no longer experiencing domestic abuse or the abuse has significantly reduced in severity and frequency

Families can overcome problems without the need for professional support

Parental relationships are strong and resilient

Individuals, families and family members are not involved in crime or antisocial behaviour Individuals, families and family members have considered their health needs and taken steps to access the help they need

Children & young people have access to and attend suitable full time education

Public Health Intelligence to support the Early Help Strategy

Headlines

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

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

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

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

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

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

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

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

3.0 The Local Offer for Integrated Early Help

EITS & IYSS current service delivery

3:1 Targeted Support (Family Support)

Outreach Family Support (OFS) offers a targeted service to families of children with multiple and complex needs (including Stronger Families). OFS uses a whole family approach across the continuum of need, from Early Help to Looked After Children, meeting the individual needs of the families as identified in the assessment. Family Support Workers work closely with families within their home and communities as part of a multi-agency support team. OFS delivers evidence-based parenting programmes on either a groupwork or 1:1 basis, dependent on the needs of the family. OFS also provides advice and support as part of the school link offer and Learning and Community Hubs. OFS currently has 7 teams based in Children centres across North and South Kirklees. OFS intervenes at the earliest opportunity to prevent family breakdown and escalation to acute services, such as the need for children to become Looked After.

3.2 Children's Centres

Children's Centre universal services are designed to meet the needs of the local area, offering parents, children and young people support to help them learn and develop. These will vary from area to area but typically could include: Stay and Play to help prepare children for school, practical advice on health, family and financial matters, One Stop Shops and Health Visitor clinics. Sometimes families need some extra help and support and at these times it is important that the right services are made available. There are a number of types of extra help including; parenting advice and guidance, advice on managing children's behaviour, one to one and group support, advice on child learning and development. Each area has a Family Forum where parents/carers can get involved in planning the services on offer and making important decisions.

3.3 Early Help Access Team (EHAT)

The Early Help Access Team screens requests for service from internal and external partners/agencies. The team works closely with the Multi-Agency Support Hub and Referral and Response. The team supports the step-down of cases from Referral and Response, Care Management and Child Concern Teams where Child Protection issues have been dealt with and where further support is required under a Team around the Family (TAF) or where a Single Assessment Part 1 is required. EHAT completes Quality Assurance **audits on** external assessments and attends 3, 9 and 15 month reviews to ensure TAF Plans are

SMART and progress is being made. Early Help Co-ordinators (EHCs) support the step-downs from Social Care by attending the meeting and developing the TAF Plan. They also author assessments and are part of the training pool to deliver Working Together and Safeguarding Skills training. EHCs link in with KSCB Briefings to Designated Safeguarding Leads in Schools.

3.4 Integrated Youth Support (IYS)

The Integrated Youth Support prevention team delivers a range of quality activities for children and young people in Kirklees outside of school in their leisure time. The team also works with schools to support children and young people's learning and attendance. The team delivers targeted provision including support for children and young people who identify LGBT, young people with a disability, Looked After children and young women to access sports. They target their work in areas of highest need and to address local issues such as anti-social behaviour and community cohesion. All provision is underpinned with the opportunity for children and young people to increase their personal and social development, raise their aspirations, increase self-esteem and confidence, build resilience, enable them to make informed decisions and increase their participation and engagement with Kirklees communities. Provision is delivered by a professional workforce who can respond to the diverse needs presented by children and young people to provide positive role modelling. Staff develop opportunities for individual and group dialogue; listen to needs, reflect back learning to children and young people and offer appropriate information, advice and guidance. Through early intervention the team aims to prevent and reduce the demand on higher tier engagement later. As well as direct delivery, the team commissions a number of services to a diverse network of community partners. The team delivers workforce development offering a Level 3 Youth and Community Work course, leadership courses and opportunities. A number of young people who have progressed through IYS provision from an early age have accessed these and have been supported in developing job opportunities.

3.5 Parenting Team

The Parenting Team coordinates Groupwork and Adult Learning courses for parents/carers and their children with an identified need. The team plans programmes for Child's Journey, Groupwork, Targeted and Commissioned Services and supports workforce development through delivering training, practice development and support, quality assurance. The team maintains partnerships with health, adult learning and schools relating to the timetable and groupwork. The team keeps up to date with local, regional and national parenting campaigns. The team manages the CareFirst desktop to ensure timely allocation of clients onto the right courses for their needs. Improved outcomes for children and families are

evidenced through good course retention rates and positive impact Evaluations.

3.6 Targeted Youth Support (TYS)

Targeted Youth Support (TYS) offers support to vulnerable young people where a variety of risks have been identified. TYS tailors programmes to respond to the needs of the young person and to achieve agreed outcomes. Support ranges from providing or sending activity or advice information, to supporting young people on a 1:1 basis to help with various issues. TYS programme areas cover: Key life skills, including healthy lifestyles, personal skills, personal hygiene, independent living skills; risky behaviours, including managing anger, sexual health, substance misuse; restorative practices, like crime and consequences, restorative justice, mediation; parenting support, including accessing parenting, basic advice.

We are working with partners to ensure that financial spend (of the councils and other partners) contributes to the overall outcomes of the Early Intervention theme. We now have to consider a more fundamental change to what we do if we are to continue to live within our means. We know that we will not be able to deliver the extent of change needed if we restrict our thinking to changes within individual service areas and directorates. We need to move from incremental change (low risk, low reward), to transformational change (higher risk, but higher reward). We have, however, made significant progress in delivering a number of services and interventions and undertaken extensive work to help us better understand the situation and the challenges we face including:

Review of family support & Early Intervention
Stronger Families Programme
Single Assessment
Re-designed Front Door
Social Care Pathway analysis (working with Vanguard though systems thinking)

3.7 A New Way of Working

Delivering on early intervention and prevention requires us to shift our focus and resources onto addressing the causes, rather than the symptoms of problems. To do that we need to redesign the whole system – aimed at each part of the child, adult and family journey. It includes reframing the relationship between agencies and communities, building individual and community resilience, promoting self-help and galvanising community capacity with help from the voluntary and community sector.

External collaboration will also be key, particularly with colleagues in the NHS, education and voluntary sector. For example, schools as hubs within local communities are central to our thinking and we will be developing criteria with schools, the police and local voluntary and community representatives to develop an approach which encourages assertive early

intervention where there are family concerns. This activity can be connected to police, health and community neighbourhood forums to ensure that support is linked to anti-social behaviour interventions, or integrated health services, where appropriate.

Key work areas that support the development of an integrated Early Help Model are focusing on:

- A managed collaboration between sectors and services
- A Self Help model getting more people to help themselves
- Social Action as a model to help people help other people
- Build community capacity using the skills resources and assets of communities
- Increased options to signpost people beyond the council
- Maintained but modernised services that already work
- A shift in resources to early intervention and prevention
- A single approach to families and individuals

An improved Integrated Early Help Offer requires changes to our current delivery model. These changes will provide a greater focus on more vulnerable families within the district in order to meet their needs and address growing inequalities across Kirklees. However, some services will still be available for all families and the children's centre offer in particular, will provide a universal offer alongside targeted support for those who need it the most. In order to avoid duplication and develop a seamless offer of support when a family requires it, the Council is proposing to utilise those resources and organisations already providing universal services so that the Council can concentrate its limited resources on providing an Early Help Offer that will focus on:-

Working in partnership with services, communities and schools as community hubs to ensure efficient and effective services are provided that meet needs

Targeting services at those most in need and those most difficult to reach, including more outreach and home based working

Families having access to a wider range of services within an area that meet a wider range of needs

Integrated service delivery and workforce integration that changes the way people work, to ensure future capacity and skills are available to deliver quality services and secure better outcomes.

Earliest intervention and prevention of escalating needs, particularly in relation to statutory interventions (e.g. Social Care, Police, Youth Justice)

Delivering services which improve the safety, health and well-being of children, young people and their families

Improving information sharing and collaboration between agencies, improving outcomes, aspirations and life chances for our most vulnerable children, young people and families

Each hub will provide a range of Early Help services including health care and advice, family support, financial management advice and targeted support which will be linked with

partner organisations in order to provide a 'whole family' approach from -9 months to 19 years (25 years SEND). The range and level of services provided in each area will be determined by the needs of the children, young people and families in that area.

The Integrated Early Help Offer for children, young people and families will be specifically targeted to those who have multiple vulnerabilities. Support offered from practitioners designated to an area hub will not be aimed at universal needs.

The Integrated Early Help Hubs will work to address the following priorities:

Increasing the number of children who are school ready

Improving school attendance

Reducing incidences of domestic violence

Reducing the number of children in need or subject to child protection plans

Reducing the number of 'troubled' families (as defined by DCLG)

Increasing the use of Early Help Assessments and action plans by the range of partners

Reducing current gaps in educational achievement

Improving educational attainment

Increasing social capital and community capacity

Increase parenting capacity

Reducing youth crime, anti-social behaviour, NEET and alcohol and substance misuse Reducing worklessness

Service delivery within the Hubs will be planned, organised and underpinned by the following principles:

Structural Principles – we will:

Meet our statutory requirements – although the council may not directly deliver this Operate within the resources we have available

Respond proportionately to differing levels of need

Use local and integrated partnership approaches – joint working with teams, services and partners

Have multi-skilled, multi-agency working using targeted and specialist, intensive time limited interventions to avoid escalation

Ensure all services and partnerships (health, schools, voluntary and community sector) prevent and identify problems early as core to their business

Be 'digital by default'

Practice Principles – we will:

Safeguard vulnerable people using flexible and responsive services at the right time - safeguarding is "everyone's business"

'Think Child, Think Parent, Think Family'- consider the whole person and their family circumstances

Creating trust and connections between other public sector services, business, voluntary and community organisation, and local people

Ensure interventions are targeted and impact focused meeting the needs of individual families and achieve agreed outcomes.

Use the strengths adults, children, young people and families and shift towards coproducing or co-designing services they use, support they need and influence decisions that affect them

Have a flexible and adaptable EIP offer that responds to the needs of those coming into the system and make changes in provision at a local level

Have a multi-skilled, multi-agency, multi-disciplinary focussed EIP services

Early Help Hubs will be made up of staff either from or linked to, the following service delivery areas and teams:

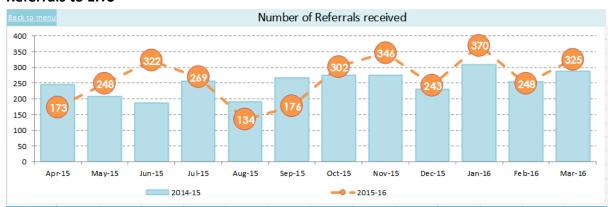
Children's Centres
Targeted Youth Support Services
Troubled Families
Early Intervention Team including the CAF Coordination Team
Intensive Support Team
Positive Activities
Elements of Children's Social Care
Education Support Services
Street Scene
Neighbourhood Policing Teams
Adult Health and Communities

As part of wider developments to remodel and reconfigure services within the district, it is envisaged that the following staff teams will also work as part of Early Help Hubs:

Health Visiting Teams School Nursing Teams Family Nurse Partnership

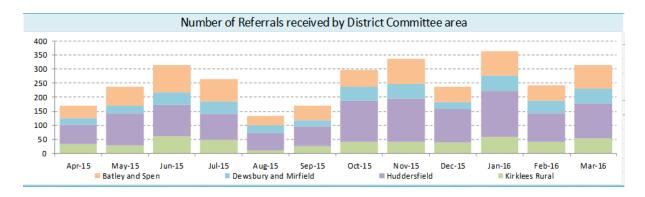
								<u> </u>	dicators releva	nt to Farly Helr	\ \nffer'						
District Committee area			Dewsbury & Mirfield Batley & Spen					Idicators reieva	in to Early Help	Hudds			Kirklees Rural				
Children's Centre Grouping		Dewsb West	'	1	Mirfield		Spen	Batley	Rawth & Dalton	Hudds South		Chestnut	Crosl Moor & Neth	Golcar		Valleys South	Kirklees
						Birs & Birk,	-1	Batley East,						Lindley		D Dale, HV	
Wards		Dewsb West	Dewsb East	Dewsb South	Mirfield	Gom, Liversedge	Cleck, Heck	' '	Dalton	Alm, Newsome	Greenhead	Ashbrow	Cros Moor & Neth	(Hudds)	CV, HV North	South, Kirkb	
Indicator								•									
No. children living in most deprived decile	CC	1309	350	120	0	383	0	625	439	460	506	919	1019	144	0	0	
% children a chieving good level of development	CC	57	60	64	73	67	62	67	59	68	69	60	58	73	66	77	
% parents who are qualified to level 2	CLik	61	66	54	73	76	70	64	60	78	68	72	69	85	79	86	72
% parents who are workless	CLik	33	22	34	11	21	23	32	29	21	21	26	41	14	15	14	23
% single parent households	CLik	14	1	8	7	9	7	8	9	8	6	13	10	8	5	6	8
% parents who are Health Conscious Realists (most																	
highly motivated HF segment)	CLik	18	29	29	31	32	28	24	21	22	23	22	17	35	36	32	27
% parents who are Unconfident Fatalists (least																	
motivated HF segment)	CLik	34	24	13	17	23	20	22	31	22	39	20	39	18	19	17	23
% parents living in overcrowded household	CLik	22	5	30	١	•	9	26	8	17	24	12	25	7	5	4	13
% parents who are South Asian	CLik	61	27	56	•	•	20	57	6	16	58	24	43	14	•	١	24
to add from HCP/ CC indicators																	

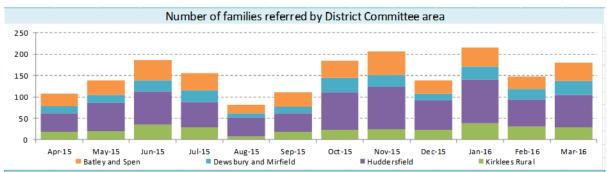
Referrals to EITS



Data Source (s): Carefirst

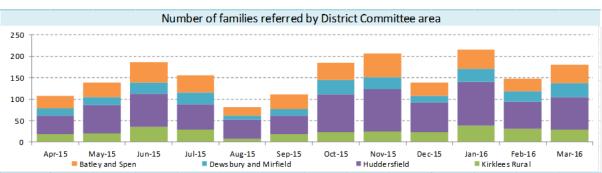
Notes: items included in analysis are those defined as 'EITS Request for Service' on the Carefirst Initial Contact form, referrals to D&A where the outcome decided upon was EITS-related, and EITS Referrals using the new CareAssess forms





Data Source (s): Carefirst

Notes: Referrals by District Committee in these two tables is based on the postcode of the child/sibling group at the time the referral was received (there will be a small a mount of missing/invalid postcodes each month)



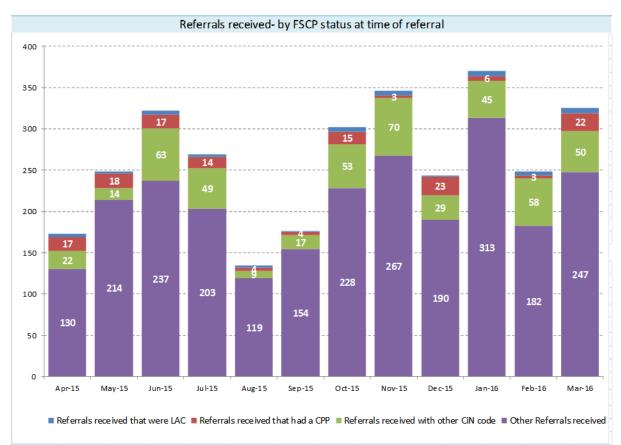
Data Source (s): Carefirst

Notes: Referrals by District Committee in these two tables is based on the postcode of the child/sibling group at the time the referral was received (there will be a small a mount of missing/invalid postcodes each month)

Referrals received by Index of Multiple Deprivation Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16 To													
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Total
Worst 10 percent	33	54	76	38	23	31	70	74	51	56	42	40	588
Worst 10 to 20 percent	46	86	85	96	47	49	75	92	69	114	77	90	926
Worst 20 to 30 percent	18	35	47	31	26	35	45	52	17	60	43	45	454
Worst 30 to 40 percent	16	17	23	28	19	17	43	24	35	40	30	43	335
Worst 40 to 50 percent	12	13	26	16	4	15	29	27	26	34	17	28	247
Least deprived 50 to 60 per	14	10	12	19	8	4	8	10	11	15	4	26	141
Least deprived 60 to 70 per	5	10	17	9	4	6	11	16	7	15	10	14	124
Least deprived 70 to 80 per	20	10	17	18	()	7	8	29	16	17	9	13	164
Least deprived 80 to 90 per	6	1	8	4	1	4	7	11	6	13	11	12	84
Least deprived 90 to 100 pe	1	1	4	5	()	2	()	1	0	()	()	2	16

Data Source(s): Carefirst, Postcode lookup file

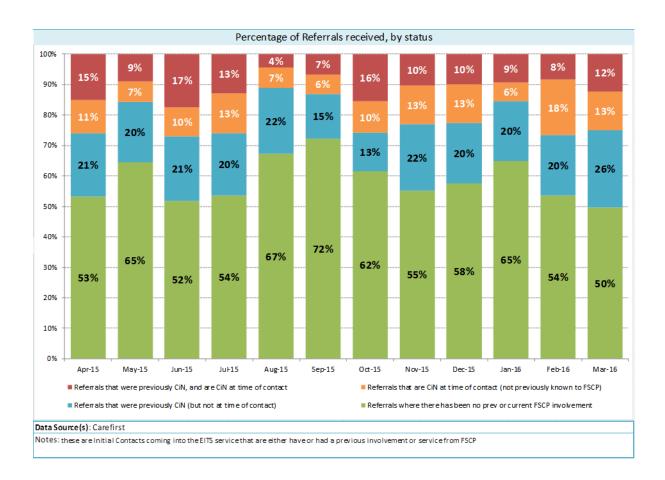
Notes: the IMD summary is based on the child's home or main address postcode at the time of contact.



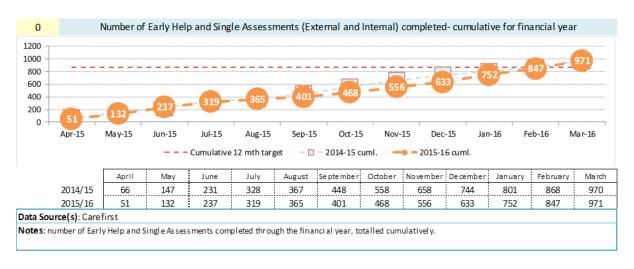
Data Source (s): Carefirst

Notes: these are Initial Contacts coming into the EITS service that are either Looked After, have a Child Protection Plan, or any other Children in Need status at the time of receipt

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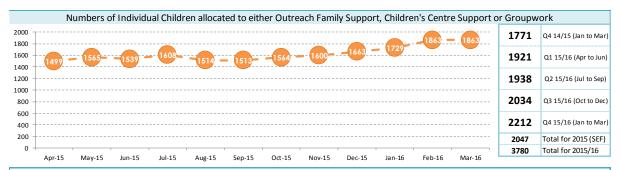


Early Help Assessments/Single Assessments



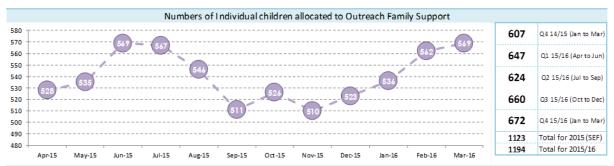
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EITS service allocations



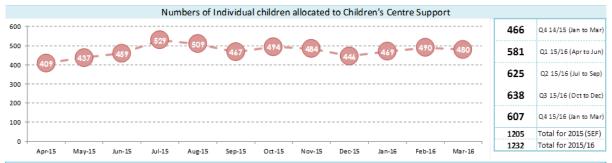
Data Source(s): Carefirst

Notes: Numbers shown are for individual children allocated to the above support at any time during that month. The same children may be counted over more than one month depending on the length of their support. If a child was allocated for support on at least two separate occasions in one month, then that child is only counted once.



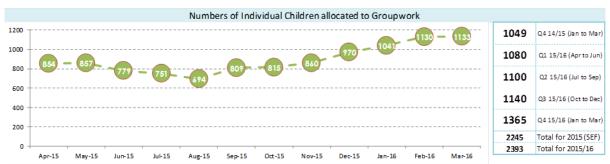
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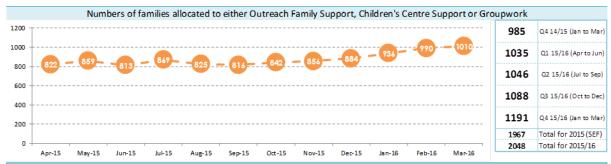
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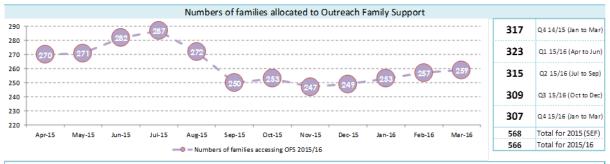
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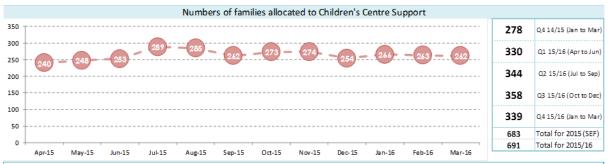
Data Source(s): Carefirst

Notes: Numbers shown are for families allocated to the above support at any time during that month. The same families may be counted over more than one month depending on the length of their support. If a family was allocated for support on at least two separate occasions in one month, then that family is only counted once. Siblings are grouped using common addresses.



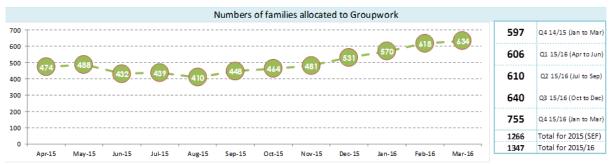
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Data Source(s): Carefirst

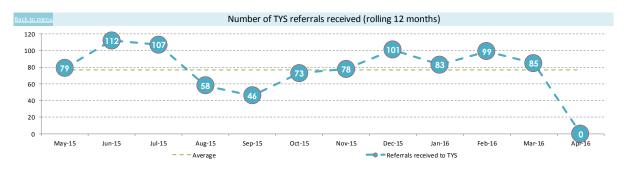
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Data Source(s): Carefirst

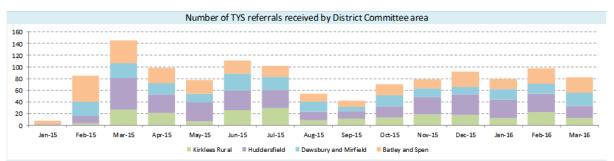
Notes: Numbers shown are for families allocated to the above support at any time during that month. The same families may be counted over more than one month depending on the length of their support. If a family was allocated for support on at least two separate occasions in one month, then that family is only counted once. Siblings are grouped using common addresses.

Referrals to TYS



Data Source(s): Carefirst

Notes: items included in analysis are those defined with 'TYS...' on the Carefirst initial Contact form



Data Source(s): Carefirst

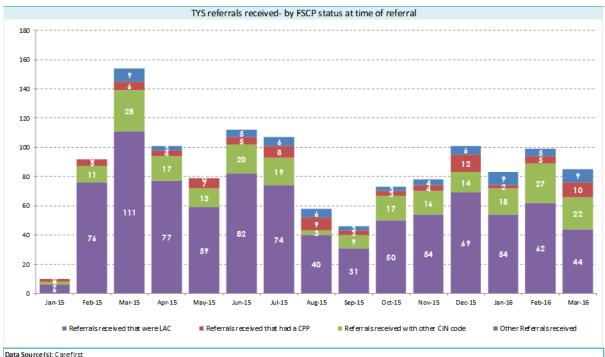
Notes: items included in analysis are those defined with 'TYS...' on the Carefirst Initial Contact form; the District Committee area is determined by the address postcode at the time of referral

	TYS referrals received by Index of Multiple Deprivation															
	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Fe b-16	Mar-16	Total
Worst 10 percent	1	7	30	5	13	24	17	11	7	15	17	27	11	19	14	218
Worst 10 to 20 percent	4	24	35	30	23	29	32	16	10	21	18	22	28	28	19	33 9
Worst 20 to 30 percent	1	18	16	16	10	15	8	8	7	10	15	14	7	14	11	170
Worst 30 to 40 percent	0	9	20	10	10	8	4	7	2	5	9	7	11	8	6	116
Worst 40 to 50 percent	1	12	16	12	5	10	13	3	4	7	9	4	8	13	8	125
Least deprived 50 to 60 per	0	4	8	8	8	8	10	1	0	2	4	6	4	4	5	72
Least deprived 60 to 70 per	0	4	10	6	2	3	9	3	6	6	0	5	3	6	7	70
Least deprived 70 to 80 per	1	5	7	8	4	5	6	3	3	3	2	4	6	2	8	67
Least deprived 80 to 90 per		2	2	2	1	5	1	2	3	1	3	3	1	1	4	31
Least denrived 90 to 100 m	0	0	1	1	1	4	2	0	0	0	1	0	0	2	0	12

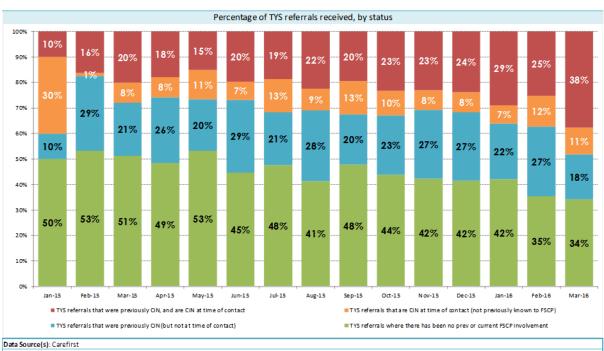
Data Source(s): Carefirst, Postcode lookup file

Notes: the IMD summary is based on the child's home or main address postcode at the time of contact.

(Continued overleaf)



Notes: these are referrals coming into Targeted Youth Support that are either Looked After, have a Child Protection Plan, or any other Children in Need status at the time of receipt



Notes: these are referrals coming into Targeted Youth Support that either have, or had, a previous involvement or service from FSCP

4. The Kirklees Integrated Approach (The Healthy Child Programme)

Vision

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

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

This will be realised by bringing together systems, organisations, people, processes and services and such an integrated approach will achieve the following outcomes:

Outcomes

Starting Well aims to achieve two linked outcomes:

- Every child has the best start in life;
- All children, young people and adults are able to maximise their capabilities and have control over their lives.

In order to achieve these, an integrated approach will seek to ensure that every child and young person will:

- Be healthy;
- Stay safe;
- Enjoy and achieve;
- Make a positive contribution, and
- Enjoy economic wellbeing

Principles underpinning an integrated approach to achieving these outcomes In order realise the vision and achieve these outcomes, the Children's Trust Partnership has agreed a set of principles which act as a guide in developing an integrated approach:

- Prioritising children and families the commitment to children and young people in the context of their families and ensuring a whole family approach.
- Involvement and engagement of children, young people, their families and their community is crucial.
- Working together seamlessly to improve the life chances for children, young people and families.
- A partnership approach, through which assets and needs will continue to be identified, action planned, resources aligned and progress reviewed.
- Leadership partners will provide strategic leadership and direction to the area-wide systems of children and young people services.
- Creativity creating new ways of working to improve outcomes for children, young people and families.

- Adaptability to respond to changes and reductions in resources, to continually review priorities and the focus of partner organisations.
- Evidence having evidence informed interventions and support, ensuring interventions are needs and assets led and not demand led.
- Integration a commitment to seizing the opportunity to make closer integration a reality for the planning and provision of services for children, young people and families.

The Contribution of the Healthy Child Programme (0-19)

The Health and Social Care Act 2012 sets out a local authority's statutory responsibility for delivering and commissioning public health services for children and young people aged 5-19 years.

Responsibility for children's public health commissioning for 0-5 year olds, specifically health visiting services and Family Nurse Partnership, transferred from NHS England to local authorities on 1 October 2015.

The move to commissioning of children's public health services by local authorities is an opportunity to take a fresh look at a whole family approach, ensuring coherent, effective, life course services for children and young people from conception to age 19 (up to 25 for those with additional needs) and their families.

This means new opportunities for bringing together a robust approach for improving outcomes for children, young people and their families across interdependent systems.

Local authorities are well placed to ensure a wide range of stakeholders, including the NHS and the independent, voluntary and community sectors are engaged in an integrated approach to improving outcomes for children and young people.

Good health and wellbeing (especially mental and emotional) are vital for all children and young people and their families. There is firm evidence about how to achieve this through strong children and young people's public health. In 2009, the Department of Health set out an evidence-based programme of best practice, the Healthy Child Programme (HCP), with the ambition of developing improvements in health and wellbeing for children and young people, in the context of whole family wellbeing.

The universal reach of the HCP provides an invaluable opportunity from early in a child's life to identify risk factors for families and any additional support needed for children and young people to ensure they achieve the outcomes (see p3 above).

The HCP 0-19 is a framework to support collaborative work and more integrated delivery.

Kirklees Integrated Healthy Child Programme 0-19

In order to take advantage of the opportunity to transform services for children and young

people from conception to age 19, it is proposed to build on discussions with partners across systems and sectors in order to inform a model for the re-design of Kirklees Healthy Child Programme (from conception to age 19) and in particular ensure it contributes to its fullest extent to Kirklees Transformation Plan for Children and Young People's Mental Health and Wellbeing.

The intention is to use the HCP approach as a catalyst for the integration of a range of systems, interventions and services, building on the interdependencies between these, in order to improve outcomes for children, young people, their families and communities, with a particular focus on mental and emotional health and wellbeing outcomes.

The scope of the Transformation Plan brings together core principles and requirements which are fundamental to creating systems that properly support the emotional wellbeing and mental health of children, young people and families in Kirklees.

The plan covers the whole spectrum of services for children and young people's mental health and wellbeing from health improvement and prevention work, to support and interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services.

Systems Leadership

In order to ensure the effective implementation of an Integrated HCP 0-19, systems leadership will be required from all stakeholders in all sectors and at all levels of organisations.

Systems leadership is characterised by three main principles:

- i) To bring about transformation within complex inter-connected systems, start anywhere and see where it leads;
- ii) Trial, test and evaluate in small, 'safe-fail' experiments;
- iii) Create alliances between stakeholders based on shared outcomes.

A whole systems approach is necessary to ensure that partners are working to meet the overall needs of local families, rather than providing services in a piecemeal fashion.

Key systems 1 with a role to play include:

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¹ See appendix 2

- the Public Health Starting Well approach to commissioning public health services from pregnancy through to age 19 (25 for those with additional needs);
- Early Intervention and Prevention;
- The 'learning' environment, both formal and informal, and including Learning and Community Hubs

Other important interdependent systems include:

- 'Care Closer to Home'
- Mental Health
- Community Safety
- Transport and travel
- Employment opportunities

Process and Governance

A robust process for designing the Integrated HCP approach has been established and will continue to be implemented and reviewed throughout. Stakeholders will be involved in all stages of this process, as appropriate:

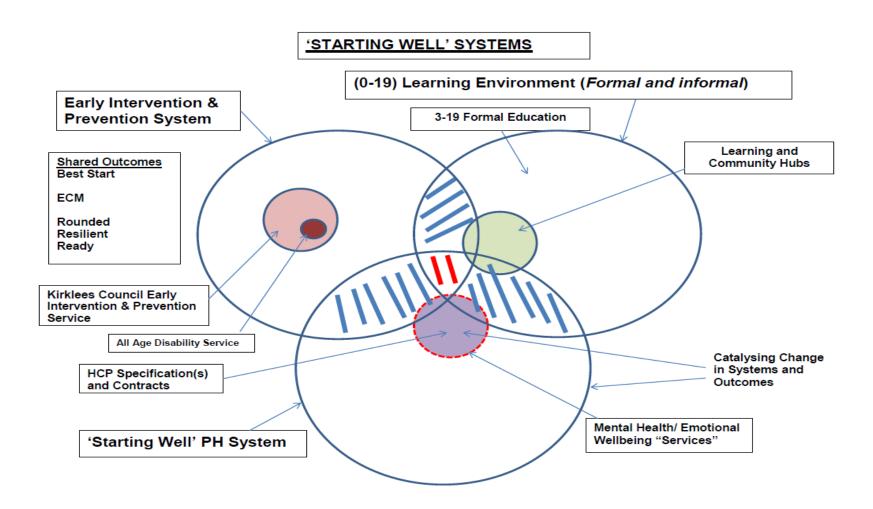
- i) Assets and needs assessment;
- ii) Planning and design;
- iii) Testing, piloting, tendering and procurement;
- iv) Ongoing review, evaluation, adjustment and revision;

A Programme Management approach has been established in order to oversee this process, including:

- i) Interdisciplinary Project Steering Group
- ii) Programme Leaders Group
- iii) Programme Governance Group

Conclusion

The Children's Trust Partnership supports the intention to develop a phased approach to the delivery of an ambitious programme of systems-wide transformation, using a re-designed HCP 0-19 as a catalyst for this, in order to improve outcomes for children and young people and their families, with a particular focus on mental and emotional health and wellbeing, over the next 5-10 years.



Headlines

The population of Kirklees continues to grow and diversify with a projected increase in the youngest and oldest population groups putting a 'squeeze' on the working age population. There is a large variation in population ethnicity and new mothers' ethnicity across Kirklees.

Some parts of Kirklees are much more deprived than others and this has important implications for how we tackle health inequalities. Virtually all key health indicators show a 'social gradient.'

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

School readiness is improving and is significantly better in girls than boys and in children who live in the least deprived parts of Kirklees.

Smoking and drinking rates in 13-14 year olds are declining and only 9% have ever taken drugs.

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

Over 6000 children aged 5-16 years in Kirklees have some form of mental health disorder and an estimated 1580 aged 5-19 years have a learning disability (40% of whom are likely also to have a mental health problem).

Levels of emotional wellbeing and personal resilience amongst 13-14 year olds are similar across Kirklees and we now have robust baseline measures against which to monitor progress. The majority of young people feel safe in and around their local area although1 in 7 say they experience regular bullying.

Kirklees has 610 looked after children and approximately 1 in 12 children are carers.

Insights from qualitative studies have greatly improved our understanding of the experiences and perceptions of a variety of population groups in Kirklees including vulnerable young people and new parents. These insights are hugely important to the planning, commissioning, provision and ongoing monitoring and evaluation of the Healthy Child Programme.

1. The current and changing population

Births

There were 5472 live **births** in Kirklees in 2014. Between 2010 and 2014 the number of live births declined by 5% and the number of females aged 15-44 increased by 1%. The combined effect of this is that the general fertility rate (GFR) has decreased by 6% (from 69.6 to 65.3 live births per 1000 women aged 15-44). However, GFR in Kirklees in 2014 is still higher than the England value of 62.2.

Age

The population of Kirklees is just over 440,000 and approximately one quarter of the population is aged 0-19 years (108,793). The 0-19 population is fairly evenly divided into the four age bands of 0-4 years, 5-9 years, 10-14 years and 15-19 years. Table 1 shows the **projected changes** in all population age bands over the next 15 years and Table 2 shows the projected population changes for the under 19 population.

Table 1: Population changes in Kirklees 2002 to 2030

	Difference									
Age	From 2002 to 2015	From 2015 to 2030								
85+	+1,495	+6,886								
65-84	+11,253	+19,673								
45-64	+14,975	-249								
25-44	-1,027	-2,425								
18-24	+4,027	+707								
Under 18	+3,529	+8,858								

Table 2: ONS projections for Kirklees population based on 2012 data

					2030 difference to ONS
		ONS pro	jections	2015	
	2015	2020	2025	2030	%
Age 0-4	29176	29576	29702	29675	1.7%
Age 5-9	28109	29282	29634	29712	5.7%
Age 10-14	25731	28148	29302	29634	15.2%
Age 15-19	26781	25798	28244	29384	9.7%
Age 0-19	109798	112804	116881	118406	7.8%
Age 5-14	53840	57430	58936	59346	10.2%

Author: Sue Grigg, Corporate Performance Team

Our local GP registered population figures for Jan 2015 are slightly higher than these ONS projections in all age categories except 0-4 which is slightly lower.

There is an emerging 'squeeze' on the working age population with projected increases in the oldest and youngest age groups. In Kirklees the **dependency ratio** (the proportion of people who are too young or too old to work) is predicted to rise from 53% in 2015 to 65% by 2030. Infographic summaries of the changing population (age profile and ethnicity) and the changing dependency ratio can be seen in Appendices 1 and 2.

Ethnic groups

There is a large variation in population **ethnicity** (see Appendix 3) and new mothers' ethnicity across Kirklees. A higher proportion of births were to Pakistani mothers (22% across Kirklees, largely the same between 2009/10 and 2014/15) compared with the overall proportion of the population that are Pakistani (10%). In Dewsbury & Mirfield, 35% of births and 18% of the population were of Pakistani ethnicity suggesting a higher fertility rate amongst this Pakistani population. Tables 3 and 4 compare ethnic group populations and births.

Table 3: Births by ethnicity

Table 5. Bit tils by etimetey											
	Mother's ethnic group (% of total live births, where ethnic group										
	known)										
2014/15	White British	White other	Indian	Pakistani	Other						
Batley and Spen	59.7%	3.7%	10.0%	22.5%	4.2%						
Dewsbury and Mirfield	49.7%	4.2%	5.7%	34.7%	5.8%						
Huddersfield	50.2%	7.1%	2.2%	23.0%	17.5%						
Kirklees Rural	90.2%	3.0%	0.4%	1.5%	4.9%						
Kirklees Overall	59.2%	5.0%	4.6%	21.6%	9.7%						

Table 4: Population ethnicity

		Population ethnicity (2011 census)									
	White										
2011	British	White Other	Indian	Pakistani	Other						
Batley and Spen	76.1%	1.7%	9.9%	9.6%	2.7%						
Dewsbury and Mirfield	68.5%	1.8%	8.0%	17.9%	3.8%						
Huddersfield	67.8%	4.1%	2.7%	12.7%	12.7%						
Kirklees Rural	94.7%	1.6%	0.3%	0.7%	2.7%						
Kirklees Overall	76.7%	2.5%	4.9%	9.9%	6.1%						

Deprivation & inequalities

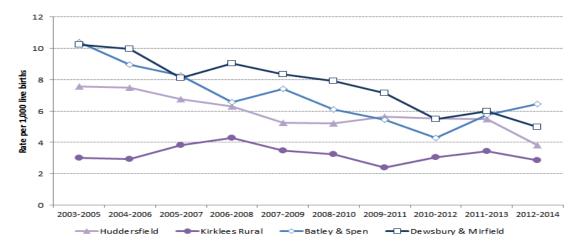
Some parts of Kirklees are much more **deprived** than others (see Appendix 4) and this has important implications for our understanding of health **inequalities**. Virtually all key health indicators including the overarching indicators of life expectancy and healthy life expectancy show a 'social gradient' (they are worst in the most deprived areas and best in the least deprived areas). For example, a baby boy born in Kirkburton is expected to live 7.4 years longer than a boy born in Dewsbury West. Appendices 5 and 6 illustrate inequalities in life

expectancy and healthy life expectancy in Kirklees. Child poverty rates are declining in all parts of Kirklees, are amongst the lowest in the Y&H region and are similar to the national average. However, almost 1 in 5 children in Kirklees (19%) are still living in poverty and these children are more likely to experience poorer educational and health outcomes than other children.

1. Starting well Infant mortality and associated risk factors

In the last decade infant mortality rates (number of babies dying before their first birthday per 1000 live births) have declined both nationally and locally and the gap between Kirklees and England has reduced. However, infant mortality remains higher in Kirklees (4.6 per 1000) than it is in the Y&H region and nationally (4 per 1000). Infant mortality rates in 2012-14 were highest in the Batley & Spen District Committee (DC) area and lowest in Kirklees Rural DC (see Figure 1).

Figure 1: Three-year infant mortality rates per 1,000 live births for Kirklees District Committees, 2003-2014



The risk factors for IM include smoking in pregnancy, low birth weight and congenital abnormalities.

In 2014/15, around 1 in 8 (12%) new mothers in Kirklees were smoking at the time of delivery (SATOD). Smoking prevalence is generally lower amongst South Asian ethnicities and in areas with large South Asian populations such as Batley and Dewsbury the SATOD rates are significantly higher when South Asian women are excluded from the figures (see Figures 2 and 3).

Figure 3: SATOD rates in Dewsbury Figure 2: SATOD rates in Batley 30% 30% 20% 20% Low birth weight 10% 10% ge 31 Author: e Team 0% 11/12 12/13 14/15 13/14 12/13 13/14 14/15 Exc SA -Inc SA

rates have remained relatively stable during the last decade (see Figure 4) but are amongst the highest in the region and higher than the national average (39 per 1000 in Kirklees in 2014/15 compared with 28 per 1000 nationally).

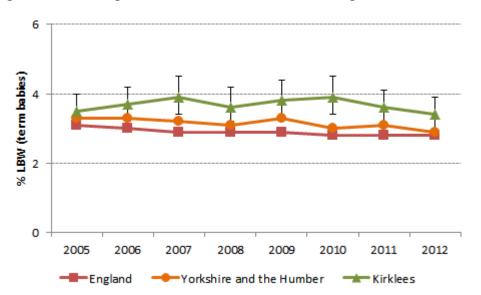


Figure 4: Percentage of term babies with low birth weight, Kirklees 2005 - 2012

In 2014/15, three quarters (75%) of mothers of new babies initiated breastfeeding but less than half (43%) were still breastfeeding at 6-8 weeks after the birth. Rates of breastfeeding initiation increase with mothers' age. Rates of both breastfeeding initiation and breastfeeding at 6-8 weeks are lowest in the most deprived areas and highest in the least deprived areas of Kirklees.

Hospital emergency admission rates in 2014/15 for gastroenteritis and respiratory tract infections in infants aged 4 years and under are significantly worse than the national average and amongst the worst in the Y&H region. Rates of tooth decay amongst 5 year olds (an indicator of poor oral health and poor diet) are also amongst the worst in the region and worse than nationally.

School readiness rates in Kirklees are similar to the national average but significant inequalities exist. A much larger proportion of girls than boys achieve school readiness and children in the least deprived parts of Kirklees achieve better than those in the most deprived parts. This is reflected in the differences between District Committee areas and the fact that almost 2 in 3 (65%) of all reception class children achieve a good level of development compared with only 1 in 2 (51%) of those who are eligible for free school meals (a proxy indicator for poverty).

Insights

Insights into the issues preventing young mums from accessing maternity/ health services led to the development of the award winning Auntie Pam's service (based on a peer support model) in Dewsbury and subsequently in Huddersfield. A recent evaluation of Auntie Pam's provides valuable insights into how to enable mums-to-be and new mums to access and engage with appropriate support networks and services and achieve better health outcomes.

Other local insights tell us that young parents need support and advice from colleges, etc. about options available to them to continue studies. Some young parents struggle to navigate the benefits system, feel stigmatised for being perceived as not wanting to work and need to be encouraged to ask for help from Children's Centres, etc. See Appendix A for more details.

Behaviours and health conditions

Smoking and drinking rates in 13-14 year olds are declining with under 5% of 13-14 year olds being regular smokers in 2014. A third of this age group live with an adult who smokes. Whilst 1 in 6 (17%) of Children and Young People (CYP) survey (2014) respondents have tried e-cigarettes, only 1 in 50 (2%) smoke them regularly. Around half of 13-14 year olds say they have tried alcohol and only 9% have ever taken drugs. 83% of year 9 and year 12 pupils have not had sex.

Only half of CYP survey respondents say they eat breakfast every day and 1 in 10 of them say they eat no fruit or vegetables. The rates of healthy weight remain relatively stable overall in Kirklees with 3 out of 4 reception aged children and 2 out of 3 year 6 aged children being recorded as a healthy weight. However there are clear inequalities, with obesity levels amongst children in both age groups living in the most deprived decile being double those living in the least deprived decile. 1 in 3 young people travel actively (bike or walk) to school.

The rate of unplanned hospitalisation for asthma, diabetes and epilepsy in people aged under 19 years in North Kirklees CCG is significantly higher than the national average and one of the highest in the Y&H region. In Greater Huddersfield CCG the rate is similar to the national average. Emergency admissions for children (aged 0-18 years) with lower respiratory tract infections (LRTIs) is worse than the national average in both Kirklees CCGs.

See Appendix 7 for the Children and Young People's Survey 2014 top level findings on the health behaviours and wellbeing of children in school years 7, 9 and 12.

Insights

There are some useful insights into what influences risky behaviours amongst vulnerable groups of 16-24 years olds in the CLiK 2010 Qualitative reports.

Mental and emotional health and wellbeing

Levels of emotional wellbeing and personal resilience amongst 13-14 year olds are similar across Kirklees (although average wellbeing scores are higher in boys than girls) and we now have robust baseline measures against which to monitor progress. Good levels of emotional wellbeing and resilience are associated with lower levels of risky behaviours (smoking, drinking, drug use, sexual activity, etc.)

Children and Adolescent Mental Health Services (CAMHS) 2014 'snapshot' data from PHE tells us that there were over 6000 children aged 5-16 years with some form of mental health disorder. The most common disorders were 'conduct' disorders (estimated at 3745). An estimated 960 males and 2035 females aged 16-19 years had 'neurotic disorders (including anxiety, depression, phobia, OCD, panic disorder). An estimated 565 children aged 5-10

years had autism-spectrum disorder. The estimated number of children and young people who may experience mental health problems appropriate to a response from CAMHS Tier 1 was 14,755 (and 6885 from Tier 2, 1820 from Tier 3 and 75 from Tier 4). Tier 1 is largely provided by non-mental health specialists such as GPs, health visitors, school nurses, teachers, etc.)

The factors influencing the likelihood of a child experiencing mental health problems are complex but are known to include learning disability, being 'looked after', homelessness, suicide and self-harm. In 2014 the estimated number of children with a learning disability was 275 aged 5-9 years, 580 aged 10-14 years and 725 aged 15-19 years. It is estimated that up to 40% of these children will also have mental health problems. In Kirklees it is estimated of 20 young people with mental health problems who are sleeping rough.

Insights

Local insights from qualitative work tell us that young people find it difficult to 'self-refer' to support services, do not know what local support is available and do not seek help from GPs. See Appendix A for more details.

Safety and safeguarding

Bullying & community safety

Around 1 in 7 (14%) of children and young people in Kirklees schools experienced regular bullying in 2014. Whilst the majority (86%) said they knew where to get help if they were bullied, around 1 in 4 children and young people said their school dealt with bullying badly or not very well.

The majority of Kirklees pupils say they feel safe from harm in their local area (80%), on public transport (70%), at school (87%) and going to and from school (84%).

The number of children in Kirklees known to be experiencing varying degrees of risk of child sexual exploitation (CSE) is around eighty. However the actual number is likely to be much higher as victims often do not recognise themselves as such.

Accidental and deliberate injuries

Rates of hospital admissions from accidental and deliberate injuries in children and young people have remained quite stable over the last few years. However the rates for 15-24 year olds are significantly higher than the national average.

Education, training and aspirations

Educational attainment (pupils attaining 5 GCSEs at grade C or above) levels are relatively stable and similar to the national average (65% in Kirklees compared with 66% nationally). However there are significant inequalities within Kirklees. Attainment levels are significantly higher in girls than boys and amongst pupils who live in the least deprived areas. Just under

2 in 3 (61%) of 13-14 year olds anticipate going into full-time education at the end of year 11.

Out of 65,788 pupils in Kirklees, 4,222 are receiving Special Educational Needs (SEN) support and 1819 have a SEN statement. Pupil absence rates in Kirklees are better than the national average and improving. The proportion of 16-18 year olds not in education, employment or training (NEET) is steadily falling and is similar to the England average (4.8% in January 2016).

Local insights from qualitative work tell us that there are a number of issues affecting young people's transition from primary to secondary school including forming/ retaining relationships with others, bullying, peer pressure, settling in (new people, places, routines, expectations) and practical issues such as travel, equipment, timetables. See Appendix A for more details.

Vulnerable groups of young people

Kirklees has 610 looked after children and 1888 people supervised by the probation service. There were 171 first time entrants to the youth justice system in 2014, a similar rate to the national average and better than the regional average.

1 in 12 children are carers.

It is estimated that between 2,747 and 4,944 children in Kirklees are experiencing some form of disability. For a summary profile of children with disabilities please refer to the ChiMat profile included as Appendix 10.

Insights

There are some useful insights into what influences the behaviours and health and wellbeing of vulnerable groups of 16-24 years olds in the CLiK 2010 Qualitative reports. These include young Black and Asian people, young carers, young lesbian and gay people, young offenders and young people not in education, training or employment.

Useful resources

- The Public Health Outcomes Framework tool provides a comprehensive set of indicators which can be used to compare Kirklees against other local authorities and regional and national benchmarks. It is also useful for understanding trends and inequalities although locally collected sub-district level data is needed to explore this in more detail.
- The Children and Young People's Benchmarking Tool builds on health outcome data from the Public Health Outcomes Framework (PHOF) and the NHS Outcomes
 Framework (NHS OF). Development of additional indicators will be considered as part of the formal refresh processes for the NHS OF and PHOF.
- Child Health Profiles provide a snapshot of child health and wellbeing for each local authority in England using key health indicators, enabling comparison locally, regionally and nationally: http://www.chimat.org.uk/profiles. The latest profile for Kirklees (published March 2016) is attached as Appendix 8.

- A health behaviours summary of the What About YOUth survey findings for Kirklees can be found here: http://www.chimat.org.uk/youngpeople/behaviours/yorks
- Find out more about mental health and psychological wellbeing from the National Child and Maternal Health Intelligence Network knowledge hub: www.chimat.org.uk/camhs
- Find further information on children and young people's mental health in your area from the Children's and Young People's Mental Health and Wellbeing Profile Tool: http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh
- A summary of the Children and Young People's survey findings can be found hehttp://www.kirklees.gov.uk/involve/entry.aspx?id=749Summary of insights and key messages from qualitative work most relevant to Healthy Child Programme

Key messages for commissioning/ delivering services for young people:

- Involve us in planning and delivering services/activities, for example as peer mentors and educators
- Have the right adults working with us (people we can trust, who we can talk to in confidence, who are not judgemental, who like young people)
- Support our parents, carers, siblings and friends so they can support us
- Provide young people friendly venues
- Because of transport issues, we need local venues
- We want to know what we can expect from a service (clear information, use a variety of ways to get the information through, quality standards)
- Give us choice and let us use our own coping and resilience skills but offer us help when we are struggling

Knowing who to ask for help – young people are not always aware of what is on offer. They tell us that they are aware that lots of services provide lots of different help.

Confidentiality - Some young people still don't believe what they share will be kept private. They understand rules on confidentiality exist, but have seen rules broken.

Understanding – when accessing a service, being offered help or an intervention young people want to be clear about the support and what the outcomes are likely to be.

Technology – Young people have smart phones, yet services seem slow in taking up modern technology.

Drop in Services – are really helpful when young people feel very wobbly. Sometimes a problem seems very big. When you're able to talk it out, even for 10 minutes, you can then cope much better. This is really helpful when you're on waiting lists for support.

Our Voice CheWs Feedback report:

Uncertainty about the referral process.

Unless young people had a trusted adult or member of staff they could seek support from, who might make a referral on their behalf, young people didn't know how to self-refer or who to contact. This emphasised the necessity for adults who work with young people to be aware of services. It also supported the earlier tier one work findings, where young people stated a need for adults to 'notice' when they are struggling and offer support.

Being unable to find the service online

Unless young people typed in specific search criteria (like mental health support Kirklees or emotional health and wellbeing Kirklees) they found national sites such as Young Minds,

ChildLine or private sponsored sites. A steering group in the tier one work, had reviewed websites and found the quality varied dramatically. Not all of the information they found was useful or accurate.

Not wanting to speak to their GP about emotional health.

Most young people, we spoke to, still view the GPs surgery as a place to go for help with physical ailments. Emotional health seemed to be viewed as something caused by 'external factors'. Therefore they generally sought support for EH&WB by speaking to friends, family, and teachers or 'going it alone'.

School Nurses High School Transition Summary Report

Transition from primary school to high school:

- Relationships with others Making new friends, keeping old friends, dealing with bullying, pressure from parents (e.g. them wanting you to go to a different school to your friends, pressure to pass entry exams etc.), being alone, popularity, going from being a 'big fish' in a little pond to being a 'small fish' in a big pond
- Settling in Getting use to a new school, teachers, older pupils, keeping on top of homework, being able to do homework (too difficult), adjusting to going to a new place, detentions, remembering rules, getting lost, Reputation of the school
- Practical issues Travelling independently to and from school, managing large bags and lots of equipment, losing items, puberty and bodily changes, being late, tying a tie, having to remember everything

Coping methods:

- Talking to others
- Visits at primary school from high school pupils and teachers
- Transition day
- Digital media and online services

Support from school nurses:

Physiological changes to their body

- How they feel about themselves
- Relationships and getting on with others
- School related issues or problems
- School nurses making themselves more 'visible' by coming into school more
- Providing regular check-ups for more vulnerable pupils (e.g. those with learning difficulties and known problems)
- Organising lessons and practical activities around different topics and issues related to health and well-being
- Bringing in experienced professionals and people from the community to do talks on specific topics such as drugs, alcohol and teenage pregnancy.
- Face-to-face interaction e.g. drop in sessions, group sessions and assemblies
- Confidential text service or 'Post Box' in school
- Health and well-being newsletters or magazines
- Interactive website or social networking sites

Young parents research:

Two of the young parents at the time of becoming pregnant were attending college and apprenticeships. As a result, both made the decision to drop out but on reflection felt that given better advice it would have been possible and beneficial to them if they had continued despite being pregnant. This was summarised by one parent:

"Carry on regardless of being pregnant – it is much easier doing it before than after and when you get to a certain age you have to pay for childcare".

Both felt that young parents would benefit from not only an offer of support from colleges to complete their course but also clear advice with regards to alternative or future options available to them.

All of the mums involved felt strongly about the negative assumptions made around young mums not wanting to work and felt that this was evident in the approach taken by some organisations working with them. Their solution was to train staff or have specialised advisors who understand and are aware of issues specific to young parents

Difficulties with accessing the correct benefits led to some of the parents suggesting ways in which the benefit process could be made less stressful for young parents.

Two of the young mums who had experienced mental health issues felt that raising awareness of mental illness amongst young people in general would be instrumental in promoting young parents mental health and wellbeing.

One of the key messages relayed by the mums was that young parents should not be afraid to ask for help and support if needed. They identified that Children's Centres were key places to access support in their journey and it might help if these were promoted widely.

PEARLS (Person-based Evidence and Real Life Stories) Services insight summary (adults):

Insight 1: Person centred approach

Start with where the person is at:

- Just ask me how I am and what I need.
- One size does not fit all.

Culture

• Cultural requirements need to be taken into consideration and promoted.

Age, gender and ethnicity

- Women only... but not always.
- Don't forget dads!
- Lack of control, fear of reprisal.

Continuity of care/holistic/whole person approach

- Look at general whole person issues such as self-esteem rather than bits of the body or by disease.
- Treat the person not just the symptom/illness/defective body part.

Insight 2: Delivery and design of service

Format/'Feel' of session

• Show me don't tell me.

Interpersonal skills of provider

- Listening is key 'listen to me and I'll listen to you'.
- The population do still, on the whole, value and respect clinicians but they must be non-judgemental and demonstrate empathy.

Access and convenience

- Time: opening hours and waiting times.
- Place: ease of contact with service (e.g. efficient telephone manner and online tools to manage appointments), easy to get to, child-friendly or childcare provision and car parking requirements.
- Costs (real and perceived) money, time off work, self-confidence needed to interact with the service.
- Childcare arrangements, travel and opening times.
- Being creative about service provision: providing support in different ways such as online and in local community groups to provide services at more convenient times.
 However, people do find that one to one support with a clinician is beneficial.

Lack of awareness of services available

- You don't know what you don't know and it is not always obvious what to look for or where to look.
- It is important that people are given consistent and clear information about what services are available to them including where and when they can access this support.

Behaviour change insight

Insight 3: Easier and nicer to do the unhealthy behaviour

- The exchange1: tangible benefits of stopping/reducing versus enjoyment from unhealthy behaviours.
- Does the cost of adopting the healthy behaviour outweigh the perceived 'benefit' of unhealthy behaviour? I.e. competition (see social marketing benchmark criteria¹).
- Why would I change what makes me happy or my life easier?
- If it 'aint' broke why fix it?
- The environment: obesogenic/alcogenic it's easy to do the 'bad stuff'
- Freedom of choice? Without support, skills and money healthy 'choices' aren't seen as 'choices'.

Insight 4: Life gets in the way

- Life is complex; impact of responsibilities (e.g. children, job and impact of daily pressures).
- Lifestyle and social norms of population groups such as young people.

Insight 5: Health literacy (health knowledge)

- People need to be provided with quality information on how to make healthy choices and be given support to maintain change.
- It is important for people to understand the advice they are given so they can build the skills and confidence to support themselves.
- Mistrust in government advice/lack of awareness/conflicting advice/misconceptions.

Insight 6: Influencers/decision makers: family, social and community networks

- Families can shape you, make you or break you. Family can provide support and a
 positive role model but can also provide conflicting advice or a negative role model.
- Key life-stage transitions are significant for better or worse.
- Lack of control Who's in charge? Who makes the rules? Important to consider influencers and decision makers (don't just target individuals).
- Social connectedness supportive and strong relationships are a key influence on personal resilience, coping and control.

Insight 7: Resilience, confidence and self-belief

• It is important for people to understand the advice they are given so they can then build skills and confidence to support themselves and maintain change.

- Confidence is a key barrier to change e.g. healthy eating.
- Fear of the unknown How else would I cope?
- Why should I? You need to understand the barrier to identify the motivators (e.g. being more active helps you feel less stressed).
- Negative feelings and embarrassment about previous attempts need to be addressed so people feel comfortable to attempt change again.
- Seeing change (including in other people like them, importance of peer case studies) improves confidence.

CLiK 2010 Qualitative Summary

• In 2010, a series of qualitative pieces of work were conducted with 18-24 year

5.0 DEMOGRAPHICS

5.1 Kirklees District covers some 409 square kilometres and forms one of five districts which make up West Yorkshire. Around 11% of the District area is in the Peak District wherein the highest point lies at 582m. The main centres of population are Huddersfield, Dewsbury, Batley, Holmfirth, Meltham, Cleckheaton, Liversedge and Heckmondwike. There are also many other smaller towns/settlements scattered across the District.

The current size of the population in Kirklees is 431,000, making the district the 11th largest local authority area in England and Wales. The table below shows the approximate breakdown by ward as at 2014 (ONS mid-year estimate).

Ward Population Estimates 2014 - Ages 0-19

	All	0.4	F 0	10.14	15 10
Ward Name	Ages	0-4	5-9	10-14	15-19
Almondbury	18324	1073	1041	853	1076
Ashbrow	19910	1571	1343	1337	1237
Batley East	19300	1433	1474	1498	1395
Batley West	19799	1571	1551	1406	1358
Birstall and Birkenshaw	16685	1052	997	978	916
Cleckheaton	17325	1120	981	854	958
Colne Valley	17695	1104	1062	864	928
Crosland Moor and Netherton	19091	1486	1412	1262	1151
Dalton	17433	1138	1049	985	1110
Denby Dale	16624	892	1008	880	925
Dewsbury East	19044	1199	1164	1076	1212
Dewsbury South	19271	1414	1496	1446	1476
Dewsbury West	20953	2020	1982	1802	1514
Golcar	18325	1217	1131	981	1040
Greenhead	20294	1549	1348	1142	1235
Heckmondwike	17320	1303	1199	1060	1119
Holme Valley North	17019	900	1054	1021	948
Holme Valley South	19057	990	1087	1209	1169
Kirkburton	16946	890	1022	932	1583
Lindley	19653	1177	1137	1055	1141
Liversedge and Gomersal	19896	1312	1285	1141	1127
Mirfield	19885	1045	1131	1030	1061
Newsome	21171	1167	963	845	1391

As is typical nationally, the Kirklees age profile shows the effect of the baby-boom years of the 1950s and 1960s and greater numbers of older women than men. Overall numbers are projected to keep on increasing, at a higher rate than most districts in West Yorkshire, with improved life expectancy resulting in a greater proportion of the population being made up of older people.

Kirklees has a relatively large and growing ethnic minority population. In 2001, 16.3% of

population defined their ethnicity as other than White British; at the 2011 Census this proportion had increased to 23.3%. The largest ethnic group is now 'Pakistani'; Pakistani is also the largest group containing people born outside the UK in Pakistan. The age structure of the different ethnic groups varies, with the main ethnic minority groups having a far smaller proportion of people in older age than is typical in the White British population. Correspondingly, the 'Mixed/multiple ethnic group, 'South Asian' and 'Black African/Other Black' groups populations have higher proportions of people aged under 16, and the 'Chinese' and 'Bangladeshi' age structure is characterised by a high proportion of young adults (ages 16 to 24).

Between 2013 and 2014 there were 1,912 more births than deaths; -562 more people left the district to live elsewhere in England and Wales than moved in; and 1,354 more people migrated in from overseas than left for overseas destinations. Using National Insurance Number registrations (NINOs) over the period 2002 to 2014, Pakistan recorded the highest number (5,573), closely followed by Poland (4,793), then India (2,220) and Hungary (1,439). In 2014, the latest year available for NINOs, Poland and Romania were highest with 412 and 336 people respectively. Between 2001 and 2014 the number of deaths per year declined with around 300 fewer deaths in 2014 compared to 2001, whereas births increased from around 5,000 a year in 2001 to around 5,500 in 2014.

The population is projected to grow to 488,300 people by 2037. Compared to now, the number of people aged under 16 is projected to increase by 9% (around 8,000 more people), the working age population (16-64) is projected to rise by 4% (around 10,000 more people); and the population aged 65 and over is projected to rise by 55% (around 39,000 more people).

As is the case across the country, there are parts of the Kirklees district where more people tend to be poorer, or less healthy, or more likely to be out of work. The Index of Multiple Deprivation (IMD) is calculated for every neighbourhood in England every three years or so, and it combines issues such as income, employment, education, crime and housing.

The IMD 2015 shows that conditions have improved for some of the district's most deprived areas relative to deprivation elsewhere in England. At the district level Kirklees is now the 94th most deprived district in England (out of 326 districts). The IMD 2015 also shows that 38,364 people in the district are living in neighbourhoods amongst the top-10% most deprived in England. This is 9.0% of the district's population, down from 14.3% of the population in 2010.

Over recent years there have been gradual improvements to the life expectancy in the Kirklees district. Based on latest calculations (2011-13), male children born today can expect to live to the age of 78.4, compared to around 79.3 years of age across England and Wales as a whole. As is the pattern nationally, females born in Kirklees today are expected to live longer than males, to about the age of 82.3. This compares to a national life expectancy amongst women of 83.0.

Author: Sue Grigg, Corporate Performance Team

Lone parent not in employment: Total (% of all lone parents)

	All Lone	Number not in	%
Area	parents	Employment	Rate
Batley and Spen	3047	1187	39.0
Dewsbury and Mirfield	2263	1061	46.9
Huddersfield	4613	1967	42.6
Kirklees Rural	2595	770	29.7
Kirklees	12518	4985	39.8

Source 2011 census: All lone parent households with dependent children where the lone parent is aged 16 to 74.

The table below contains live births occurring between 2010 and 2014 for mothers aged under 20, and clearly shows a decreasing trend for both numbers of live births and rates.

	Number of Live Births to Mothers under 20yrs old in Kirklees District (area of usual residence)	Rate per 1000 females aged 15-19					
2010	368	28.8					
2011	347	25.9					
2012	268	20.2					
2013	259	19.5					
2014	244	18.5					
Source: Office of National Statistics.							

5.2 Child Poverty

Across the district there are approximately 14,580 children aged under 16 (16.6% of this age group) living in households where at least one parent or guardian is claiming out-of-work benefits. This is around 1,240 fewer children than in 2013, and very little different from the national (England) rate of 16.2%. Furthermore, there are wide variations within the district. At the individual neighbourhood level there are some parts of the district where the rate is around 45%.

Table of people and children living in 10% most deprived areas of Kirklees.

	IMD - % of people	
	living in	
	neighbourhoods	
	amongst the top	IMD - % of children living
	10% most deprived	amongst the 10% most
	in England	deprived in Kirklees
Batley and Spen	4.5	6.1
Dewsbury and Mirfield	17.4	23.7
Huddersfield	13.6	17.1
Kirklees Rural	1.6	1.9
Kirklees	9.0	12.1

Source: Kirklees Observatory – IMD data 2015, Mid-year estimate 2012.

Table showing further benefits data

	Claimant		Working-	Working-age
	count		age DWP	DWP benefit
	January 2016		benefit	claimants,
	- % of area	Claimant count	claimants,	Incapacity
	population	January 2016 -	Disabled (%)	Benefits (%)
	aged 16 to 64	no. in area	(May 2015)	(May 2015)
Batley and Spen	2.3	1,590	1.2	6.7
Dewsbury and	2.4	1,160	1.3	8.0
Huddersfield	2.6	2,305	1.4	7.6
Kirklees Rural	1.1	6,95	1.0	4.2
Kirklees	2.1	5,745	1.2	6.6

Source: Kirklees Observatory. Claimant count - this experimental series counts the number of people claiming Jobseeker's Allowance plus those who claim Universal Credit who are out of work and replaces the number of people claiming Jobseeker's Allowance as the headline indicator of the number of people claiming benefits principally for the reason of being unemployed.

5.3 Children living in out of work families

The table below shows the number and percentage of children living in out of work families (2014) by District Committee. Kirklees rates are little different from national averages, even so poverty is a common experience for many children with 19.5% 0-4s identified as living in out of work families and 15.9 0-18s.

	Children aged work families		Children aged 0-18 in out of work families 2014		
	No.	%	No.	%	
Batley and Spen	1455	19.2	4290	15.6	
Dewsbury and Mirfield	1190	20.7	3935	18.4	
Huddersfield	2165	23.2	6040	19.0	
Kirklees Rural	720	12.7	2185	9.5	
Kirklees	5530	19.5	16450	15.9	
England		19.2		15.9	

Source: Kirklees Observatory.

Below is the breakdown by Children Centre catchment areas which shows that in some areas the proportion of children in out of work families is around three times that of the lowest area (Valleys South).

	Children age	ed 0-4 in out ilies 2014	Children aged 0-18 in out of work families 2014		
	No.	%	No.	%	
Dewsbury West Grouping	485	22.7	1630	21.5	
Dewsbury East Grouping	285	27.6	795	20.4	
Mirfield	140	13.6	460	11.5	
Birstall Grouping	455	19.8	1315	15.8	
Spen Grouping	435	18.3	1180	14.1	
Batley Grouping	580	19.4	1875	17	
Rawthorpe and Dalton	300	25.3	860	20.3	
Dewsbury South Grouping	265	18.1	970	17.1	
Huddersfield Central & South	510	24.3	1410	19.2	
Golcar Grouping	380	17.2	1015	12.8	
Huddersfield North Grouping	335	18.9	930	16.7	
Chestnut	485	29.9	1345	24.5	
Crosland Moor & Netherton	380	24.0	1110	20.8	
Valleys North Grouping	265	13.2	785	10.2	
Valleys South Grouping	230	9.2	770	6.9	

5.4 Local Teenage Conception Rates

The England and Wales under-18 conception rates published in 2013 were the lowest since 1969 at 24.5 conceptions per 1000 women. In terms of estimated numbers this equated to 24,306, a reduction of 12.6% on the 2012 figure of 27,834. There was a similar reduction in respect of conceptions at under-16 moving from 5,432 to 4,648.

Kirklees still remains higher than the national averages with 29.3 (236) conceptions per 1000 women under-18 in 2013; however this still represents a reduction locally from 32.3 (255) per 1000 in 2011 and 30.1 (236) in 2012. 50% of under 18 conceptions led to abortion in 2013, similar to the England and Wales rate of 50.7%.

5.5 Support for fathers

According to the 2011 Census, there are 8,551 families in Kirklees with one dependent child aged 0-4, plus 8,022 families with two children where the youngest is aged 0-4 and 5,387 families with three or more children where the youngest is aged 0-4. This would imply that there are around 21,960 fathers with children aged 0-4, although not all of them are necessarily involved in their children's lives.

5.6 Population Statistics by District Committees

General Health

	Batley and	Dewsbury and	Huddersfield	Kirklees Rural	Kirklees	England
	Spen	Mirfield		Kurai		
Total population (2014)	111,252	78,226	136,224	105,318	431,020	54,316,618
Population aged 0-15 (2014)	23,773	17,717	26,687	19,372	87,549	10,303,556
	21.4	22.6	19.6	18.4	20.3	19
People aged 16-29, ONS Population Estimates (2014)	19,306	14,722	28,726	15,997	78,751	9,928,574
as a (% of all people)	17.5	18.6	21.1	15.1	18.3	18.3
People aged 30-44, ONS Population Estimates (2014)	22,548	15,882	26,475	19,809	84,714	10,810,617
as a (% of all people)	20.4	20.1	19.5	18.7	19.7	19.9
People aged 45-64, ONS Population Estimates (2014)	27,057	18,649	32,122	30,606	108,434	13,736,163
as a (% of all people)	24.5	23.6	23.6	29	25.2	25.3
Population aged 65+ (2014)	17,954	11,870	21,944	19,804	71,572	9,537,708
as a (% of all people) (%)	16.1	15.2	16.1	18.8	16.6	17.6
Mean Gross Household Income (£s) (2016)	£33,622	£32,097	£31,890	£42,659	£35,072	£37,476
NEET people age 16 to 19 (2015)	234	233	384	164	946	N/A
as a (% of all people)	4.6	5.8	<mark>6.4</mark>	3.6	5.1	10.2
Children aged 0-4 in out of work families (2014)	1,455	1,190	2,165	720	5,530	N/A
as a (% of all people)	19.2	20.7	23.2	12.7	19.5	19.2
Children aged 0-18 in out of work families (2014)	4,290	3,935	6,040	2,185	16,450	N/A
as a (% of all people)	15.6	18.4	19	9.5	15.9	14.8
Persistent absentees(2015)	619	528	730	366	2243	N/A
as a (%)	3.6	3.9	3.8	2.5	3.5	3.6

Author: Sue Grigg, Corporate Performance Team

Women and Children's Health

	Batley and Spen	Dewsbury and Mirfield	Huddersfield	Kirklees Rural	Kirklees	England
Teenage Mothers & Pregnant Teenagers in EET (2015)	28	32	36	22	118	N/A
As a (%)	33.3	43.8	39.6	53.7	40.8	N/A
Teenage Mothers & Pregnant Teenagers (2015)	84	73	91	41	289	N/A
(rate per 1000)	32.6	35.2	27.3	15.9	27.4	N/A
Women smoking at delivery (2015)	190	146	213	98	647	N/A
(rate per 1000 deliveries)	145	140.2	123.8	120.2	132.4	127
Reception (4-5) children obese (Sep 11-13)	404	351	448	264	1467	N/A
As a (%)	9.5	10.3	9.2	7.5	9.1	9.4
Year 6 (9-10) children obese (Sep 11-13)	710	626	773	463	2572	N/A
As a (%)	20	<mark>20.5</mark>	19.1	15.1	18.7	19.1
Infants partially or fully breastfed at 6-8 weeks (FQ03 2015-16)	486	381	705	431	2003	N/A
As a (%)	34.4	37.1	43	44.3	39.7	43.8
Pupils with SEN (10-15)	450	379	529	333	1691	N/A
(rate per 1000 pop)	26.3	28	27.6	22.6	26.2	28

Early Intervention and Targeted Support

	Batley and Spen	Dewsbury and Mirfield	Huddersfield	Kirklees Rural	Kirklees	England
Children's Centre Registration for children aged 0-4 living in 0-30% Most Deprived LSOAs IMD 2010 (31-03-16)	2,311	3,539	4,429	348	10,627	N/A
As a (%)	62.5	86	81	65.3	76.9	N/A
Children's Centre Reach for children aged 0-4 living in 0-30% Most Deprived LSOAs IMD 2010 (12 months from) Apr 15)	1336	2673	2785	183	6977	N/A
As a (%)	36.1	<mark>65</mark>	50.9	34.3	50.5	N/A
(rate per 1000 families)	15.4	18.1	18	12.6	16.1	N/A
Children receiving one to one family support (FY 15-16)	434	107	404	243	1188	N/A
(rate per 1000 pop)	15.2	4.8	12	10	10.9	N/A
Children Receiving Children's Centre Support (FY 15-16)	429	165	470	163	1227	N/A
(rate per 1000 pop)	15.1	7.4	14	6.7	11.3	N/A
TYS Cases, Children/Young People aged 8 to 19 (FY 15-16)	345	289	463	264	1361	N/A
(rate per 1000 pop)	20.8	22	24.2	17.6	21.3	N/A
Children attending or children of parents/carers attending children's centre group work activities (FY 15-16)	629	187	1168	393	2377	N/A
(rate per 1000 pop)	22.1	8.4	34.8	16.2	21.9	N/A
EHAs/Single Assessments completed	366	220	375	236	1197	N/A

Author: Sue Grigg, Corporate Performance Team

(FY 15-16)						
(rate per 1000 pop)	12.8	9.9	11.2	9.7	11	N/A

Children in Need and LAC Children

	Batley and Spen	Dewsbury and Mirfield	Huddersfield	Kirklees Rural	Kirklees	England
LAC home postcode (30-09-15)	150	129	229	76	584	N/A
LAC home postcode (30-09-15) (rate per 1000 pop)	5.5	6	7.2	3.3	5.6	6
LAC placement postcode (30-09-15)	96	69	108	78	351	N/A
LAC placement postcode (30-09-15) (rate per 1000 pop)	3.5	3.2	3.4	3.4	3.4	N/A
Children with a CPP (30-09-15)	75	120	150	40	385	N/A
Children with a CPP (30-09-15) (rate per 1000 pop)	2.7	<mark>5.6</mark>	4.7	1.7	3.7	4.3
All Children in Need (30-09-15)	504	548	873	322	2247	N/A
(rate per 1000 pop)	18.3	25.6	27.5	14	21.7	33.7
Child Initial Contact - Domestic violence ((12 months from) Oct 14)	965	749	1220	543	3477	N/A
(rate per 1000 pop)	35.1	35	38.4	23.5	33.5	N/A
Repeat Child IC - Domestic violence ((12 months from) Oct 14)	390	297	497	205	1389	N/A
(rate per 1000 pop)	14.2	13.9	15.6	8.9	13.4	N/A

6. Children's Social Care

In the year 2015/16 there were 5,716 referrals made to Children's Social Care, an increase on the previous year, and this equated to 581.2 per 10,000 population aged 0-17, an increase from 416.2. 4,235 were passed on for a Children's Social Care assessment. Note that prior to 2014/15, assessments were presented nationally as initial and core assessments; hence there is no comparable data for prior years for this measure.

Of these 47.0% were female and 50.5% male, 142 were unborn children of unknown gender or the gender was not recorded.

6.1 Referrals

	2011/12	2012/13	2013/14	2014/15	2015/16
No. of Referrals	4,804	4,353	4,081	4,093	5,716
Rate for 10,000 pop	496.0	447.5	416.7	416.2	581.2

The table below gives the percentages for 2015/16 and 2016/17 to June for the geographical profile of the referrals, based on the home address of the child. The "others" include where the address is missing or is out of area.

	2015/16	2016/17 (to June)
Batley & Spen	19.9%	27.6%
Dewsbury & Mirfield	20.7%	19.7%
Huddersfield	21.4%	21.9%
Kirklees Rural	19.9%	19.7%
Other	8.1%	28.1%

The table below shows the breakdown of referrals by age of the child. 29.6% of the referrals were for children in the early years age groups (aged 0-4) with a further 28.1% in the age group 5-9. Therefore 57.7% of referrals passed to teams are for children under the age of 10.

Referrals to Social Care by Age 2015/16

Age	Number of Referrals	% of Referrals
Unborn / not recorded	142	2.5%
0	295	5.2%
1 - 4	1,392	24.4%
5 - 9	1,605	28.1%
10 - 15	1,645	28.8%
16+	637	11.1%
All	5,716	

The table below provides details of the number of social care assessments carried out in 2014-15 and 2015-16 across the whole authority.

	2014/15	2015/16
Total No. of assessments	3,741	4,235
Rate for 10,000 pop	380.4	430.6

The table below provides details of the number of social care assessments undertaken in each district committee for the previous year and to June 16-17.

	2015/16	2016/17 (to June)
Batley & Spen	26.5%	28.2%
Dewsbury & Mirfield	23.2%	23.0%
Huddersfield	32.9%	32.0%
Kirklees Rural	15.3%	14.2%
Other	2.1%	2.5%

6.2. Children in Need

The table below shows the number of in Child in Need cases over the last 5 years.

	2011/12	2012/13	2013/14	2014/15	2015/16	June 2016
No. of CiN	2,535	2,720	2,713	2,613	2,522	3,053
CiN per 10,000 pop	261.7	279.7	277.0	265.7	256.4	310.4

6.3 Child Protection

The table below shows the number of children subject to a Child Protection Plan at 31 March from 2012-2016, including data for June 2016.

	2011/12	2012/13	2013/14	2014/15	2015/16	June 2016
No. Subject to CP	376	389	343	343	415	455
CP per 10,000 pop	38.8	40.0	35.0	34.9	42.2	46.3

The table below show the geographical and age profiles of children with a Child Protection Plan in Kirklees as at the end of June 2016.

Geographical

	Number	%
Batley & Spen	121	26.6%
Dewsbury & Mirfield	144	31.6%
Huddersfield	127	27.9%
Kirklees Rural	53	11.6%
Other	10	2.2%

Age profiles

	Number	%
Unborn	4	0.9%
Under 1	36	7.9%
Age 1-4	118	25.9%
Age 5-9	126	27.7%
Age 10-15	151	33.2%
Age 16+	20	4.4%

Children have the right to protection from harm and to the provision of any early intervention services that they may need. Children may have a range of different and complex developmental needs which must be met during different stages of childhood if optimal outcomes are to be achieved. Different aspects of development will have more or less weight at different stages of a child's life. Each child's development is significantly shaped by his or her particular experiences and the interaction between a series of factors. Some factors are intrinsic to individual children, such as characteristics of genetic inheritance or temperament. Other factors may include particular health problems or impairment. Others may relate to their culture and to the physical and emotional environment in which a child is living.

The dimensions of a child's developmental needs are:

- Health, including growth and development as well as physical and mental wellbeing
- Education, covering all areas of a child's cognitive development starting from birth

Emotional and Behavioural development

- Identity, concerning the child's growing sense of self as a separate and valued person.
- Family and social relationships

- Social presentation, concerning a child's growing understanding of the way in which appearance, behaviour and any impairment are perceived by the outside world and the impression being created
- Self-care skills, including the practical, emotional and communication competencies required for increasing independence

Critically important to a child's health and development is the ability of parents or caregivers to ensure that the child's developmental needs are being appropriately and adequately responded to, and to adapt to his or her changing needs over time. The dimensions of parenting capacity are:

- Basic care, providing for the child's physical needs, and appropriate medical care
- Ensuring safety, so that the child is adequately protected from harm or danger
- Emotional warmth, so that the child's emotional needs are met, and giving the child a sense of being specially valued and a positive sense of their own racial and cultural identity
- Stimulating and promoting the child's learning and intellectual development through encouragement and cognitive stimulation, and promoting social opportunities
- Guidance and boundaries, enabling the child to regulate their own emotions and behaviour
- Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver(s) in order to ensure optimal development

6.4 Looked After Children

In Kirklees, the number of Looked after Children (LAC) reduced to 613 in March 2014 but has since increased to 670. This remains low compared to our Statistical Neighbours however (82.7 per 10,000 aged 0-17 in March 2015).

	2011/12	2012/13	2013/14	2014/15	2015/16	June 2016
No. of Looked After Children	640	650	613	621	652	670
Looked after Children per 10,000 pop	66.0	67.0	62.0	63.0	66.3	68.1

The tables below shows the geographical and age profiles of Looked After Children as at the end of June 2016 by home (not placement) address.

District Committee	Number	%
Batley & Spen	173	25.8%
Dewsbury & Mirfield	126	18.8%
Huddersfield	247	36.9%
Kirklees Rural	79	11.8%
Other	45	6.7%

	Number	%
Under 1	50	7.5%
Age 1-4	93	13.9%
Age 5-9	143	21.3%
Age 10-15	252	37.6%
Age 16+	132	19.7%

Current LAC Profile

In terms of those coming into the care system, in the 12 months to the end of June 2016, 272 new care episodes started. The geographical and age profiles were as follows:

Geographical

District Committee	Number	%
Batley & Spen	81	29.8%
Dewsbury & Mirfield	46	16.9%
Huddersfield	98	36.0%
Kirklees Rural	29	10.7%
Other	18	6.6%

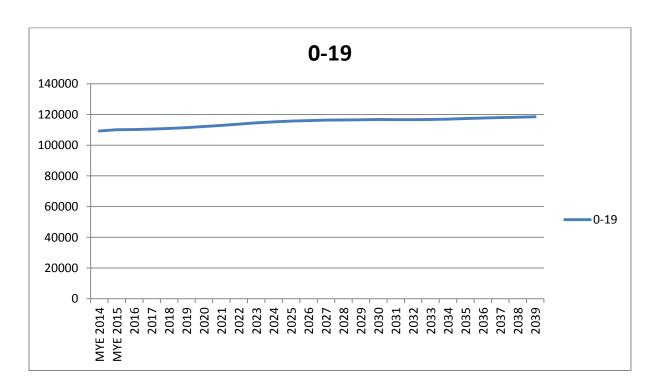
Age Profiles

	Number	%
Under 1	71	26.1%
Age 1-4	56	20.6%
Age 5-9	39	14.3%
Age 10-15	73	26.8%
Age 16+	33	12.1%

Future population predictions

To provide a context we have also included the projected population increase between 2015 - to 2025 of children and young people aged between 0-19. It is not possible to predict whether how this will impact on future service demand.

Projected Increase of Children and Young People aged 0 -19 between 2015-2025	5661
% Increase 2015-2025	5.1



7. Domestic Violence

Summary of statistics within Kirklees Domestic Abuse Strategy 2015/18 and supporting Needs Assessment

National statistics collated as part of the British Crime Survey (BCS) indicated that each year, over one million women in England and Wales become victims of domestic abuse and more than one in four women will be victims of domestic abuse in their lifetimes.

The Current picture in Kirklees

Using the BCS methodology and recent national statistics it is estimated that in Kirklees in 2013/14 12,020 adult women and 8,501 adult men may have been victims of domestic abuse; this figure is expected to have risen in 2014/15 and statistics will soon been updated. During the previous twelve months West Yorkshire Police data shows that in Kirklees 5,624 domestic incidents reported to the police could be classified as domestic abuse but this figure is likely to be significantly understated. Using police data and BCS methodology to calculate local prevalence in Kirklees, it is estimated that reporting could be as low as 18.8%, suggesting the problem is more acute locally than at a national level.

In Kirklees agencies record domestic abuse disclosures in different ways so to establish prevalence estimates were calculated as part of a recent Domestic Abuse Needs Assessment undertaken by Kirklees Public Health. This process has identified that a priority for future work will be to establish consistent recording of data and produce annual reports which better reflect the levels of domestic abuse and accurate numbers of incidents.

As part of the Needs Assessment estimates of incidents were made based on data gathered from reported police incidents, the council's Care First system, specialist initiatives such as the Independent Domestic Violence Advocacy Service (IDVAS), Multi-Agency Risk Assessment Conferences (MARACs) and Pennine Domestic Violence Group (PDVG). The data below provides an indication of the prevalence of domestic abuse locally and starts to map demand for services:

- MARACs are held when there is a high risk to the victim of injury or serious harm.
 Data for 2014/15 shows that Kirklees MARAC heard 597 high risk adult cases (involving 754 children) with a repeat referral rate of 36%
- data from Integrated Domestic Abuse Team (IDAT) for 2014/15 indicates during the 12 month period there were 930 initial contacts relating to domestic abuse, 74% female, 23% male and 3% not known
- based on police data (although there will be variations across Kirklees) the profile of victims and perpetrators suggested that the typical victim is most likely to be a 20-29 year old white UK female victim and the perpetrator a white UK male aged 20-41.
 The most likely type of abuse is a verbal dispute
- children are present at a third of incidents
- victims of domestic abuse homicides are predominately female

Data from Pennine Domestic Violence Group, Kirklees' specialist voluntary sector provider,

reported in 2014/15 that there were 919 referrals into the services for outreach support or refuge accommodation.

Demographic information

Men

Current national strategies support the premise that domestic abuse disproportionately impacts women and girls. Data from West Yorkshire Police shows that 17.4% of all incidents, regardless of level of assessed risk, were reported by men, whilst MARAC data (high-risk cases only) for the same period reported only 7% of all referrals were male and IDAT data shows 23% of initial contacts were received by men. This is indicative of underreporting of high risk incidents involving men who are victims of female perpetrators and victims within LBGT relationships and will require effective awareness raising and targeted interventions to increase confidence in reporting.

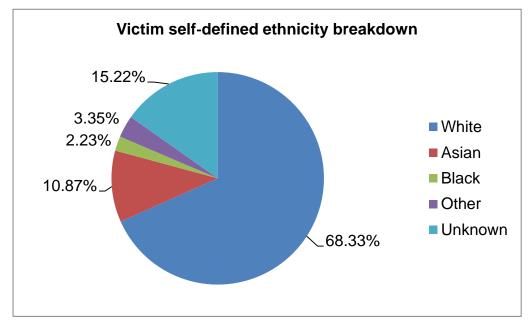
Age profile of domestic incidents in Kirklees May 2014 to April 2015

50-59	399	7.1%
60-69	146	2.6%
70+	74	1.3%
Total	5624	100%

Source: West Yorkshire Police

Ethnicity

Although there are more victims coming forward from BME communities, there is still a proportionally greater unmet need compared to white British communities. Based on 2011 census, 79% of Kirklees population are from the indigenous white community and 21% of ethnic minority origin.



Source: West Yorkshire Police

Data from Pennine Domestic Violence Group, Kirklees' specialist voluntary sector provider, reported in 2014/15 that there were 919 referrals into the services for outreach support or refuge accommodation.

Children and Young People

The Research in Practice review into the effects of domestic violence/abuse on children/young people in 2011 found that almost a quarter of young adults in the UK have witnessed domestic violence during their childhood, and almost 1 in 20 (4.5%) children and young people in the UK have experienced severe forms of domestic violence. Whilst the Children & Young People Survey undertaken in Kirklees in 2014 did not specifically ask about domestic abuse, the survey in 2009 of 3137 pupils showed that 9.6% of children surveyed had worried about violence at home at least once during the previous year.

During the period 2014/15, Kirklees Duty and Assessment Service received 2712 initial contacts regarding children and in 943 of these contacts, domestic abuse was the presenting issue. It is also estimated based on Child Protection and Review Unit data that between 40% to 50% of all children on a child protection plan will be affected by domestic abuse issues at home.

Locally, abuse between young people aged 16-18 is more noticeable and the number of young Asian girls coming forward is also increasing.

Age range	Total	Percentage
Incidents where under 16s	158	2.8%
were present at domestic		
abuse incidents involving		
two adults		
16-19	448	8%
20-29	1946	34.6%
30-39	1405	25%
40-49	1048	18.6%

8. Children with Special Educational needs and Disabilities (SEND)

Vision

The Kirklees Children's Special Educational needs and Disabilities (SEND) Strategy sets out the following aim:

Children and young people with SEND will:

- Have a positive part to play in their communities and Kirklees should be a place where they are able to participate fully alongside others in the life of their community
- With their families and carers being actively involved in the planning and delivery of services from all agencies
- Is able to get the best positive start in life and have the opportunity to achieve their full potential.
- Is able to access holistic, flexible services that work in an integrated way with all agencies.

We will work across Kirklees with children, young people and their families to ensure that need is identified early and appropriate action is taken to achieve high outcomes and maximise independence.

Aims

Early Intervention activities that are planned with families will promote better outcomes for children and young people (aged between pre-birth to 25 years) and their families, by providing quick access to effective interventions from people with the right skills before challenges escalate, using the combined expertise of participating agencies.

What difference are we trying to make for whom?

We will work with CYP with SEND, some of whom may be disabled and some who may have SEN.

Definitions:

'A person has a disability if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities' (Equality Act 2010)'

'A child has a Special Educational Need (SEN) if they have 'a significantly greater difficulty in learning than the majority of others of the same age' (Code of Practice 2015) Some children will have a SEN and be disabled.'

The Code of Practice defines SEND in 4 areas:

- Cognition and Learning
- Communication and Interaction (this includes Autism)
- Social Emotional and Mental Health Difficulties
- Physical and/or sensory needs.

CYP who have been identified as having SEND will be recorded on the School Census.

Criteria for Statement of SEN EHCP Plans

Those with a Statement of SEN or an Education Health and Care Plan (EHCP) will have significant needs and will have been assessed as requiring additional support from education, health and social care services.

To have an EHCP they must have education needs and in addition may also have health and/or social care needs. An EHCP will contain the views of the CYP and their family, the desired outcomes and the required input from education, health and social care.

SEN Support

These CYP will have significant SEN that requires the school to consider provision that is additional and different to that on offer across the school for all pupils. Schools have a nominal £6000 per pupil in their budget to meet this additional need. These CYP may require a 'My Support Plan' (MSP), in many ways similar to an EHCP, in order to set targets and plan provision to meet them.

The numbers recorded on the School Census encompass <u>all</u> children and young people with a special educational need and/or a disability, many of whom will have their needs met within school and will not require any further intervention.

What difference are we collectively trying to make?

We will adhere to the core principles of the Children and Families Act 2014:

- ➤ To ensure that education, health and social care staff work together and make the young person and their family the centre of activity where their views, wishes and feelings are paramount, and they have the necessary information and support to participate fully in decision making and planning.
- To work in a more coordinated way so that the young person can achieve the best possible outcomes, preparing them effectively for adulthood.

- To work also with local partners, parents and CYP to co-produce and publish a Local Offer of services and provision to assist young people in finding employment, obtaining accommodation, participating in society and being as healthy as possible.
- ➤ To provide a coordinated education, health and care assessment for CYP with SEND aged 0-25 which may lead to an EHCP or a My Support Plan (for those at SEN Support).
- Offer those with EHCPs the option of a personal budget.

As part of our wider Early Intervention and Prevention (EI&P) programme we are developing an 'All Age Disability service' to work with disabled children and young people aged 0-25 with identified needs who have been assessed for support as set out in current legislation (Care Act for adults aged 18 and over) with service provision as set out in current legislation and subject to Kirklees eligibility criteria (Disabled Children's Criteria). These children and young people will have higher levels of need and will usually have an EHCP.

Feedback from young people with SEND

The young people's survey which questioned a sample of over 5000 students in years 7, 9 and 12 at mainstream schools across Kirklees, we are able to understand how they perceive any special educational needs and/or disabilities they have and how they want to be supported to manage them.

- Overall 1 in 20 (5%) said they had a SEND, of these 1 in 6 (15%) did not feel their school supported them enough.
- 1 in 8 (12%) of all students had a health condition or disability that affects their everyday life. Of the 12% of students half had asthma, a third had eczema.
- 1 in 5 had issues with short or long term pain, 1 in 6 had anxiety or depression issues, 1 in 16 had attention deficit related disorders.
- A small number reported having epilepsy or diabetes; however this increases when the special school population is taken in to account.
- Over half of this group felt they were able to manage their condition themselves, and 2 in 3 felt able to talk to professionals, parents and friends about their condition.
 2 in 5 felt that their condition or disability stopped them from doing the things they wanted to.

Demographics – Regional and National Benchmarking

ALL SCHOOLS (1):

PUPILS WITH STATEMENTS OF SPECIAL EDUCATIONAL NEEDS (SEN) OR EDUCATION, HEALTH AND CARE (EHC) PLANS, BASED ON WHERE THE PUPIL ATTENDS SCHOOL (2)(3)

		2010			2011			2012	
Geography	Total pupils	Pupils with statements	%	Total pupils	Pupils with statements	%	Total pupils	Pupils with statements	%
Kirklees	65,082	1,831	2.8	65,521	1,788	2.7	65,763	1,809	2.8
Yorkshire									
and the	814,595	19,650	2.4	815,230	19,470	2.4	818,060	19,435	2.4
Humber									
England	8,098,360	223,945	2.8	8,123,865	224,210	2.8	8,178,200	226,125	2.8
		2013			2014			2015	
Geography	Total pupils	Pupils with statements	%	Total pupils	Pupils with statements	%	Total pupils	Pupils with statements	%
Kirklees	66,400	1,819	2.7	66,995	1,842	2.7	67,588	1,884	2.8
Yorkshire									
and the	822,860	19,615	2.4	830,165	19,625	2.4	838,825	20,115	2.4
Humber									
England	8,249,810	229,390	2.8	8,331,385	232,190	2.8	8,438,145	236,165	2.8

Table 11A

ALL SCHOOLS (1):

PUPILS WITH SPECIAL EDUCATIONAL NEEDS (SEN) SUPPORT, BASED ON WHERE THE PUPIL ATTENDS SCHOOL (2)(3)

		2010			2011			2012	
Geography	Total pupils	Pupils with statements	%	Total pupils	Pupils with statements	%	Total pupils	Pupils with statements	%
Kirklees	65,082	11,776	18.1	65,521	11,117	17.0	65,763	10,753	16.4
Yorkshire and the Humber	814,595	151,855	18.6	815,230	147,435	18.1	818,060	140,925	17.2
England	8,098,360	1,481,035	18.3	8,123,865	1,449,685	17.8	8,178,200	1,392,215	17.0
		2013			2014		2015		
Geography	Total pupils	Pupils with statements	%	Total pupils	Pupils with statements	%	Total pupils	Pupils with statements	%
Kirklees	66,400	10,220	15.4	66,995	9,941	14.8	67,588	7,036	10.4
Yorkshire									
and the	822,860	132,350	16.1	830,165	127,265	15.3	838,825	106,430	12.7
Humber									
England	8,249,810	1,316,220	16.0	8,331,385	1,260,760	15.1	8,438,145	1,065,280	12.6

Table 11A

ALL SCHOOL (1): NUMBER OF PUPILS WITH SPECIAL EDUCATIONAL NEEDS (SEN), BASED ON WHERE THE PUPIL ATTENDS SCHOOL (2)(3)

	Total	Pupils v statemer	nts or	Pupils wi	th SEN	Total pupi	ls with
	Pupils	EHC plans (4)		support		SEN	
Geography		Number	%	Number	%	Number	%
Kirklees	39,534	642	1.6	4,346	11.0	4,988	12.6
Yorkshire and the							
Humber	476,415	5,605	1.2	62,070	13.0	67,675	14.2
England	4,510,310	61,970	1.4	587,635	13.0	649,605	14.4

Table 14

STATE-FUNDED SECONDARY SCHOOLS (1)(2) NUMBER OF PUPILS WITH SPECIAL EDUCATIONAL NEEDS (SEN), BASED ON WHERE THE PUPIL ATTENDS SCHOOL (3)

		Pupils v	vith				
	Total	statemer	nts or	Pupils wi	th SEN	Total pupi	ls with
	Pupils	EHC plans (4)		support		SEN	
Geography]	Number	%	Number	%	Number	%
Kirklees	25,356	506	2.0	2,597	10.2	3,103	12.2
Yorkshire and the							
Humber	317,670	5,220	1.6	40,030	12.6	45,250	14.2
England	3,184,730	58,100	1.8	396,035	12.4	454,140	14.3

Table 13

STATE-FUNDED SECONDARY SCHOOLS (1)(2) NUMBER OF PUPILS WITH SPECIAL EDUCATIONAL NEEDS (SEN), BASED ON WHERE THE PUPIL ATTENDS SCHOOL (3)

	Total Pupils	Pupils with statements or EHC plans (4)		Pupils wit suppo		Total pupils with SEN	
Geography		Number	%	Number	%	Number	%
Kirklees Yorkshire and the	67,588	1,884	2.8	7,036	10.4	8,920	13.2
Humber	838,825	20,115	2.4	106,430	12.7	126,545	15.1
England	8,438,145	236,165	2.8	1,065,28 0	12.6	1,301,44 5	15.4

STATE-FUNDED PRIMARY SCHOOLS (1)(2): NUMBER AND PERCENTAGE OF PUPILS WITH SPECIAL EDUCATIONAL NEEDS (SEN) BY PRIMARY TYPE OF NEED (3)(4)

Pupils with SEN by their primary type of need

Pupils with SEN by the	Spe Lear	Specific Learning Difficulty		erate Difficulty	Severe L Diffic	_	Profound & Multiple Learning Difficulty	
	Count	%	Count	%	Count	%	Count	%
Kirklees	264	6.9	1,156	30.0	31	0.8	22	0.6
Yorkshire and the								
Humber	5,385	10.1	14,170	26.6	565	1.1	180	0.3
England	56,190	10.5	131,530	24.6	4,650	0.9	1,675	0.3
		ial, nal and Health	Commu	anguage nd nications eds	Hea Impaiı	_	Vis Impaii	
	Count	%	Count	%	Count	%	Count	%
Kirklees	630	16.4	1,006	26.1	95	2.5	67	1.7
Yorkshire and the								
Humber	7,255	13.6	15,065	28.3	1,225	2.3	685	1.3
England	83,595	15.6	148,085	27.7	9,275	1.7	5,165	1.0
		ensory rment	· I physical Hisanility		Autistic Spectrum Disorder		Other Difficulty/ Disability	
	Count	%	Count	%	Count	%	Count	%
Kirklees Yorkshire and the	6	0.2	137	3.6	125	3.2	127	3.3
Humber	85	0.2	1,605	3.0	3,125	5.9	2,320	4.4
England	1,120	0.2	16,075	3.0	35,030	6.5	23,680	4.4
	SEN su but spec assessr	SEN support but no specialist assessment of type of need		tal				
		0/	Count	%	1			
	Count	%	Count	/0				
Kirklees Yorkshire and the	Count 187	4.9	3,853	100				

STATE-FUNDED SECONDARY SCHOOLS (1)(2): NUMBER AND PERCENTAGE OF PUPILS WITH SPECIAL EDUCATIONAL NEEDS (SEN) BY PRIMARY TYPE OF

Pupils with SEN by their primary type of need (3)(4)

rupiis with service the	Spe Lear	Specific Learning Difficulty		Learning Difficulty Difficulty			Severe L Diffic	•	Profound & Multiple Learning Difficulty	
	Count	%	Count	%	Count	%	Count	%		
Kirklees Yorkshire and the	267	12.0	603	27.1	20	0.9	3	0.1		
Humber	6,450	17.7	10,360	28.4	335	0.9	25	0.1		
England	77,965	20.9	92,770	24.9	2,145	0.6	370	0.1		
	Social, Emotional and Mental Health		ar Commur Ne	nications eds	Hea Impaii	ment	Vis Impaii	rment		
	Count	%	Count	%	Count	%	Count	%		
Kirklees Yorkshire and the	447	20.1	238	10.7	98	4.4	53	2.4		
Humber	7,095	19.5	2,930	8.0	1,165	3.2	575	1.6		
England	72,065	19.3	36,665	9.8	8,705	2.3	4,935	1.3		
	Multi-Sensory Impairment		' I Physical Disability I		Auti Spect Diso	trum	Other Difficulty/ Disability			
	Count	%	Count	%	Count	%	Count	%		
Kirklees Yorkshire and the	3	0.1	86	3.9	101	4.5	262	11.8		
Humber	30	0.1	1,155	3.2	2,715	7.5	2,550	7.0		
England	505	0.1	11,115	3.0	30,845	8.3	25,450	6.8		
	SEN support but no specialist assessment of type of need		То	tal						
	Count	%	Count	%						
Kirklees Yorkshire and the	44	2.0	2,225	100						
Humber	1,050	2.9	36,430	100						
England	9,060	2.4	372,600	100						

SPECIAL SCHOOLS (1):

NUMBER AND PERCENTAGE OF PUPILS WITH SPECIAL EDUCATIONAL NEEDS (SEN) BY PRIMARY TYPE OF NEED (2)(3)

Pupils with SEN by their primary type of need

Pupils with SEN by their primary type of need									
	Spe	rific					Profound &		
				erate	Severe L	_	Multiple		
	Learning Difficulty		Learning	Difficulty	Diffic	culty	Learning		
							Difficulty		
	Count %		Count	%	Count	%	Count	%	
Kirklees	12	1.7	95	13.7	112	16.2	135	19.5	
Yorkshire and the									
Humber	100	1.2	935	11.1	2,425	28.9	950	11.3	
England	1,350	1.3	16,825	16.2	25,295	24.4	8,865	8.6	
	Soc	ial	Speech, I	Language					
	Emotio	-	ar	nd	Hea	ring	Visual Impairment		
	Mental		Commur	nications	Impaiı	ment			
	Mentai	неанп	Ne	eds					
	Count	%	Count	%	Count	%	Count	%	
Kirklees	104	15.0	95	13.7	6	0.9	9	1.3	
Yorkshire and the									
Humber	965	11.5	480	5.7	110	1.3	40	0.5	
England	13,450	13.0	5,725	5.5	1,370	1.3	740	0.7	
	<u> </u>								
		oncon			Auti		Oth		
_	Multi-S	-		Disability		stic	Oth Diffic		
		-			Auti	stic trum		ulty/	
	Multi-S	-			Auti Spec	stic trum	Diffic	ulty/	
Kirklees	Multi-S Impai	rment	Physical	Disability	Auti Spect Diso	stic trum rder	Diffic Disal	ulty/ bility	
	Multi-S Impaii Count	rment %	Physical Count	Disability %	Auti Spect Diso Count	stic trum rder %	Diffic Disal Count	culty/ bility %	
Kirklees	Multi-S Impaii Count	rment %	Physical Count	Disability %	Auti Spect Diso Count	stic trum rder %	Diffic Disal Count	culty/ bility %	
Kirklees Yorkshire and the	Multi-S Impair Count	rment % 1.2	Physical Count 17	Disability % 2.5	Auti Speci Diso Count 95	stic trum rder % 13.7	Diffic Disal Count 4	culty/ bility % 0.6	
Kirklees Yorkshire and the Humber	Multi-S Impair Count 8	% 1.2 0.3 0.2	Physical Count 17 315	Disability % 2.5 3.7	Auti Spect Diso Count 95	stic trum rder % 13.7 23.7	Diffic Disal Count 4 55	oility/ % 0.6	
Kirklees Yorkshire and the Humber	Multi-S Impair Count 8 20 220	7ment	Physical Count 17 315	Disability % 2.5 3.7	Auti Spect Diso Count 95	stic trum rder % 13.7 23.7	Diffic Disal Count 4 55	oility/ % 0.6	
Kirklees Yorkshire and the Humber	Multi-S Impair Count 8 20 220 SEN su	ment % 1.2 0.3 0.2 upport no	Physical Count 17 315 3,600	Disability % 2.5 3.7	Auti Spect Diso Count 95	stic trum rder % 13.7 23.7	Diffic Disal Count 4 55	oility/ % 0.6	
Kirklees Yorkshire and the Humber	Multi-S Impair Count 8 20 220 SEN su but	% 1.2 0.3 0.2 apport no ialist	Physical Count 17 315 3,600	% 2.5 3.7 3.5	Auti Spect Diso Count 95	stic trum rder % 13.7 23.7	Diffic Disal Count 4 55	oility/ % 0.6	
Kirklees Yorkshire and the Humber	Multi-S Impair Count 8 20 220 SEN su but spec	% 1.2 0.3 0.2 upport no ialist nent of	Physical Count 17 315 3,600	% 2.5 3.7 3.5	Auti Spect Diso Count 95	stic trum rder % 13.7 23.7	Diffic Disal Count 4 55	oility/ % 0.6	
Kirklees Yorkshire and the Humber	Multi-S Impair Count 8 20 220 SEN su but speci	% 1.2 0.3 0.2 upport no ialist nent of	Physical Count 17 315 3,600	% 2.5 3.7 3.5	Auti Spect Diso Count 95	stic trum rder % 13.7 23.7	Diffic Disal Count 4 55	oility/ % 0.6	
Kirklees Yorkshire and the Humber	Multi-S Impair Count 8 20 220 SEN su but speci assessn type o	% 1.2 0.3 0.2 upport no ialist nent of f need	Physical Count 17 315 3,600	Disability % 2.5 3.7 3.5	Auti Spect Diso Count 95	stic trum rder % 13.7 23.7	Diffic Disal Count 4 55	oility/ % 0.6	
Kirklees Yorkshire and the Humber England	Multi-S Impair Count 8 20 220 SEN su but spec assessn type o	ment % 1.2 0.3 0.2 apport no ialist nent of f need %	Physical Count 17 315 3,600 To	Disability % 2.5 3.7 3.5 tal	Auti Spect Diso Count 95	stic trum rder % 13.7 23.7	Diffic Disal Count 4 55	oility/ % 0.6 0.7	
Kirklees Yorkshire and the Humber England Kirklees	Multi-S Impair Count 8 20 220 SEN su but spec assessn type o	ment % 1.2 0.3 0.2 apport no ialist nent of f need %	Physical Count 17 315 3,600 To	Disability % 2.5 3.7 3.5 tal	Auti Spect Diso Count 95	stic trum rder % 13.7 23.7	Diffic Disal Count 4 55	oility/ % 0.6	
Kirklees Yorkshire and the Humber England Kirklees Yorkshire and the	Multi-S Impair Count 8 20 220 SEN su but spect assessn type of Count 0	ment % 1.2 0.3 0.2 upport no ialist nent of f need % 0.0	Physical Count 17 315 3,600 To Count 692	% 2.5 3.7 3.5 tal % 100	Auti Spect Diso Count 95	stic trum rder % 13.7 23.7	Diffic Disal Count 4 55	oility/ % 0.6	

STATE-FUNDED PRIMARY SCHOOLS (1)(2): NUMBER AND PERCENTAGE OF PUPILS WITH SPECIAL EDUCATIONAL NEEDS (SEN) ATTENDING SEN UNITS OR PLACED IN RESOURCED PROVISION (3)

	Pupils with SEN support					Pupils with SEN with statements or EHC plans					
	Total pupils	Pupils atten ding SEN units	% of pupils atten ding SEN units	Pupils placed in resourc ed provisi on	% of pupils placed in resourc ed provisio n	Total pupil s	Pupils attend ing SEN units	% of pupils attend ing SEN units	Pupils placed in resour ced provisi on	% of pupils placed in resour ced provisi on	
Kirklees	4,346	0	0.0	0	0.0	642	0	0.0	26	4.0	
Yorkshire and the Humber	62,070	90	0.1	195	0.3	5,60 5	30	0.5	385	6.9	
England	587,63 5	2,925	0.5	4,525	0.8	61,9 70	4,170	6.7	4,805	7.8	

Table 18

STATE-FUNDED SECONDARY SCHOOLS (1)(2): NUMBER AND PERCENTAGE OF PUPILS WITH SPECIAL EDUCATIONAL NEEDS (SEN) ATTENDING SEN UNITS OR PLACED IN RESOURCED PROVISION (3)

	Pupils with SEN support					Pupils with SEN with statements or EHC plans					
	Total pupils	Pupils atten ding SEN units	% of pupils atten ding SEN units	Pupils placed in resourc ed provisi on	% of pupils placed in resourc ed provisio n	Total pupil s	Pupils attend ing SEN units	% of pupils attend ing SEN units	Pupils placed in resour ced provisi on	% of pupils placed in resour ced provisi on	
Kirklees	2,597	0	0.0	х	х	506	0	0.0	79	15.6	
Yorkshire and the Humber	40,030	465	1.2	480	1.2	5,22 0	180	3.4	445	8.5	
England	396,03 5	6,780	1.7	6,810	1.7	58,1 00	3,320	5.7	5,020	8.6	

Table 19

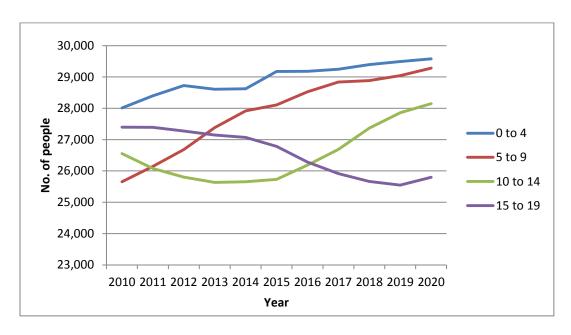
SFR 25/2015: Special educational needs in England, January 2015 - contents

Data Source https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2015

The Local Position- population data summary

Summary Headlines

 The general population is increasing, particularly in young people's age groups (although 15 to 19s) are projected to continue to decrease until 2019. Population 2010 to 2020



Source ONS Mid-Year Estimates 2010-2014, ONS 2012-based Subnational Population Projections 2015-2020

- This population increase has led to a corresponding increase in the proportion of children with SEND.
- Infant mortality is reducing; but in some cases this means children with profound, multiple and complex needs are surviving at birth and living much longer than in previous years.
- In terms of the gender of children with SEND, 1 in 3 are female, 2 in 3 are male.

Chimat national prevalence data has been used except where noted.

The Kirklees Population

There were around 428,000 residents in Kirklees in mid-2013; around 98,000 of which were 0 to 18 years old. There are 66,000 school age children locally aged 5 to 16.

The following tables show the numbers of children receiving SEN support and the numbers of children who have an Education Health Care Plan (EHCP). These figures represent the total number of children and young people who have SEND. It should be noted that numbers change daily.

The number of those who meet social care eligibility is currently (June 16) around 7741. Kirklees is an ethnically diverse population of which 24% gave their ethnicity as non-white at the last Census in 2011, this increases in the under 18 population to 29%.

The Kirklees population is projected to grow to around 450,000 by mid-2021. Almost all of the population increase is projected for the young and old age cohorts. This could see the 0-15 population increase by 10% or 8,500 young people.

The number of children and young people known to the Disabled Children's Team was 442 (as at 23/11/15) and the number currently in the 6 special schools is 670 (June 16). The numbers on the Carefirst (internal recording system) with a disability classification (1/10/15) are 804 (296 of which are males and 508 are females).

Children and Young People who are Looked After

- Of the Children who are Looked After in Kirklees, 259 are in placements outside of Kirklees, with 175 of these attending out of Local Authority schools. With the remaining CYP transported to Kirklees schools each day
- 55 of the CYP attend a special school, 32 of which are out of LA placements (June 2016)
- Of these 99 children have a statement of SEN or SEND or have an EHCP, this equates to 22.3% of the LAC cohort (June 2016) as compared 10.4% of the school population as a whole.
- In 2014/15, 27.6% of Looked after Children had a statement or EHCP as opposed to 15.4% of all children and young people (DfE data).

Children in Need

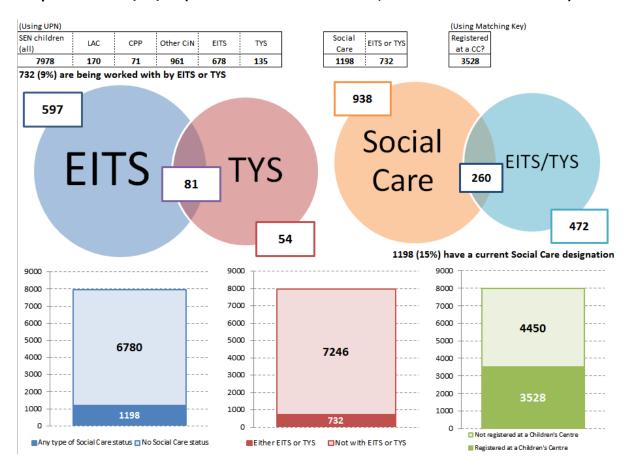
There are currently 2575 Children in Need in Kirklees. Of these 541 (4.75%) have an identified SEN or SEND. These range across all areas of need, however 137 (almost one quarter, 25%)) of children in need have SEMHD identified as their primary need.

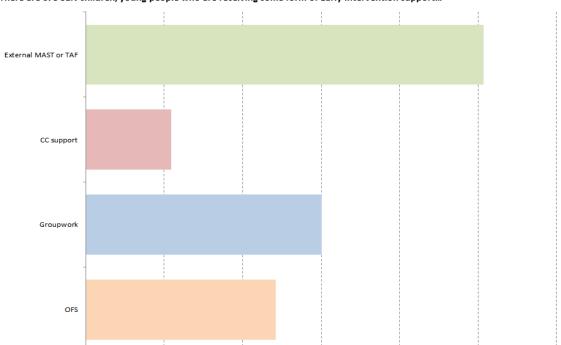
Children in Need of Protection

There are currently 414 CYP in Kirklees with a Child Protection Plan, of these, 56 have an identified SEN or SEND and 26 have a SEMHD.

It is acknowledged that unstable family circumstances can exacerbate the pressures CYP feel. CYP who are identified as vulnerable (this includes Looked After children and those

Snapshot as at 09/05/16 (based on data from Carefirst, Tribal and eStart databases).





There are 678 SEN children/young people who are receiving some form of Early Intervention support...

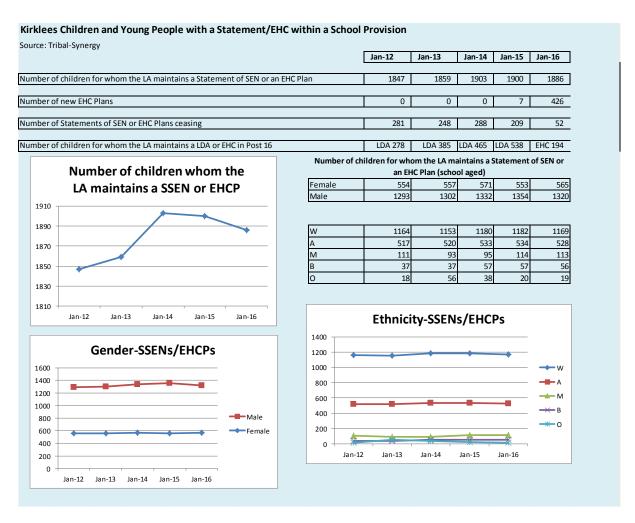
10%

- Figures above show that 1198 of the total number of children and young people who have SEND are known to social care services. 170 LAC; 71 CPP; CiN 961; 732 receiving targeted Early Help
- 3528 of the total number of children and young people who have SEND are registered at a children centre.

20%

							Ratio of school	Ratio of school
							age CiN with	age CiN with
	CiN with	School age CiN			Ratio of CiN	Ratio of CiN	SEN/EHC to	SEN/EHC to
	Disability	with SEN/EHC	SEN/EHC 2015	SEN/EHC 2016	with a disability	with a disability	total SEN/EHC	total SEN/EHC
	(SFR41/2015)	(SFR41/2015)	(SFR17/2016)	(SFR17/2016)	to SEN/EHC 2015	to SEN/EHC 2016	2015	2016
Bolton	182	119	1,365	1,545	0.13	0.12	0.09	0.08
Bury	201	175	1,290	1,280	0.16	0.16	0.14	0.14
Calderdale	79	60	930	985	0.08	0.08	0.06	0.06
Derby	327	184	1,130	1,270	0.29	0.26	0.16	0.14
Dudley	636	367	1,385	1,280	0.46	0.50	0.26	0.29
Kirklees	336	311	1,905	2,080	0.18	0.16	0.16	0.15
Lancashire	626	583	4,945	5,130	0.13	0.12	0.12	0.11
Leeds	414	342	2,160	2,285	0.19	0.18	0.16	0.15
Rochdale	335	236	1,255	1,285	0.27	0.26	0.19	0.18
Stockton-on-Tees	137	154	930	1,050	0.15	0.13	0.17	0.15
Telford and Wrekin	208	142	1,035	1,105	0.20	0.19	0.14	0.13
Statistical Neighbours	3,481	2,673	18,330	19,295	0.19	0.18	0.15	0.14
Bradford	442	339	2,225	2.335	0.20	0.19	0.15	0.15
Calderdale	79	60	930	985	0.08	0.08	0.06	0.06
Kirklees	336	311	1,905	2.080	0.18	0.16	0.16	0.15
Leeds	414	342	2,160	2,285	0.19	0.18	0.16	0.15
Wakefield	197	205	1,385	1,525	0.14	0.13	0.15	0.13
West Yorkshire	1,468	1,257	8,605	9,210	0.17	0.16	0.15	0.14
England	50,800	34,700	240,185	256,315	0.21	0.20	0.14	0.14
Yorkshire & Humber	4,500	3,269	20,070	21,910	0.22	0.21	0.16	0.15

The table above offers some approximate indication that the proportion of disabled children known to social care in Kirklees is in line with statistical neighbours and is comparable with the proportion of SEND known to social care.



Figures above reflect the transition made from the previous system to the new one as required in the Children and Families Act. The decline in the number of CYP with a statement or an EHCP is reflected in national data. The disparity between figures for boys and girls is also in line with national data.

The SEN figures for all categories of Asian pupils are disproportionately higher than the overall percentage of this group in terms of the population. The total number of children for whom the Local Authority maintains a statement of SEN or EHC Plan is currently 1886.

Number of children for whom the LA maintains a Statement of SEN or an EHC Plan (school aged) (Ethnicity)

	Jan-	Jan-13	Jan-14	Jan-15	Jan-16
	12				
Total	1847	1859	1903	1900	1886
White	1164	1153	1180	1182	1169 (61.9%)
Asian	517	520	533	534	528 (28%)
Mixed					
Race	111	93	95	114	113 (5.99%)
Black	37	37	57	57	56 (2.97%)
Other	18	56	38	20	19 (1.01%)

Statements and Learning Disability Assessments (LDAs) for student's post 16 will cease entirely by August 2018 and are being replaced with EHCPs. The numbers of LDAs have slowly increased and this is expected to continue as older students request an assessment under the new legislation. LDA's have now been replaced with EHCPs and SEN support. This also explains the drop in the number of ceased EHCPs/statements at the age of 16.

This will increase the need for a wider variety of post 16 and post 19 placements for this cohort.

Children and Young People attending Kirklees Schools (including OLA Pupils)

Source: School Census

Primary Need	Jan-12	Jan-13	Jan-14	Jan-15	Jan-16
ASD - Autistic Spectrum Disorder	216	225	249	270	255
BESD/SEMH	255	254	281	296	290
HI - Hearing Impairment	85	82	81	71	70
MLD - Moderate Learning Difficulty	250	230	232	200	196
MSI - Multi-Sensory Impairment	15	14	15	13	11
OTH - Other Difficulty/Disability	37	36	34	35	37
PD - Physical Disability	139	127	115	110	108
PMLD - Profound & Multiple Learn Di	111	125	135	144	122
SLCN - Speech Lang & Comm Needs	362	408	414	433	402
SLD - Severe Learning Difficulty	140	143	143	142	159
SPLD - Spl Learning Diff(Dyslexia)	84	83	73	69	66
VI - Visual Impairment	59	51	49	48	45
Not recorded	7	0	0	0	0

This data shows primary need and is taken from the school census. It includes all CYP who attend a Kirklees school who have a statement of SEND or an EHCP. It includes those who come from neighbouring Local Authorities (Barnsley, Leeds, Wakefield, Calderdale, Bradford). Many of these CYP will have additional needs as well as their stated primary need, e.g. numbers of CYP with a hearing impairment are greater than those recorded

above and may form part of a wider/more complex need, but hearing impairment may not be their primary need.

Numbers across need remain relatively constant and this is reflected in national data. With the exception of larger numbers of PMLD and lower numbers of ASD IN Kirklees compared to regional and national figures. There has been a decrease in those CYP with a statement/EHCP for moderate learning difficulties. As a result of changes in funding to schools there is now an expectation they will intervene earlier reducing the need for higher levels of intervention externally.

These changes to funding have impacted across all types of SEND to enable schools to address need early and accelerate progress. Those with a statement/EHCP are now more likely to have higher levels of more complex need, even though the numbers of CYP remain fairly constant.

Nationally, the most prevalent need for a statement or an EHCP is for Autism (January 2016) at 24.5% of the total. This is not reflected in Kirklees data and may possibly be attributed to delays in diagnosis. However a diagnosis is not essential in gaining a statement/EHCP or in accessing specialist support.

Children and Young People with an EHCP/Statement of SEND

Age	Jan-12	Jan-13	Jan-14	Jan-15	Jan-16
0-4	29	21	18	14	7
5-10	670	677	670	660	620
11-15	788	815	831	855	851
16+	273	265	302	302	283

	Jan-12	Jan-13	Jan-14	Jan-15	Jan-16
FSM eligible	614	644	668	701	718
Service Children	3	2	1	1	1

			Jan	-16		
Primary Need	MS	PS	SS	SP	AT	PR
ASD - Autistic Spectrum Disorder	1	96	68	84	6	
BESD/SEMH	6	93	69	99	17	6
HI - Hearing Impairment		29	32	5	4	
MLD - Moderate Learning Difficulty		42	45	102	7	
MSI - Multi-Sensory Impairment		3	3	5		
OTH - Other Difficulty/Disability		11	16	5	5	
PD - Physical Disability	2	49	36	17	4	
PMLD - Profound & Multiple Learn Di	ff	19	3	99	1	
SLCN - Speech Lang & Comm Needs	6	175	75	104	42	
SLD - Severe Learning Difficulty		20	12	125	2	
SPLD - Spl Learning Diff(Dyslexia)	1	18	29	15	3	
VI - Visual Impairment		20	16	9		

Phase:

MS - Middle (deemed Secondary)

PS - Primary

SS - Secondary

SP - Special

AT - All Through

PR = PRU

There are two middle schools in Kirklees. Figures for special schools show CYP with the most complex and profound needs. The definition of Moderate Learning Difficulty is wide, and those CYP within our special schools will have these learning difficulties as part of a broader range of needs.

Nationally, numbers across age groups are broadly consistent and this is also true of Kirklees. The largest cohort with a statement/EHCP is 11-15 years, and this is true nationally (43.4% of the total – January 2016). Post 16 numbers are continuing to increase under the new legislation.

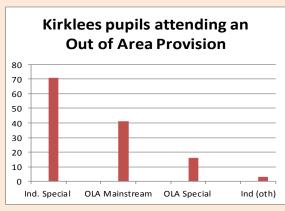
In recent years there has been an increase nationally in the number of CYP in special schools. Pupil numbers in Kirklees special schools have also increased.

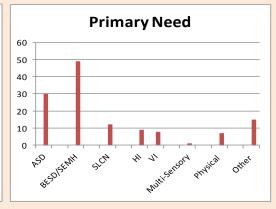
Children and Young People attending Out of Area Provision

Kirklees Children and Young People attending an Out of Area Provision

Provision	Jan-16
Ind. Special	71
OLA Mainstream	41
OLA Special	16
Ind (oth)	3

Primary Need	Jan-16
ASD	30
BESD/SEMH	49
CLON	42
SLCN	12
HI	9
VI	8
Multi-Sensory	1
Physical	7
Other	15





CYP attend a range of Out of Authority provision, including mainstream and special schools in neighbouring Local Authorities. The independent special schools are located across the country. CYP may be allocated a place at one of these if there is no equivalent provision in Kirklees, e.g. a school for the deaf that functions completely within British Sign Language, where our numbers are too small to merit such a provision.

The greatest figures are for those CYP with Autistic Spectrum Condition and those with Social Emotional and Mental Health Needs the numbers continue to grow. Data from our Pupil Referral Service and our specialist outreach team for ASD support these findings, which evidence the growth in complexity of need for those CYP with a statement or an EHCP. These placements also represent significant costs to the Local Authority. We are working with schools in Kirklees to reduce this figure. Figures for other (profound) needs are low, indicating that there is sufficient provision within Kirklees

SEN Support, School Action Plus and School Action (Data by Age, Gender, Ethnicity and Primary Need)

SEN Support, School Action Plus and School Action

Children and Young people attending Schools in Kirklees

Source: School Census

SEN provision	Jan-12	Jan-13	Jan-14	Jan-15	Jan-16
School Action	8133	7618	7317	2014	
School Action - % of school population	12.85	11.79	11.22	3.06	0.00
School Action Plus	2491	2483	2546	749	
School Action Plus - % of school population	3.94	3.84	3.91	1.14	0.00
SEN Support				4222	5855
SEN Support - % of school population	0.00	0.00	0.00	6.42	8.79
TOTAL	10624	10101	9863	6985	5855
TOTAL Percentage	16.9%	15.6%	15.1%	10.6%	8.8%
School Population	63290	64588	65186	65788	66578

Age	Jan-12	Jan-13	Jan-14	Jan-15	Jan-16
0-4	117	111	117	90	73
5-10	4813	4778	4713	3495	3024
11-15	4553	4033	3847	2731	2306
16+	1141	1179	1186	669	452

Gender	Jan-12	Jan-13	Jan-14	Jan-15	Jan-16
Female	4025	3817	3689	2468	1974
Male	6599	6284	6174	4517	3881

Ethnicity	Jan-12	Jan-13	Jan-14	Jan-15	Jan-16
W	6605	6315	6193	4547	3782
A	2394	2722	2640	1681	1422
M	686	683	659	491	426
В	242	225	220	141	125
0	697	156	151	125	100

Primary Need	Jan-12	Jan-13	Jan-14	Jan-15	Jan-16
ASD - Autistic Spectrum Disorder	30	34	41	53	82
BESD - Beh Emotional and Social Diff	636	739	699	912	931
HI - Hearing Impairment	118	117	99	128	144
MLD - Moderate Learning Difficulty	704	642	671	1658	1962
MSI - Multi-Sensory Impairment	4	4	5	4	5
NSA				233	422
OTH - Other Difficulty/Disability	149	129	136	360	522
PD - Physical Disability	71	82	83	130	123
PMLD - Profound & Multiple Learn Diff	6		4	6	4
SLCN - Speech Lang & Comm Needs	416	471	543	911	1045
SLD - Severe Learning Difficulty	17	12	16	19	19
SPLD - Spl Learning Diff(Dyslexia)	240	179	174	476	510
VI - Visual Impairment	77	74	75	81	86
None recorded	8156	7618	7317	2014	0

Figures for CYP at School Action and School Action Plus were replaced entirely by SEN Support by April 2015. The size of the school population as a whole has increased while the percentage of those requiring SEN Support has reduced in keeping with the intention of the Children and Families Act, CYP with lesser SEN will have their needs met through early school intervention.

Those CYP at SEN Support level will have higher levels of SEND with funding delegated to schools to manage their needs. Schools will identify pupils that move to SEN Support and these CYP may also have intervention from other agencies.

These figures show the rise in numbers of CYP with ASD and SEMHD, as well as Speech Language and Communication Needs which is often related to the two conditions.

Those listed in the category 'Other' will have a specific type of need, e.g. Tourette's syndrome. The largest need, Moderate Learning Difficulties, is reflected in national data with 26.6% of CYP at SEN Support level.

Gender

There are approximately twice as many boys as girls at SEN Support and this is broadly in line with national data (boys -16%, girls -9.2%, January 2016).

Analysis by Type of Need – EHCP and SEN Support

SEMHD

Prevalence data highlights that 9.6% (6,125) of 5-16 year olds are likely to have some form of mental health disorder; there is variance between gender particularly in the 5-10 age group where prevalence in boys is almost double that of girls (10.4% against 5.3%). In the 11-16 age group the gap narrows but there is still a 3% increase in prevalence amongst boys. The number of CYP who require support from the Learning Service due to medical needs continues to increase (32 referrals in 2010, 76 in 2015, predicted to be greater in 2016). Each year the number of referrals for mental health difficulties (and prolonged absence from school) increases and it is now the greater part of the cohort. Numbers are highest at Key Stage 4 (14 – 16 years).

Nationally, school exclusions are rising, particularly at primary school level, and this is the case in Kirklees.

Communication and Interaction

There are 290 children with a diagnosed ASD and many more who are likely to have the condition but have not yet been diagnosed. National estimates suggest approximately 1% of the population has ASD which would equate to up to 657 children of school age. Figures for SLCN are high. There is considerable research into the long term adverse effect that poor language and communication skills have on life chances.

Cognition and Learning/Learning Disability

The figure for Moderate Learning Difficulty is high because the term MLD can encompass a range of difficulty, and are often seen as part of a wider need. The majority of need will be met through school based intervention as a result of early identification of need.

The effects can be far-reaching and include issues with speech and communication which can result in, or be associated with behavioural problems. There are 3,613 children who have some form of learning disability; a breakdown by type is below.

Disability	Number	Proportion of LD population
Moderate learning difficulty	903	25.0%
Severe learning difficulty	159	4.4%
Profound and multiple learning difficulty	139	3.8%
Specific learning difficulty	247	6.8%

Physical and/or Sensory Needs

Numbers of CYP with physical and sensory needs are relatively small and encompass a range of conditions.

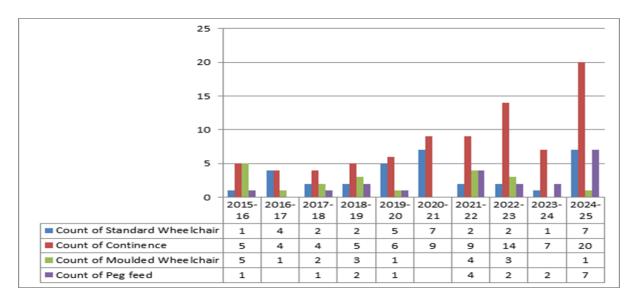
Disability	Number	Proportion of PDSI population
Hearing Impairment	180	26.0%
Visual Impairment	124	17.9%
Multi-Sensory Impairment	20	2.9%
Other disability	170	24.6%
Physical Disability	198	28.6%

There are other conditions that may be seen as a disability when they are chronic in nature and therefore can have an impact on the child's development in more subtle ways (e.g. through days lost at school, inability to partake fully in physical activities, need to take medication regularly). These include asthma or diabetes for example.

Continence

Issues around continence affect a number of children; disabled children are much more likely than other to have continence problems. Around 1 in 5 disabled children have continence problems. This was more likely in those in the SLD and PMLD groups where double incontinence was an issue for 1 in 4 children.

Wheelchair Service - Equipment and other needs



This chart identifies longer term equipment and other needs in the longer term which are likely to have an impact on adult social care and transition. These cross over into future Adults Commissioning Plans and future market needs.

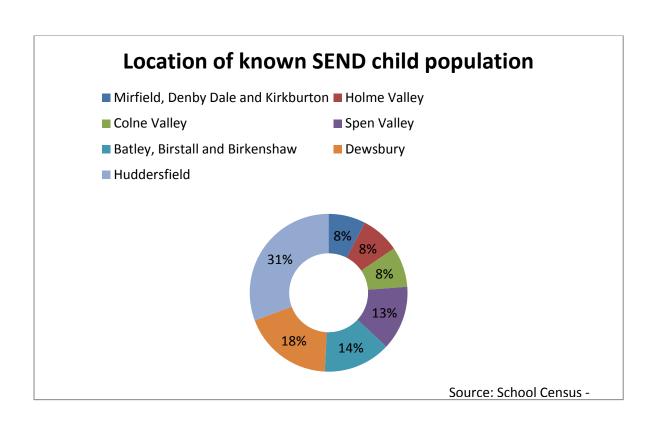
There are weaknesses in the data collected about children locally, a single primary issue may be recorded but the child may also have mental health, communication, behavioural issues, etc. among many other issues

Where do children with SEND in Kirklees currently live?

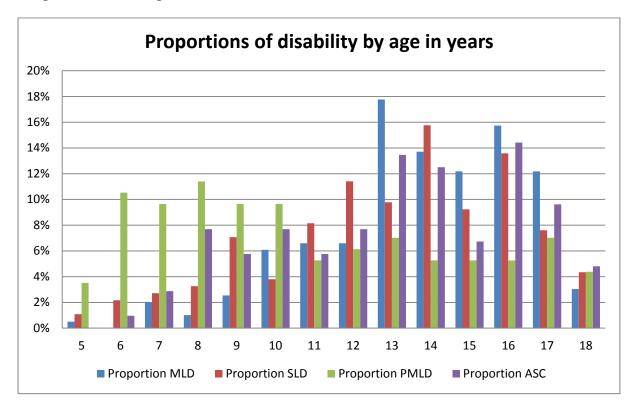
Disabled children live across Kirklees. In order to give a clear picture of prevalence it is best to look at disability as a ratio per 1000 children, so for instance 9.2 children in every 1000 have a moderate learning difficulty. There are peaks across each type of disability, and in each locality.

Demographic information

Cognition and Learning							
Locality	Moderate learning difficulty	Severe learning difficulty	Profound and multiple learning difficulty				
Batley, Birstall and Birkenshaw	7.9	2.1	1.5				
Colne Valley	9.8	1.3	1.4				
Dewsbury	11.6	1.8	2.0				
Holme Valley	11.4	0.5	1.1				
Huddersfield	9.5	1.8	1.1				
Mirfield, Denby Dale and Kirkburton	4.0	0.9	1.2				
Spen Valley	8.3	1.4	1.4				
Kirklees Rate per 1000 population	9.2	1.6	1.4				

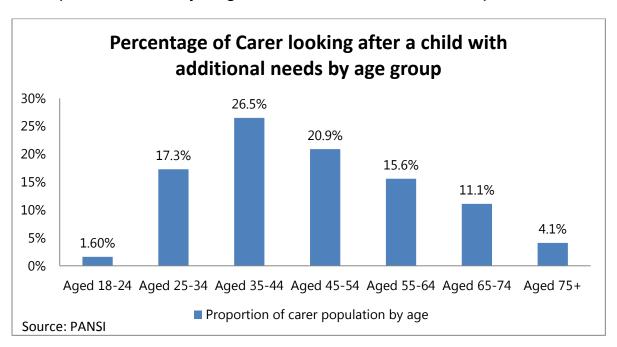


Long term forecasting -



The variation in year on year numbers represents a challenge to the LA with regards to ensuring staff are in place during peak years to meet needs and provide appropriate support to prepare for adulthood.

Carers (Source PANSI = Projecting Adult Needs and Service Information)



Infant mortality and disability2

The infant mortality rate for Kirklees in the period 2009-11, was 5.3 per 1000 live births. The main reasons for infant deaths locally were, prematurity and congenital abnormalities accounting for 73% of deaths. Given the level of prematurity in white babies, then it is not surprising that this was their main cause, 43%, then congenital abnormality (25%). Conversely, congenital abnormalities were the main cause of death for Pakistani babies, 52%, followed by prematurity (25%). Clinical advances have meant a greater number of these babies are living beyond their first year, however a proportion are growing up with disabilities and conditions relating to prematurity and congenital abnormalities.

The Kirklees disabled children population

The Kirklees disabled children population has been analysed using national trend and local information. There are major gaps in knowledge about the SEND of the pre-school population. The total school population is 65,788, of which 13.4% are acknowledged as having some degree of SEND. It is this group of CYP that this Joint Needs Assessment focusses on.

What does the disabled children population look like in the future?

Slow gradual growth is expected in the overall disabled children population, the numbers of highly resource intensive profound and multiple learning difficulty cases is predicted to increase especially in the 0-5 and 5-11 age groups.

The other change expected is that the proportion of parents able to sustain full time care when a child reaches adulthood is expected to decrease.

What does future demand look like and what is driving it?

The increasing number of children and older people and size of the south Asian community (due to higher birth rates) has broad socio-economic implications for Kirklees.

Prevalence estimates of disability in children in Kirklees – long term impact issues for transition into adulthood and adult commissioning source Chimat 2011.

-

² Kirklees JSNA Children dying before their first birthday

Boys - 0 to 19 years of age with long-standing illness or disability	10,470
Girls - 0 to 19 years of age with long-standing illness or disability	8,737
Total	19,207
Boys - 0 to 19 years of age who are severely disabled	25
Girls - 0 to 19 years of age who are severely disabled	52
Total	77
Visual impairment lower estimate 5 to 15 year olds	61
Visual impairment upper estimate 5 to 15 year olds	115
Total	176
Severe impairment or blindness estimates 0 – 16 years split in ages	10
Deaf children aged 0 to 17 (2010) per 10,000 pop	1.1
Hard of hearing children aged 0 to 17 (2010) per 10,000 pop	2.1
Registered blind children aged 0 to 17 (2008) per 10,000 pop	1.1
Registered blind children aged 0 to 17 (2008) per 10,000 pop	0.5

The data contained within this section has informed our future SEND offer.

The future offer

We have recognised the need to take a commissioning approach to service development. A commissioning strategy has been developed to support the transformational changes required. The strategy sets out the council's and health partners approach for the future and the offer of support to children with a disability and their families:

- Information and advice is available to all, to enable families to help themselves and
 make inform choices regarding future options in a timely manner. The Kirklees Local
 Offer website is one way of doing this. The website offers good quality information
 and advice, developed in partnership with Parents of Children with Additional Needs
 (PCAN).
- A Universal Offer that is inclusive of children with a disability. Our aim is to support
 parents and families better, to enable them to be more resilient and to support
 communities and social groups to come together to develop community support
 networks
- A **Targeted Support** offer that is provided in a timely manner, with a focus on a preventative approach, that focuses on achieving outcomes that will enable children

- with a disability to achieve their goals in life and live safe and independent adult lives.
- Funded health and social care provision for the most disabled children that focuses
 on clear outcomes, builds confidence, skills and fully prepares children with a
 disability to have full, rewarding, ordinary, inclusive lives and become as
 independent as possible. Person and family centred approaches are used that
 enables children with a disability and families to take control and have greater
 choice in how care and support needs are met.

A cross cutting theme across all care and support services will be to maximise the benefits of assistive technologies, that enables people to live safe independent lives.

9. Pregnancy and Childhood Health

It is not possible to say how many women across the district are pregnant during a 12 month period, but it is possible to use actual birth statistics as an indication. Within Kirklees there were 5,472 live births in 2014.

The Child and Maternal Health Observatory (ChiMat) reports that in 2014 Kirklees had a low birth weight rate of 8.8% against an England average of 7.4%

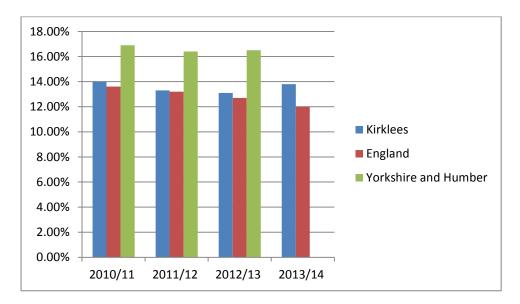
Across the district as a whole in 2013/14, 72% of mothers in Kirklees were initiating breastfeeding at birth, which is slightly less than 73.9% of mothers across England (ChiMat).

Research from the National Childbirth Trust in 2000 supports the importance for pregnant women of community-based care, continuity of carer, and contact with a small number of health professionals. It suggests that there is a high demand for information about pregnancy, birth and postnatal issues. First time and younger mothers are particularly keen to have greater access to information, and first time mothers are most likely to believe that they have been provided with too little information. During pregnancy women need consistent provision of detailed information on a range of key topics including what to expect during pregnancy care, maternity care service choices, what to expected with instrumental and caesarean deliveries, benefits and rights, baby feeding and postnatal topics. Women need information on their social and emotional experiences and needs as well as more clinical information.

National research shows that the children of mothers who smoke are more likely to be of low birth weight than children of non-smoking mothers. Low birth weight is an enduring aspect of childhood morbidity, a major factor in infant mortality and has serious consequences for health in later life. Smoking during pregnancy is a significant problem in Kirklees, as can be seen from the graph below.

The graph below illustrates the percentage of mothers who smoke during pregnancy against the national average and the Yorkshire and Humber average figures (no 2013/14 figure available).

Smoking in Pregnancy



The figures in the above table show that Kirklees has been slightly higher than both the national and regional figures in terms of smoking in pregnancy, for the last four years consecutively. For 2013/14 Kirklees actually saw a rise in the figure from 2012/13 (13.8% of mothers compared to 13.1%); this is set against a national picture where the decrease is sustained, albeit only slightly.

The Child and Maternal Health Observatory (ChiMat) reports that in 2014 Kirklees had a low birth weight rate of 8.6% against an England average of 7.3%

Breast milk is considered to be the best form of nutrition for infants and breast-fed babies are five times less likely to be admitted to hospital with common infections, such as gastroenteritis, during their first year of life. Breastfeeding initiation rates in the UK remain relatively low compared to other countries, particularly among women in lower income groups.

Pregnancy

The Child and Maternal Health Observatory (ChiMat) reports that in 2013 Kirklees had a low birth weight rate of 8.6% against an England average of 7.4%

Across the district as a whole in 2015/16, 39.7% of infants in Kirklees were partially or fully breastfed at 6 to 8 weeks, which is slightly less than 43.8% of mothers across England (ChiMat).

As can be seen from the table below the area with the best sustained breastfeeding rate is Kirklees Rural, with the lowest area being Batley and Spen.

Breastfeeding rates by area 2015/16

Breastfeeding at 6 to 8 weeks (%)					
Batley and Spen	34.4				
Dewsbury and Mirfield	37.1				
Huddersfield	43.0				
Kirklees Rural	44.3				
Kirklees	39.7				
National Average	43.8				

Source: Kirklees Observatory.

The Child and Maternal Health Observatory (ChiMat) reports that in 2013 Kirklees had a low birth weight rate of 8.6% against an England average of 7.4%

Across the district as a whole in 2013/14, 72% of mothers in Kirklees were initiating breastfeeding at birth, which is slightly less than 73.9% of mothers across England (ChiMat).

Childhood Immunisations

There are some diseases that can kill children or cause lasting damage to their health. Sometimes a child's system needs help to fight those diseases. Immunisation - also called 'vaccination' provides that help. Immunisation prepares our bodies to fight serious infections that we may come in contact with in the future. Because immunisation is so successful, it is now rare for children to get serious diseases like diphtheria, polio or tetanus. Measles and pertussis (whooping cough) are also becoming less common. However, if children are not immunised against these diseases, they will come back again. MMR is the combined vaccine to prevent measles, mumps and rubella, all of which are diseases with serious complications. There has been some controversy about the MMR vaccine in recent years, which has resulted in a decrease in the number of children being vaccinated. World Health Organisation (WHO) recommendations are that at least 95% of children receive a first dose of a mumps-containing vaccine at age 12-18 months; and that at least 95% receive a measles vaccine by two years of age.

Immunisation rates within Kirklees

Dtap/IPV/Hib Vaccination (Kirklees)	2013/14	98.4%
Dtap/IPV/Hib Vaccination (England average)	2013/14	96.1%
Immunised 1st MMR at 2 years (Kirklees)	2013/14	98.0%
Immunised 1st MMR at 2 years (England average)	2013/14	92.7%

Source: CHIMAT Kirklees Child Health Profile 2015

In both cases it can be seen that Kirklees outperforms the England average, quite considerably so for the MMR figures.

Childhood Obesity

Childhood obesity is a complex public health issue that is a growing threat to children's health. Being overweight or obese increase the risk of a wide range of diseases and illnesses, including coronary heart disease and stroke, type 2 diabetes, high blood pressure, metabolic syndrome, osteoarthritis and cancer. Obesity reduces life expectancy on average by 11 years. Adult obesity is expected to rise, with about 41% of men and 36% of women (aged 20 to 65) predicted to be obese by 2020. England has seen a significant rise in child obesity, with 9% of Reception pupils and 19% of Year 6 pupils now measured as obese. There are proportionally more girls in both year groups who are obese, while by ethnic group those from a Black or Black British background are more likely to be obese.

In Kirklees, the percentage of children with excess weight aged 4-5 was 9.0% in 2013/14. At age 10-11 this was 18.2%. The reception year rate is roughly in line with the England average which stood slightly higher at 9.5% for the same period. There is a slightly larger gap for those at year 6 where the England average is higher at 19.1%.

The Government Office for Science's Foresight programme (2007) has suggested that action to prevent obesity should be best focused in five main policy areas: to promote children's health: to promote healthy food: to build physical activity into people's lives: to support health at work and provide incentives more widely to promote health: and to provide effective treatment and support when people become overweight or obese.

With regard to children and young people, this means:

Encouraging as many mothers to breastfeed as possible

Helping families to become knowledgeable and confident about the healthy weaning and feeding of their young children

As children grow, giving parents the knowledge and confidence to ensure that their children eat healthily and are active and fit

Making all schools into healthy schools

Giving support to parents who need extra help through children's centres, health services and their local communities

The proportion of pupils walking to school has increased in recent years, and lifts to school by car have decreased. Cycling is not common, with just 0.8% of pupils using this type of transport.

Reducing Hospital Admissions

There is no marked trend in the numbers of children killed or seriously injured on the district's roads in recent years. In 2014 there were 23 children killed or seriously injured, down from 17 the previous year. Of those injured (no deaths) in 2014, 17 were pedestrians and 3 were riding bicycles. The district rate of children killed or seriously injured (23.9 per 100,000, 2011-2013) was higher than the England average (19.1).

In respect of crude rates of emergency admissions caused by unintentional and deliberate injuries in children. The figure for 2013/14 was 114.1 per 10,000 resident population aged 0-14, little different from the England average (112.2). For those aged 15-24 the figure was 158.9 per 10,000, higher than the England average of 136.7.

10. Stronger Families - Extended Programme 2015/2020

Kirklees signed up as early starters on the expanded Troubled Families programme in January 2015 committing to:

- Achieving significant and sustained progress with 3810 families by 2020;
- Agreeing with partners which families will be prioritised;
- Whole family key working with 938 families by March 16;
- Contributing to the national evaluation of the programme.

Families may be included if they meet at least 2 of these broad identification criteria:

- Parents and children involved in offending
- Children not attending school regularly
- Children who need help (CIN, CPP and LAC)
- Adults out of work or at risk of financial exclusion and Young People who are NEET
- Families affected by domestic violence and abuse (using the home office definition)
- Parents and children affected by poor mental health or substance misuse

The Stronger Families Outcome Plan was developed in collaboration with key delivery partners and sets out the thresholds for inclusion and for sustained and significant improvement against each of the headline criteria.

To date 80 families have completed the programme, having achieved improved outcomes over a sustained period; 12 have gained work and come off benefits.

Stronger Families has commissioned improved capacity through:

- 25 additional front line practitioner posts to pilot and model whole family working across council services and partner agencies;
- Specialist services to address specific local issues such as poor home conditions and teenage violence towards parents;
- Strategic and operational capacity to address Domestic Abuse;
- Extensive workforce development programme-Level 4 qualifications in working with parents, motivational; interviewing and developing resilience.

Stronger Families - Extended Programme 2015/2020 Status 03 March 2016

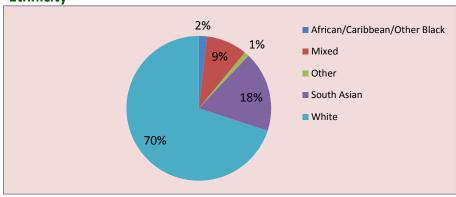
Performance Information

Numbers of families identified for cohort

Eligible families	1025	
Identified priority families	853	
People included (ave. 3.9 per family)	3292	
Payment by Results (PbR) claims		
PbR – Progress	71	8.3%
PbR - Continuous Employment	9	1.1%
Subsequent Continuous Employment (after		(not
Progress)	3	paid)
Total Families claimed	80	9.4%
Caseload		
Priority less claimed	773	90.6%

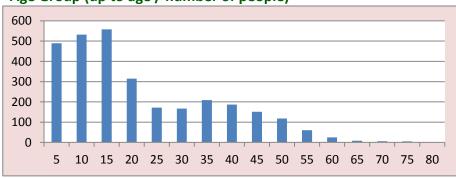
Diversity

Ethnicity



Demographics

Age Group (up to age / number of people)



Geographical distribution

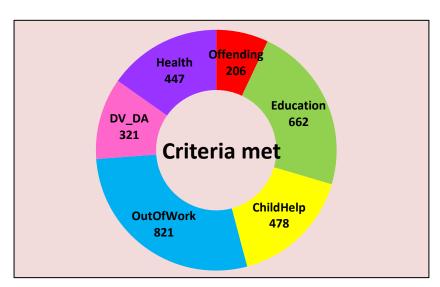
Ward (Number of Eligible Families)

Ashbrow 68 7% Newsome 65 6% Liversedge and Gomersal 59 6% Crosland Moor and 58 6% Netherton 58 6% Almondbury 54 5% Batley West 54 5% Dalton 54 5% Mirfield 51 5% Dewsbury East 49 5% Golcar 48 5% Batley East 42 4% Heckmondwike 41 4% Cleckheaton 38 4% Dewsbury South 37 4% Birstall and Birkenshaw 35 3% Colne Valley 35 3% Kirkburton 28 3% Holme Valley North 28 3% Holme Valley South 21 2% Lindley 20 2%	Ward (Warriser of Englishe Far	сэ	
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Crosland Moor and Netherton 58 6% Almondbury 54 5% Batley West 54 5% Dalton 54 5% Mirfield 51 5% Dewsbury East 49 5% Golcar 48 5% Batley East 42 4% Heckmondwike 41 4% Cleckheaton 38 4% Cleckheaton 38 4% Birstall and Birkenshaw 35 3% Colne Valley 35 3% Kirkburton 28 3% Holme Valley North 28 3% Holme Valley South 21 2% Lindley 20 2%	Newsome	65	6%
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Dalton 54 5% Mirfield 51 5% Dewsbury East 49 5% Golcar 48 5% Batley East 42 4% Heckmondwike 41 4% Cleckheaton 38 4% Dewsbury South 37 4% Birstall and Birkenshaw 35 3% Colne Valley 35 3% Greenhead 34 3% Kirkburton 28 3% Holme Valley North 28 3% Holme Valley South 21 2% Lindley 20 2%	Almondbury	54	5%
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Colne Valley 35 3% Greenhead 34 3% Kirkburton 28 3% Holme Valley North 28 3% Holme Valley South 21 2% Lindley 20 2%	Dewsbury South	37	4%
Greenhead 34 3% Kirkburton 28 3% Holme Valley North 28 3% Holme Valley South 21 2% Lindley 20 2%	Birstall and Birkenshaw	35	3%
Kirkburton283%Holme Valley North283%Holme Valley South212%Lindley202%	Colne Valley	35	3%
Holme Valley North 28 3% Holme Valley South 21 2% Lindley 20 2%	Greenhead	34	3%
Holme Valley South 21 2% Lindley 20 2%	Kirkburton	28	3%
Lindley 20 2%	Holme Valley North	28	3%
	Holme Valley South	21	2%
Denby Dale 11 1%	Lindley	20	2%
	Denby Dale	11	1%

Area

Batley & Spen	269	26.2%
Dewsbury & Mirfield	232	22.6%
Huddersfield	333	32.5%
Kirklees Rural	191	18.6%

Presenting issues, complexity and level of need



	All				Dewsbu	ury				
	Familie		Batle	ey	& Mirfi	eld	Hudd	ers	Kirkl	ees
Criteria met	S	%	& Sper	ı %	%		field	%	Rura	l %
Offending	206	20	58	22	46	20	71	21	31	16
Education	662	65	177	66	151	65	217	65	117	61
Child help (CiN/CPP)	478	47	124	46	112	48	175	53	67	35
Out of Work	821	80	220	82	188	81	285	86	128	67
Domestic										
Violence/Abuse	321	31	86	32	71	31	114	34	50	26
Health (Mental										
Health / Substance)	447	44	116	43	96	41	148	44	87	46
# Families	1025		269		232		333		191	

Number of criteria per Family	All Familie s	%		%		%		%		%
6 (High Need)	5	0	1	0	3	1	1	0	0	0
5	39	4	9	3	12	5	15	4	3	2
4	162	16	49	18	35	15	54	15	24	14
3	424	41	114	42	82	35	147	42	81	47
2(Lower need)	395	39	96	36	100	43	136	39	63	37
	1025		269		232		353		171	

Number of agencies (grouped) working with families	Number	%
1	362	36%
2	345	34%
3	188	19%
4	67	7%
5	27	3%
6	10	1%
7	2	0%
8	1	0%

(Some of these may be sequential not concurrent)

203		232		333		1/1	L
Numbe	r of k	nown inte	rvent	ions by	agen	су	
group							
Attenda	ance a	and Pupil S	Suppo	rt			304
Anti-So	cial B	ehaviour F	artne	rship			41
Careers	Serv	ice					225
Care Ma	anage	ement					383
Drug an	d Alc	ohol Inter	ventic	ns			113
Duty an	d Ass	essment					238
DV Inte	rvent	ions					23
Early In	terve	ntion and	Targe	ted Sup	port		401
Family I	nterv	ention Pro	oject				65
Commu	ınity l	Health					99
Targete	d You	ıth Suppoi	t Serv	vice			230
Kirklees	Neig	hbourhoo	d Hou	ısing			56
Mental	Healt	h Provisio	n				22
Other P	artne	ers					91
Schools							185
Stronge	r Fan	nilies Empl	oyme	nt			34
Coordin	ators	;					
West Yo	orksh	ire Probati	on				15
Youth C	Offend	ding Team					61
Attenda	ance a	and Pupil S	Suppo	rt			304

11. Early Learning

11.1 GLD (Good level of development) for our Groupings

The 'good level of development' judgement is made for all children at the end of their reception year. This assessment is used as an indicator that children are meeting age related expectations and that their development is appropriate for their chronological age.

Children are assessed against the 17 strands of learning within the early year's curriculum. Teachers make a judgement and assess the child as: meeting age related expectations, below age related expectations or above age related expectations.

To achieve a 'good level of development' overall, children need to meet age related expectations in Communication Language and Literacy, Physical development, Personal and Social development, Literacy and Mathematics.

The good level of development score and achievement against each of the areas of the curriculum are collected for each child. The percentage of children achieving a good level of development is collated for each school and for each locality area and also for the local authority.

Analysis of the data is used to inform service planning. This data and analysis is shared with schools, children centres, and childcare providers to inform their work.

GLD (Good level of development) for our localities

Locality	Cohort	# GLD	% GLD
Batley Grouping	539	361	67.0%
Birstall Grouping	477	312	65.4%
Chestnut Grouping	242	149	61.6%
Crosland Moor and Netherton	274	156	56.9%
Dewsbury East Grouping	213	125	58.7%
Dewsbury South Grouping	247	159	64.4%
Dewsbury West Grouping	407	234	57.5%
Golcar Grouping	453	337	74.4%
Huddersfield North Grouping	305	209	68.5%
Huddersfield South Grouping	434	290	66.8%
Mirfield	219	159	72.6%
Rawthorpe and Dalton	231	135	58.4%
Spen Grouping	481	293	60.9%
Valleys North Grouping	388	255	65.7%
Valleys South Grouping	522	406	77.8%

(Table produced in August 2015

11.2 Take-up of free early education by eligible two year olds

(By ward and children's centre grouping)

A steady rise in Kirklees take-up levels since the introduction of the entitlement to free early education by eligible two year old fell for the first time in spring 2016. This decline was in line with other local authorities in Yorkshire and Humberside and is assumed to be a seasonal variation associated with dark mornings and poor weather.

Intensive work continues across Kirklees with locally based Childcare Co-ordinators personally engaging with eligible families on the telephone and at their home address. Previous good progress at a Kirklees level masked significant variations at a local level. This is particularly evident for Batley East ward and the Batley Children's Centre grouping. Whilst a broad marketing campaign continues, a targeted making campaign was established in spring 2016 focusing on these geographical areas and included an emphasis on South Asian communities. The success of this campaign will be better measured in summer 2016 and beyond.

Kirklees take-up level:	70%	72%	77%	74%
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	Spring	Summer	Autumn	Spring	No. not taking
Ward level take-up	2015	2015	2015	2016	up (spring 2016)
Almondbury Ward	88%	81%	59%	74%	20
Ashbrow Ward	77%	84%	67%	76%	46
Batley East Ward	60%	54%	69%	57%	74
Batley West Ward	58%	61%	80%	64%	67
Birstall and Birkenshaw Ward	63%	74%	67%	75%	21
Cleckheaton Ward	62%	65%	77%	60%	34
Colne Valley Ward	78%	93%	77%	66%	20
Crosland Moor and					
Netherton Ward	63%	69%	81%	66%	56
Dalton Ward	82%	83%	75%	73%	33
Denby Dale Ward	67%	62%	76%	68%	12
Dewsbury East Ward	70%	77%	70%	74%	31
Dewsbury South Ward	64%	64%	79%	79%	36
Dewsbury West Ward	73%	81%	74%	81%	54
Golcar Ward	72%	73%	72%	82%	19
Greenhead Ward	62%	66%	80%	65%	58
Heckmondwike Ward	66%	61%	68%	66%	55
Holme Valley North Ward	60%	61%	74%	87%	7
Holme Valley South Ward	70%	80%	85%	92%	3
Kirkburton Ward	68%	87%	59%	83%	4
Lindley Ward	80%	92%	87%	80%	11
Liversedge and Gomersal					
Ward	68%	73%	91%	72%	28
Mirfield Ward	65%	75%	94%	85%	9
Newsome Ward	73%	74%	97%	79%	24

Author: Sue Grigg, Corporate Performance Team

Children's Centre Grouping	Spring	Summer	Autumn	Spring	No. not taking
take-up	2015	2015	2015	2016	up (spring 2016)
Batley Grouping	58%	59%	67%	60%	146
Birstall Grouping	65%	71%	76%	73%	51
Chestnut	78%	84%	80%	76%	48
Crosland Moor & Netherton	63%	70%	77%	67%	58
Dewsbury East Grouping	72%	76%	77%	79%	23
Dewsbury South Grouping	64%	64%	70%	79%	36
Dewsbury West Grouping	73%	81%	80%	80%	57
Golcar Grouping	76%	81%	80%	80%	29
Huddersfield Central & South					
Grouping	79%	76%	80%	78%	40
Huddersfield North Grouping	63%	65%	71%	67%	57
Mirfield	65%	75%	97%	85%	9
Rawthorpe and Dalton	78%	84%	74%	71%	35
Spen Grouping	65%	64%	69%	64%	87
Valleys North Grouping	68%	76%	73%	76%	27
Valleys South Grouping	70%	77%	79%	81%	19

Notes: The baseline for eligible two year old is derived from data supplied by the Department for Work and Pensions. *The data used for take-up calculations is always one term out of date. As a result there will always be some families included who have moved out of the area.* Access to free early education is driven by parental choice. Some families hold the belief that their child is too young to start early education. The number of children not taking up the offer in spring 2016 is provided for context.

11.3 Estimates of Free Early Education by Take-up by 3 and 4 Year Olds

The following table shows the percentage of 3 and 4 year old children taking up their entitlement to free early education and care in **Autumn 2015**.

Ward	% Tak	% Taking up			
	3 year olds	4 year olds			
Almondbury Ward	100.0%	99.0%			
Ashbrow Ward	91.7%	88.0%			
Batley East Ward	93.6%	91.8%			
Batley West Ward	100.0%	97.6%			
Birstall and Birkenshaw Ward	96.9%	100.0%			
Cleckheaton Ward	99.5%	100.0%			
Colne Valley Ward	85.8%	93.4%			
Crosland Moor and Netherton Ward	97.1%	91.5%			
Dalton Ward	89.9%	97.7%			
Denby Dale Ward	100.0%	100.0%			
Dewsbury East Ward	92.2%	97.2%			
Dewsbury South Ward	96.1%	98.7%			
Dewsbury West Ward	98.8%	95.5%			
Golcar Ward	99.1%	94.8%			
Greenhead Ward	89.0%	89.8%			
Heckmondwike Ward	92.7%	98.1%			
Holme Valley North Ward	100.0%	98.9%			
Holme Valley South Ward	96.8%	100.0%			
Kirkburton Ward	100.0%	100.0%			
Lindley Ward	98.8%	94.8%			
Liversedge and Gomersal Ward	98.2%	94.3%			
Mirfield Ward	99.5%	100.0%			
Newsome Ward	92.5%	91.8%			
Kirklees	96.5%	96.2%			

Extreme caution must be exercised in interpreting take-up information. The difficulty in estimating an accurate child population base upon which to calculate take-up is very challenging. A snapshot of child GP registrations in January 2015 is used for calculation in this illustration. Migration in an out of area after this date will not be captured therefore the more transient the local population the less accurate take-up estimates will be. This challenge can be illustrated when 2014 national benchmarking figures published in November 2015 are compared to local Kirklees estimates:

Age group	National benchmarking for	Kirklees calculation using GP
	Kirklees using ONS population	registrations for population
	estimates	estimates
3 year old	94%	92.6%
4 year old	100%	96.7%

Take-up of Free Early Education and Care Trend 6

	Autumn 2011			Spring 2012			Summer 2012		
	Popula tion (July 11)	No. not taking up	% Take up	Popula tion (Jan 12)	No. not taking up	% Take up	Popula tion (July 12)	No. not taking up	% Take up
3 year olds	5,867	333	94.5%	5,839	481	91.8%	5,823	701	88.0%
4 year olds	5,664	327	93.8%	5,750	255	95.6%	5,777	241	95.8%
Combi ned	11,531	660	94.2%	11,589	736	93.7%	11,600	942	91.9%

	Autumn 2012			Spring 2013			Summer 2013		
	Popula tion (July 12)	No. not taking up	% Take up	Popula tion (Jan 13)	No. not taking up	% Take up	Popula tion (Jan 13)	No. not taking up	% Take up
3 year olds	5,783	312	94.6%	5,885	452	92.3%	5,905	604	89.8%
4 year olds	5,890	278	95.3%	5,819	252	95.7%	5,786	228	96.1%
Combi ned	11,673	590	95.0%	11,704	704	94.0%	11,691	832	93.0%

	Autumn 2013			Spring 2014			Summer 2014		
	Popula tion (ONS Mid 2012)	No. not taking up	% Take up	Popula tion (GP lists Mar 14)	No. not taking up	% Take up	Popula tion (GP lists Aug 14)	No. not taking up	% Take up
3 year olds	5,588	89	98.4%	5,885	408	93.1%	5,859	585	90.0%
4 year olds	5,684	198	96.5%	5,834	214	96.3%	5,783	131	97.7%
Combi ned	11,272	287	97.5%	11,719	622	94.7%	11,642	716	93.9%

	Autumn 2014			Spring 2015			Summer 2015		
	Popula tion (GP lists Aug 14)	No. not taking up	% Take up	Popula tion (GP lists Jan 15)	No. not taking up	% Take up	Popula tion (GP lists Jan 15)	No. not taking up	% Take up
3 year olds	5,932	315	94.7%	5,827	328	94.4%	5,787	393	93.2%
4 year olds	5,755	223	96.1%	5,815	214	96.3%	5,824	236	95.9%
Combi ned	11,687	538	95.4%	11,642	542	95.4%	11,611	629	94.6%

Notes

Spring 2011 calculations are based on Sept 2010 population

Summer 2013 calculations are based on the January 2013 population.

Autumn 2013 calculations are based on ONS mid-year estimates for 2 and 3 year olds. Calderdale's cross border data is not included. The use of ONS data rather than GP data makes the figures in this period unreliable for direct comparison purposes.

Population figures used for Spring 2014 are based on GP lists March 2014. Barnsley's cross border data is not included.

Population figures used for Summer 2015 are based on GP lists January 2015. Barnsley's cross border data is not included.

Take-up figures exclude children who live outside Kirklees and include children who live in Kirklees where data is available. Even where data is available from other local authorities it is often incomplete including PVI information but not including school information. Generally this means take-up is understated in these figures.

Author: Sue Grigg, Corporate Performance Team

Summary

Allowing for the challenges with calculation described above, and accounting for seasonal variations, there has been a gradual and sustained increase in the proportion of eligible 3 and 4 year old children taking-up free early education in Kirklees in recent years.

11.4 Childcare Places

The government continues to deregulate the childcare market allowing for greater competition. For example more childminders able to provide free early education, removing the requirement for schools to register for two year olds and removing the need for provider chains to have separate registration for each site.

The Kirklees childcare market remains healthy and diverse with 770 registered provider offering 18,443 places. Although the number of places offered has increased between 2014 and 2015 there was a continued slow decline in childminders and childminder places.

The cost (fees charged to parents) is generally lower than national averages but broadly in line with regional averages.

There is evidence of a very slow decline in the numbers of children taking their free early education in sessional providers alongside an increase in the use of more flexible provision.

Quality of provision continues to rise with all sectors of the market showing more than 80% of providers judged by Ofsted to be good or better.

Take-up of free early education by eligible two year old continues has been rising steadily until a small did in spring 2016 to 74%. This remains higher than national averages.

There are signs of a decline in population equating to 3.9% and 4.1% across 1 and 2 year old cohorts respectively. However, the Kirklees wide headlines mask wide population variations at a local level.

Future increases in the demand for childcare will be driven by "30 hours free childcare" for 3 and 4 year olds from working families. Early estimates suggest new demand will peak in summer terms at 2,400 15 hour places. This takes into account 1,500 children who already access more than 25 hours of child per week. It is estimated that up to 700 new 15 hour places will be required although some areas already have sufficient capacity.

A joint childcare places impact assessment was presented in the latest Kirklees Childcare Sufficiency Assessment publish in December 2015 at ward level for "30 hours free childcare' and the Local Plan proposals.

Generally there are sufficient childcare places at ward level at this time in Kirklees.

Further detailed information can be found in the latest Kirklees Childcare Sufficiency Assessment: www.kirklees.gov.uk/childcaresufficiency.

12.0 Planning for school places

Primary schools places

In line with Local Authorities nationally, Kirklees has been under significant pressure to accommodate all primary age pupils, particularly in Reception. Population growth is not uniform across the LA but is occurring in specific areas resulting in acute demand for basic need in key planning areas where there is an urgency to find short and medium term solutions.

Sufficient primary capacity has been made available for September 2015 by using three strategies:

In collaboration with schools, admitting a small number of pupils above the PAN where this could be achieved without breaching the KS1 class size regulations.

In collaboration with schools, putting in place one-off 'bulge' classes (or part classes) that have revenue implications.

In collaboration with schools, establishing additional classes/phases as part of a long term expansion strategy.

This has translated to the following; these are school place planning areas not electoral wards the information shows where we have provided places and where the hotspots are for the provision of future places, based on current data.

Cleckheaton: In 2015 additional pupil places that have previously been made available temporarily at Heaton Avenue Primary School were made permanent. In addition, at the request of the local authority, the school admitted fifteen children above the PAN of 60 in September 2015.

Colne Valley: In 2015 8 additional reception places were made permanently available at Marsden Infant and Nursery School and a further 8 additional year three places were made permanently available at Marsden Junior School.

Dewsbury South: Following a spike in 2012 reception cohort, it has been agreed to create a bulge class of 30 pupils at Headfield CE (VC) Junior School for year three in 2015. Internal space has been able to be utilised as a one off measure to accommodate this.

Dewsbury West: Through Basic Need investment 8 additional Reception places were provided at Diamond Wood Community Academy from September 2015.

Heckmondwike: Additional places from September 2015 (15 per year group, starting in key stage one and following with Key Stage two over time) have been secured with The John Curwen Co-operative Primary Academy.

Huddersfield North: A one off bulge class 30 year three places for key stage two has been agreed at Birkby Junior School for 2015 by retaining a modular class base on site whilst the permanent extension was being built. This planning area remains a key priority for the provision of additional places and work is on-going to establish an addition 2 forms of entry.

Huddersfield North West: In 2015 an additional modular class base has been provided at Reinwood Infant and Nursery School (initially to be used to house key stage one and then to see the pupils through key stage two at Reinwood Junior School) to make provision for the 3 year 'bulge' of 30 additional places per year group for the next 5 years.

Huddersfield South West: For 2015 the available places at Royds Hall Community School for Reception 2015 has increased to 60 places (from 30), and a new building is in delivery for completion in summer 2016 which will provide 420 places over time. For 2016, the LA has commissioned a new primary free school for 630 primary pupils (Beaumont Primary Academy to open in September 2016). This is part of an area wide reorganisation and it should be noted that only 420 of the 630 places are additional places to meet basic need.

Other areas: Using existing capacity in primary schools to admit above PAN in small numbers

Engagement with primary school across parts of North Kirklees i.e. Cleckheaton, Heckmondwike, Birkenshaw & Gomersal, and Liversedge have commenced as there is an emerging need to provide additional primary school places across these areas over the next 2-3 years.

Secondary schools places

The numbers of young people leaving secondary schools at the end of Year 11 no longer remains in excess of the numbers of Year 7 pupils joining the secondary phase of schools i.e. the total number of pupils in the secondary phase is now starting to increase, primarily because growth from the primary phase is now starting to feed through. The exercise of parental preference means that nearly half of the secondary schools are oversubscribed.

The larger year cohorts in primary schools will start to have an impact on demand in the next 2- 5 years and so work is on-going to establish a clear understanding of how many additional secondary school places are needed exactly where these places are needed and when by. It is expected that discussions with the secondary school sector will be held later this year in order to develop a clear strategy as to how to meet the future need for additional places.

13.0 The Children's Centre Data Analysis

Kirklees Data Page					
Number of Children's Centre Groupings in District:	15				
Children's Centre Resources Budget 2016/17	£1,619,500				
Children's Centre Staffing Budget 2016/17	£3,533,800				
AfC Commission 2016/17	£1,207,500				
Overall Budget Total	£6,360,800				
Actual number of staff employed across all Children's Centres 2016/17	87				
FTE number of staff employed across all Children's Centres 2016/17	71.6				
Number of Children age 0-4 seen at the Children's Centre where they live (eStart 2015): N.B. figure does not include children seen out of their area/district	9,338				
Number of Children age 0-4 seen at Children's Centres <u>living anywhere</u> (eStart 2015): N.B. figure includes children seen out of their area/district	11,328				
Overall Unit Cost per child age 0-4 seen at Children's Centres:					
Number of children age 0-4 living in Kirklees in 10% most deprived areas 2015 (population WYCSA 2014):	6,274				
Percentage of children age 0-4 living in the 10% most deprived areas seen at a Children's Centre 2015 (reach):	53%				
Number of children aged 0-4 living in Kirklees in 30% most deprived areas 2015 (population WYCSA 2014):	14,152				
Percentage of children age 0-4 living in the 30% most deprived areas seen at a Children's Centre 2015 (reach):	48%				
Number of children age 0-4 living in Kirklees in 70% least deprived areas 2015 (population WYCSA 2014): :	23,264				
Percentage of children age 0-4 living in the 70% least deprived areas seen at a Children's Centre 2015 (reach):	43%				
Number of open cases EITS cases in Kirklees that are CiN: (0-4s as at 1 March 2016)	176				
Number of open cases EITS cases in Kirklees that are CPP: (0-4s as at 1 March 2016)	53				
Number of open cases EITS cases in Kirklees that are LAC: (0-4s as at 1 March 2016)	24				

Family Support	
Number of cases currently allocated to "EITS Children's Centre Support" at all Children's Centres	295
groupings as at 1 March 2016 (NOTE: this is CC Support allocations ONLY - does not include	
allocations to Groupwork or OFS)	
Average cases per Worker (Family Worker) across all Children's Centre groupings	5.2
No. of identified Stronger Families in the Children's Centre notional catchment areas (2015)	867
No. of identified Stronger Families receiving one to one Children's Centre Support (as at 21/03/2016)	97
No. of allocations to Children's Centres for Children's Centre Support (2015) (NOTE: this is CC Support	1205
allocations ONLY. It does not include allocations to Groupwork or Outreach Family Support)	

Expenditure/Budgets			
Budget portion spent on estates %	10%		
Budget spent on estates £	£642,400		
Portion of total EITS Children's Centre budget (resources and staffing) spent on Children's Centre staffing %	56%		
Budget portion spent on other overheads %	34%		
Budget spent on other overheads £	£2,184,600		

Kirklees High Level Indicators

	Batley & Spen	Dewsbury & Mirfield	Huddersfield	Rural
IMD - % of people living in neighbourhoods amongst the top-10 most deprived in England	4.8%	19.3%	14.2%	1.7%
No of open EITS cases for children aged 0-4 that are CiN (as at 1 March 2016)	<mark>62</mark>	25	61	28
No of open EITS cases for children aged 0-4 that are CPP (as at 1 March 2016)	21	10	16	6
No of open EITS cases for children aged 0-4 that are LAC (as at 1 March 2016)	<mark>11</mark>	2	11	0
Number of open EITS cases that are CiN/CPP/LAC: (0-19s as at 1 March 2016)	205	125	<mark>226</mark>	130
TYS interventions (as at 21 March 2016)	92	59	<mark>113</mark>	65
NEET (%) as at 31 October 2015 (Kirk Av 5.1, England 10.2)	4.6%	5.8%	<mark>6.4%</mark>	3.6%
Education – % achieving good level of development EYFS (2015) (Kirk. Av 66.2%, National 66.3%)	64.3%	62.6%	67.1%	69.2%
Education – Secondary, % pupils achieving 5 or more GCSE A*-C (2015) (Kirk. Av 54.1%, National 57.1%)	64.9%	58.3%	64.7%	68.6%
% of children (0-18) living in out-of-work benefit claimant households (DwP 31 May 2014) (Kirk Av. 15.9%, Eng 14.8%)	15.6%	18.4%	19%	9.5%
Families eligible for Stronger Families (1 Feb 2016) (rate per 1000 families) (Kirk Av. 16.1)	15.4	<mark>18.1</mark>	18	12.6
Low birth weight babies (% of live births 2012-15) (Kirk 6.4% Eng 7%) NOTE: where total number is less than 5 per LSOA figures have not been included.	7.4%	6.6%	5.5%	6.4%
Fully or partially breastfed at 6 to 8 weeks (%) (2015/16) (Kirk 39.7% Eng 43.8%)	34.4%	37.1%	43%	44.3%
Prevalence of overweight or obese children in Reception Year (%, 3 years) (2011-2014) (Kirk 9.1% Eng 9.4%)	9.5%	10.3%	9.2%	7.5%
BME % by area (2011 census)	22.2%	29.7%	28.1%	3.7%
Total number of children 0-4 by area (WYCSA 2014)	7,389	5,929	9,464	5,513
Number of children age 0-4 living in a 10% most deprived area (2015)	1,008	1,779	3,343	144
% of children age 0-4 registered from the 10% most deprived areas (as at Q3 2015)	<mark>72%</mark>	92%	84%	74%
% of children age 0-4 from the 10% most deprived areas seen at a centre (as at Q3 2015)	41%	67%	50%	40%

Red - indicates the area of highest need / worst performance across the district

Batley & Spen Data Page

Children's Centres within Batley & Spen District Committee
Batley
Birstall & Birkenshaw
Spen

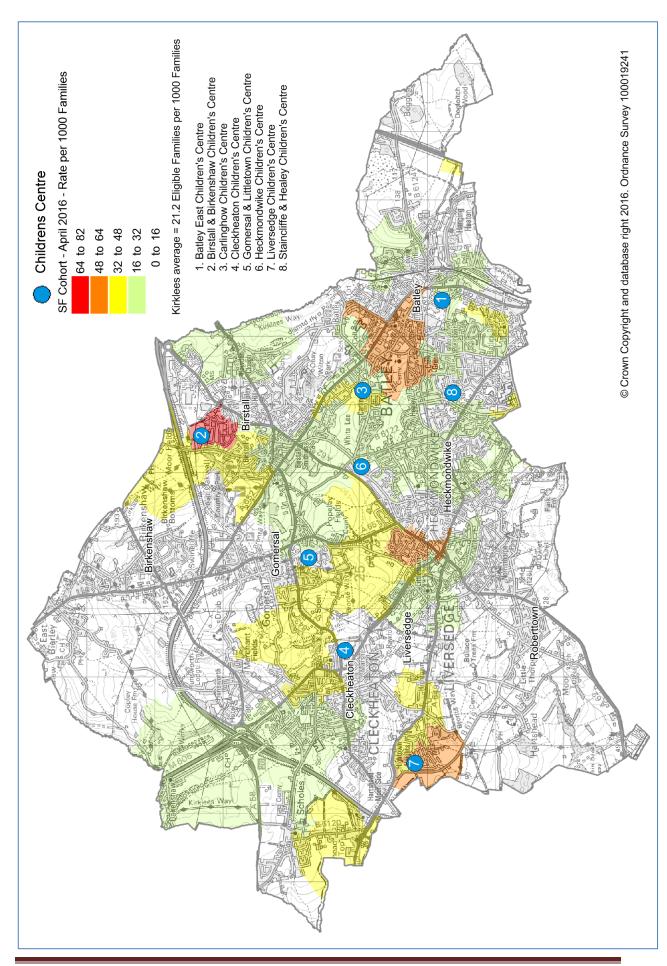
Area Overall Budget	£1,676,600
2016/17:	
Wards:	Batley East, Batley West, Birstall & Birkenshaw, Liversedge & Gomersal,
	Cleckheaton, Heckmondwike
Councillors:	Mahmood Akhtar Labour, Fazila Fadia Labour, Amanda Stubley Labour,
	Gwen Lowe Labour, Marielle O'Neill Labour, Shabir Pandor Labour,
	Michelle Grainger-Mead Labour, David Hall Conservative, Lisa Holmes
	Conservative, Robert Light Conservative, Andrew Palfreeman
	Conservative, Elizabeth Smaje Conservative, John Lawson Liberal
	Democrats, Andrew Pinnock Liberal Democrats, Kath Pinnock Liberal
	Democrats, Steve Hall Labour, Viv Kendrick Labour, David Sheard Labour.
Members of Parliament:	Vacant
Members of European	
Parliament:	

Area Ranking - Ranked 1 to 4 (1 being the area of lowest need / best performance and 4 the highest need/worst performance).

Red indicates that area is ranked as being the area of highest need / worst performing within Kirklees.

Data sets – Level 1 Indicators	Area ranking
IMD - % of people living in a 10% area	2
Child Poverty – % children 0-18 living in out of work households	2
Number of open EITS cases that are CiN/CPP/LAC: (0-19s as at 1 March 2016)	3
No. of TYS interventions (2015)	3
NEET - % of 16-19 Not in Education, Employment and Training	2
No. of Stronger Families identified	3
Education – % EYFS achieving a good level of development (2015)	3
Education – Secondary, % pupils achieving 5 or more GCSE A*-C (2015)	2
Child Health - % Fully or partially breastfed at 6 to 8 weeks (2015/16)	4
Child Health - % smoking at time of delivery (2015)	4
Child Health - % low birth weight children	4
Child Health - % prevalence of obesity in Reception (2011-2014)	3
Child Health - % prevalence of obesity in Y6 (2011-14)	3
BME - % of Black and Minority Ethnic communities in area	2

Area Perfo	rmance Data	Batley & Spen	Area Rank
Population - No. of children 0-4 in area		7,389	3
10% most deprived areas		1,008	2
30% most deprived areas		3789	2
70% least deprived areas	70% least deprived areas		3
Registered – % of children 0-4	Registered – % of children 0-4 registered at CC		3
10% most deprived areas		72%	4
30% most deprived areas		65%	=3
70% least deprived areas		63%	4
Reach – % of children 0-4 see	n at CC	33%	3
10% most deprived areas		31%	3
30% most deprived areas		35%	3
70% least deprived areas		33%	3
No. of allocations for one to one Children's Centre Support (2015)		404	3
Unit cost per child seen		£377	
FTE staff		23.5	
Children's centre from	Children's centre to	Distance (in miles) between centres	



Dewsbury & Mirfield Data Page

Children's Centres within Dewsbury & Mirfield District Committee
Dewsbury East
Dewsbury West
Dewsbury South
Mirfield

Area Overall Budget 2016/17:	£669,600 (Excludes Action for Children Commissioned	
	Services - £1,207,500)	
Wards:	Dewsbury East, Dewsbury West, Dewsbury South, Mirfield.	
Councillors:	Eric Firth Labour, Paul Kane Labour, Cathy Scott Labour,	
	Mumtaz Hussain Labour, Darren O'Donovan Labour, Karen	
	Rowling Labour, Masood Ahmed Labour, Nosheen Dad	
	Labour, Abdul Patel Labour, Martyn Bolt Conservative,	
	Vivien Lees-Hamilton Conservative, Kath Taylor	
	Conservative	
Members of Parliament:	Paula Sherriff MP	
Members of European Parliament:		

Area Ranking - Ranked 1 to 4 (1 being the area of lowest need / best performance and 4 the highest need/worst performance).

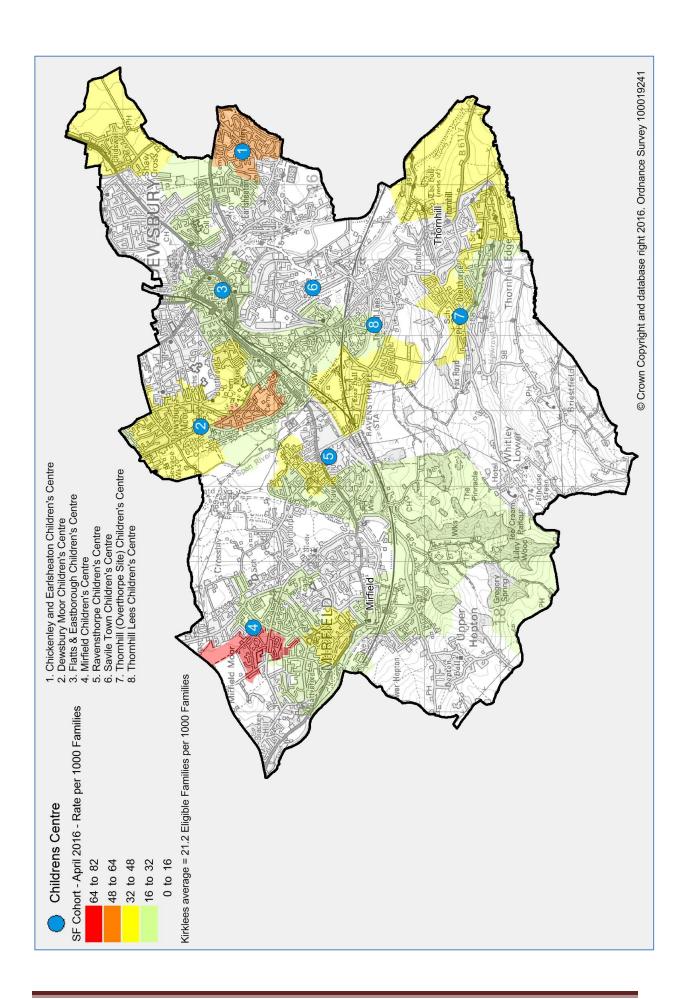
Red indicates that area is ranked as being the area of highest need / worst performing within Kirklees.

Data sets – Level 1 Indicators	Area ranking
IMD - % of people living in a 10% area	4
Child Poverty – % children 0-18 living in out of work households	3
Number of open EITS cases that are CiN/CPP/LAC: (0-19s as at 1 March 2016)	1
No. of TYS interventions (2015)	2
NEET - % of 16-19 Not in Education, Employment and Training	3
No. of Stronger Families identified	2
Education – % EYFS achieving a good level of development (2015)	4
Education – Secondary, % pupils achieving 5 or more GCSE A*-C (2015)	4
Child Health - % Fully or partially breastfed at 6 to 8 weeks (2015/16)	3
Child Health - % smoking at time of delivery (2015)	3
Child Health - % low birth weight children	3
Child Health - % prevalence of obesity in Reception (2011-2014)	4
Child Health - % prevalence of obesity in Y6 (2011-14)	4
BME - % of Black and Minority Ethnic communities in area	4

Area Performance Data	Dewsbury & Mirfield	Area Rank
Population - No. of children 0-4 in area	5929	2
10% most deprived areas	1779	3
30% most deprived areas	4250	3
70% least deprived areas	5351	2
Registered – % of children 0-4 registered at CC	88%	1
10% most deprived areas	92%	1
30% most deprived areas	86%	1
70% least deprived areas	88%	1
Reach – % of children 0-4 seen at CC	61%	1
10% most deprived areas	67%	1
30% most deprived areas	60%	1
70% least deprived areas	60%	1
No. of allocations for one to one Children's Centre Support	154	1
(2015) NB These figures only reflect cases recorded on Carefirst. They		
do not include cases recorded on eAspire by Action for Children.		
Unit cost per child seen*	£101	
FTE staff*	9	

^{*}Excludes Action for Children Commissioned Services

Children's centre from	Children's centre to	Distance (in miles) between centres



Huddersfield Data Page

Children's Centres within Huddersfield District Committee
Chestnut
Crosland Moor & Netherton
Huddersfield Central & South
Huddersfield North
Rawthorpe & Dalton

Area Overall Budget 2016/17:	£1,943,900	
Wards:	Ashbrow, Crosland Moor & Netherton, Almondbury,	
	Newsome, Greenhead, Dalton.	
Councillors:		
	Jean Calvert Labour, Amanda Pinnock Labour, James	
	Homewood Labour, Erin Hill Labour, Mohammed Sarwar	
	Labour, Manisha Roma Kaushik Labour, Judith Hughes	
	Labour, Linda Wilkinson Liberal Democrats, Bernard	
	McGuin Conservative, Karen Allison Green Party, Andrew	
	Cooper Green Party, Julie Stewart-Turner Green Party	
	Carole Pattison Labour, Mohan Sokhail Labour, Sheikh	
	Ullah Labour, Musarrat Khan Labour, Naheed Mather	
	Labour, Peter McBride Labour.	
Members of Parliament:	Barry Sheerman MP	
Members of European Parliament:		

Area Ranking - Ranked 1 to 4 (1 being the area of lowest need / best performance and 4 the highest need/worst performance).

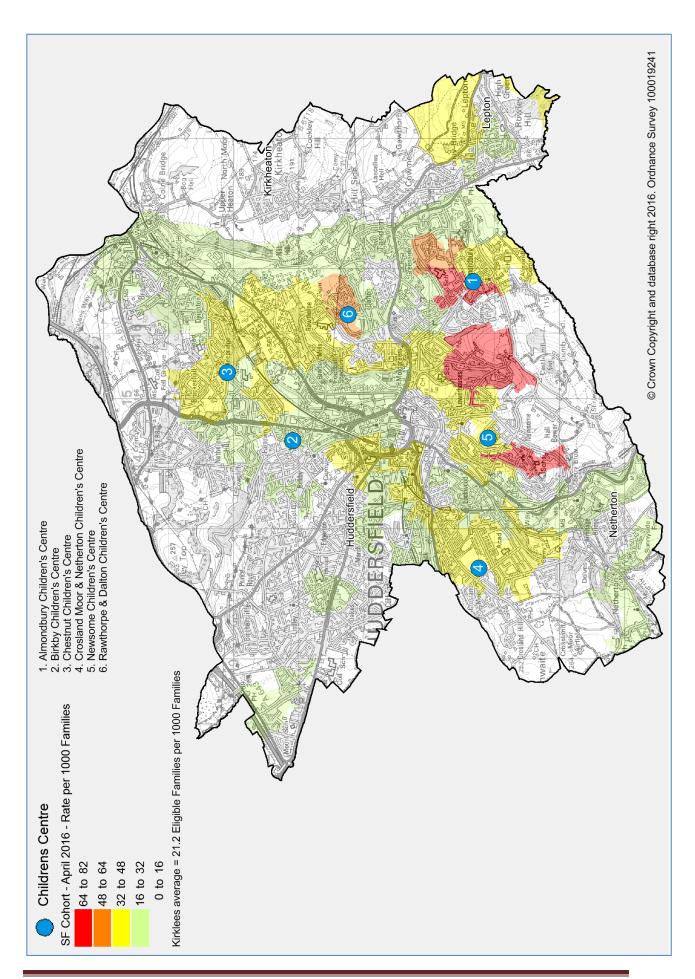
Red indicates that area is ranked as being the area of highest need / worst performing within Kirklees.

Data sets – Level 1 Indicators	Area ranking
IMD - % of people living in a 10% area	3
Child Poverty – % children 0-18 living in out of work households	4
Number of open EITS cases that are CiN/CPP/LAC: (0-19s as at 1 March 2016)	4
No. of TYS interventions (2015)	4
NEET - % of 16-19 Not in Education, Employment and Training	4
No. of Stronger Families identified	4
Education – % EYFS achieving a good level of development (2015)	2
Education – Secondary, % pupils achieving 5 or more GCSE A*-C (2015)	3
Child Health - % Fully or partially breastfed at 6 to 8 weeks (2015/16)	2
Child Health - % smoking at time of delivery (2015)	2
Child Health - % low birth weight children	2

Child Health - % prevalence of obesity in Reception (2011-2014)	2
Child Health - % prevalence of obesity in Y6 (2011-14)	2
BME - % of Black and Minority Ethnic communities in area	3

Area Performance Data	Huddersfield	Area Rank
Population - No. of children 0-4 in area	9464	4
10% most deprived areas	3343	4
30% most deprived areas	5558	4
70% least deprived areas	8246	4
Registered – % of children 0-4 registered at CC	79%	2
10% most deprived areas	84%	2
30% most deprived areas	83%	2
70% least deprived areas	81%	2
Reach – % of children 0-4 seen at CC	42%	2
10% most deprived areas	50%	2
30% most deprived areas	48%	2
70% least deprived areas	45%	2
No. of allocations for one to one Children's Centre	429	4
Support (Apr 2015-Jan 2016)		
Unit cost per child seen	£278	
FTE staff	27.1	

Children's centre from	Children's centre to	Distance (in miles) between centres



Kirklees Rural Data Page

Children's Centres within Kirklees Rural District Committee
Golcar
Holme Valley North
Holme Valley South

Area Overall Budget 2016/17:	£863,200
Wards:	Golcar, Lindley, Colne Valley, Holme Valley North, Denby Dale,
	Holme Valley South, Kirkburton.
Councillors:	Christine Iredale Liberal Democrats, Andrew Marchington Liberal
	Democrats, Hilary Richards Labour, Cahal Burke Liberal Democrats,
	Richard Eastwood Liberal Democrats, Gemma Wilson Conservatives,
	Donna Bellamy Conservative, Rob Walker Labour, Nicola Turner
	Liberal Democrats, Charles Greaves Independent Green, Edgar
	Holroyd-Doveton North Independent, Terry Lyons Independent, Jim
	Dodds Conservative, Graham Turner Labour, Michael Watson
	Conservative, Donald Firth Conservative, Nigel Patrick Conservative,
	Ken Sims Conservative, Bill Amer Conservative, Richard Smith
	Conservative, John Taylor Conservative.
Members of Parliament:	Jason McCartney MP
Members of European	
Parliament:	

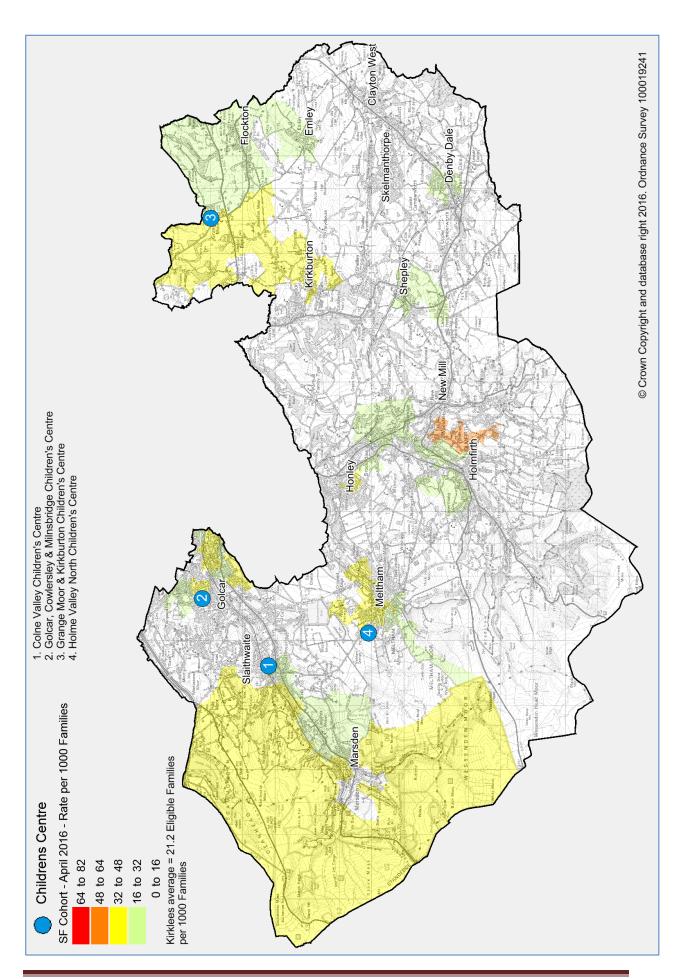
Area Ranking - Ranked 1 to 4 (1 being the area of lowest need / best performance and 4 the highest need/worst performance).

Red indicates that area is ranked as being the area of highest need / worst performing within Kirklees.

Data sets – Level 1 Indicators	Area ranking
IMD - % of people living in a 10% area	1
Child Poverty – % children 0-18 living in out of work households	1
Number of open EITS cases that are CiN/CPP/LAC: (0-19s as at 1 March 2016)	2
No. of TYS interventions (2015)	1
NEET - % of 16-19 Not in Education, Employment and Training	1
No. of Stronger Families identified	1
Education – % EYFS achieving a good level of development (2015)	1
Education – Secondary, % pupils achieving 5 or more GCSE A*-C (2015)	1
Child Health - % Fully or partially breastfed at 6 to 8 weeks (2015/16)	1
Child Health - % smoking at time of delivery (2015)	1
Child Health - % low birth weight children	1
Child Health - % prevalence of obesity in Reception (2011-2014)	1
Child Health - % prevalence of obesity in Y6 (2011-14)	1
BME - % of Black and Minority Ethnic communities in area	1

Area Performance Data	Rural	Area Rank
Population - No. of children 0-4 in area	5513	1
10% most deprived areas	144	1
30% most deprived areas	555	1
70% least deprived areas	2695	1
Registered – % of children 0-4 registered at CC	60%	4
10% most deprived areas	74%	3
30% most deprived areas	65%	=3
70% least deprived areas	70%	3
Reach – % of children 0-4 seen at CC	22%	4
10% most deprived areas	40%	4
30% most deprived areas	33%	4
70% least deprived areas	30%	4
No. of allocations for one to one Children's Centre Support (Apr	165	2
2015-Jan 2016)		
Unit cost per child seen	£339	
FTE staff	12.0	

Children's centre from	Children's centre to	Distance (in miles) between centres



NCA01 Dewsbury West

Children's Centres Name	Address
Dewsbury Moor & Scout Hill Children's	100 Heckmondwike Road Dewsbury Moor, Dewsbury
Centre	WF13 3NT
Ravensthorpe Children's Centre	Greenwood Centre The Park Huddersfield Road
	Ravensthorpe Dewsbury WF13 3JR

Overall Budget 2016/17:	Commissioned Service from Action for Children		
	Contract for Dewsbury West, Dewsbury East & Mirfield		
	Contract Figure £1,207,500		
Ward:	Dewsbury West		
Councillors:	Mumtaz Hussain Labour, Darren O'Donovan Labour, Karen		
	Rowling Labour		

Children's Centre Grouping Ranking – Ranked 1 to 15 (1 being the lowest need / best performance and 15 being the highest need / worst performance).

Red indicates that the Children's Centre is ranked as being within the top 3 Children's Centres of highest need / worst performance within the district.

Amber indicates that the Children's Centre is ranked as being mid-range (outside of the top 3 highest need / bets performance and top 3 lowest need / worst performance) of the Children's Centres within the district.

Green indicates that the Children's Centre is ranked as being within the top 3 Children's Centres of lowest need / bets performance within the district.

Data sets – Level 1 Indicators	Number	Children Centre ranking
IMD-No. of Children living in the 10% most deprived areas	1309	<mark>15</mark>
IMD-No. of Children living in the 30% most deprived areas	2050	14
IMD-No. of Children living in the 70% least deprived areas	2134	<mark>13</mark>
No. of open EITS cases (age 0-19) that are CiN in the notional catchment area	7	4
No. of open EITS cases (age 0-19) that are CPP in the notional catchment area	1	2
No. of open EITS cases (age 0-19) that are LAC in the notional catchment area	1	5
Education – % achieving good level of development EYFS (2015)	57%	<mark>15</mark>
Fully or partially breastfed at 6 to 8 weeks (%) (2015/16)	34.2%	<mark>12</mark>
Performance Data	Number	Children Centre ranking
Percentage of children reached from 10% most deprived areas	66%	2
Percentage of children reached from 30% most deprived areas	65%	3

Family Support	
Number of cases (families) currently allocated to 1:1 Children's	N/A
Centre Support as at 21 March 2016	
Average cases per Family Worker	N/A
No. of identified Stronger Families in the centre reach area	71
No. of allocations for one to one Children's Centre Support	24
(2015) NB These figures only reflect cases recorded on	
Carefirst. They do not include cases recorded on eAspire by	
Action for Children.	
Expenditure/Budgets	
Budget spent on estates %	
Portion of EITS budget spent on staffing %	
Budget portion spent on other overheads %	Action for Children
Total FTE	Commissioned Service
Estates cost per m2	
Size (m2)	

Staffin	g budget b	reakdown					
Overall Staffing Budge	erall Staffing Budget						
Budget portion spent	on manage	ment staff %		Action for Children			
Budget portion spent	on admin s	taff %		Commissioned Service			
Budget portion spent	on all other	staff % (inc. Par	rent				
Support Workers, Play	& Family L	earning Worker	s etc.)				
Bu	ilding cond	ditions					
Current condition						PRP	
Stand Alone/Integrate	d building					PRP	
IT considerations	IT considerations		PRP				
Centre delivery space	(rooms)	Number of off	ice spaces		Number	of office spaces	
		(rooms)		(personnel)		el)	
PRP		F	PRP			PRP	
Linked School Name	School O	fSTED Grading	Ad	ademy	/	Children's Centre	
(if applicable)	& Date	of Inspection	ma	maintained Grouping		Grouping	
			:	school		OfSTED Grading &	
					Date of Inspection		
					Good with		
_			?		outstanding features		
· · · · · · · · · · · · · · · · · · ·			•		(14.12.11)		

NCA02 Dewsbury East

Children's Centres Name	Address
Chickenley, Earlsheaton & Shaw Cross Children's	Princess Road Chickenley Dewsbury WF12 8QT
Centre	
Flatts & Eastborough Children's Centre	25-27 Westgate Dewsbury WF13 1JQ

Overall Budget 2016/17:	See overall budget for Dewsbury West
Ward:	Dewsbury East
Councillors:	Eric Firth Labour, Paul Kane Labour, Cathy Scott Labour

Children's Centre Grouping Ranking – Ranked 1 to 15 (1 being the lowest need / best performance and 15 being the highest need / worst performance).

Red indicates that the Children's Centre is ranked as being within the top 3 Children's Centres of highest need / worst performance within the district.

Amber indicates that the Children's Centre is ranked as being mid-range (outside of the top 3 highest need / best performance and top 3 lowest needs / worst performance) of the Children's Centres within the district.

Data sets – Level 1 Indicators	Number	Children Centre ranking
IMD–No. of Children living in the 10% most deprived areas	350	7
IMD-No. of Children living in the 30% most deprived areas	629	<mark>5</mark>
IMD-No. of Children living in the 70% least deprived areas	1032	3
No. of open EITS cases (age 0-19) that are CiN in the notional	9	<mark>6</mark>
catchment area		
No. of open EITS cases (age 0-19) that are CPP in the notional	6	<mark>12</mark>
catchment area		
No. of open EITS cases (age 0-19) that are LAC in the notional	0	1
catchment area		
Education – % achieving good level of development EYFS (2015)	60%	12
Fully or partially breastfed at 6 to 8 weeks (%) (2015/16)	29.8%	13

Performance Data	Number	Children Centre ranking
Percentage of children reached from 10% most deprived areas	74%	1
Percentage of children reached from 30% most deprived areas	71%	2
Family Support		
Number of cases (families) currently allocated to 1:1 Children's		N/A
Centre Support as at 21 March 2016		
Average cases per Family Worker		N/A
No. of identified Stronger Families in the centre reach area		48
No. of allocations for one to one Children's Centre Support (2015)		18
NB These figures only reflect cases recorded on Carefirst. They do		
not include cases recorded on eAspire by Action for Children.		
Expenditure/Budgets		
Budget spent on estates %		
Portion of EITS budget spent on staffing %		
Budget portion spent on other overheads %	Action	for Children
Total FTE	Commis	sioned Service
Estates cost per m2		
Size (m2)		

Staffin	g budget b	reakdown					
Overall Staffing Budge	t						
Budget portion spent on management staff %				Action for Children			
Budget portion spent	on admin s	taff %		Action for Children Commissioned Service			
Budget portion spent	on all other	staff % (inc. Par	ent				
Support Workers, Play	& Family L	earning Worker	s etc.)				
Bu	ilding cond	ditions					
Current condition							
Stand Alone/Integrate	d building						
IT considerations							
Centre delivery space	Centre delivery space (rooms) Number of office spaces (rooms)		Number of office spaces (personnel)				
PRP		Ŀ	PRP	PRP		PRP	
Linked School Name (if applicable)		of Inspection ma		academy/ paintained school		Children's Centre Grouping OfSTED Grading & Date of Inspection	
?		?		?		Good (2.2.11)	

NCA03 Mirfield

Children's Centres Name	Address
Mirfield Children's Centre	14 Taylor Hall Lane Mirfield WF14 0HW

Overall Budget 2016/17:	See overall budget for Dewsbury West
Ward:	Mirfield
Councillors:	Martyn Bolt Conservative, Vivien Lees-Hamilton Conservative,
	Kath Taylor Conservative

Children's Centre Grouping Ranking – Ranked 1 to 15 (1 being the lowest need / best performance and 15 being the highest need / worst performance).

Red indicates that the Children's Centre is ranked as being within the top 3 Children's Centres of highest need / worst performance within the district.

Amber indicates that the Children's Centre is ranked as being mid-range (outside of the top 3 highest need / best performance and top 3 lowest needs / worst performance) of the Children's Centres within the district.

Green indicates that the Children's Centre is ranked as being within the top 3 Children's Centres of lowest need / bets performance within the district.

Data sets – Level 1 Indicators	Number	Children Centre ranking
IMD–No. of Children living in the 10% most deprived areas	0	1
IMD-No. of Children living in the 30% most deprived areas	148	2
IMD-No. of Children living in the 70% least deprived areas	534	2
No. of open EITS cases (age 0-19) that are CiN in the notional	5	2
catchment area		
No. of open EITS cases (age 0-19) that are CPP in the notional	1	2
catchment area		
No. of open EITS cases (age 0-19) that are LAC in the notional	1	<mark>5</mark>
catchment area		
Education – % achieving good level of development EYFS (2015)	73%	3
Fully or partially breastfed at 6 to 8 weeks (%) (2015/16)	38.4%	9
Performance Data	Number	Children Centre ranking
Percentage of children reached from 10% most deprived areas	n/a	n/a
Percentage of children reached from 30% most deprived areas	82%	1
Family Support		
Number of cases (families) currently allocated to 1:1 Children's		N/A

Centre Support as at 21 March 2016	
Average cases per Family Worker	N/A
No. of identified Stronger Families in the centre reach area	44
No. of allocations for one to one Children's Centre Support (2015)	7
NB These figures only reflect cases recorded on Carefirst. They do	
not include cases recorded on eAspire by Action for Children.	
Expenditure/Budgets	
Budget spent on estates %	
Portion of EITS budget spent on staffing %	
Budget portion spent on other overheads %	Action for Children
Total FTE	Commissioned Service
Estates cost per m2	
Size (m2)	

Staffin	g budget b	reakdown				
Overall Staffing Budget						
Budget portion spent on management staff %			Action for Children			
Budget portion spent	on admin s	taff %		Action for Children Commissioned Service		
Budget portion spent	on all othei	staff % (inc. Par	rent			
Support Workers, Play	& Family L	earning Worker	s etc.)			
Bu	ilding cond	ditions				
Current condition						PRP
Stand Alone/Integrate	d building			PRP		
IT considerations	IT considerations		PRP			
Centre delivery space	(rooms)	Number of off	ice spaces	Number of office spaces		
		(rooms)		(personnel)		
PRP		F	PRP	PRP		
Linked School Name	School O	fSTED Grading	Ad	cademy	/	Children's Centre
(if applicable)	& Date	of Inspection	ma	aintained		Grouping
			:	school		OfSTED Grading &
						Date of Inspection
_ ?		?		Good with		
?				outstanding features		
						(10.6.15)

NCA04 Birstall & Birkenshaw

Children's Centres Name	Address
Birstall & Birkenshaw Children's Centre	Fieldhead Crescent Birstall Batley WF17 9BP
Gomersal & Littletown Children's Centre	Shirley Avenue Gomersal Cleckheaton
Liversedge Children's Centre	Windy Bank House Community Centre, 10 Fourth
	Avenue Hightown Liversedge WF15 8LA

Overall Budget 2016/17:	£453,800
Ward:	Birstall & Birkenshaw, Gomersal, Liversedge.
Councillors:	Simon Alvy Labour, David Hall Conservative, Lisa Holmes
	Conservative, Robert Light Conservative, Andrew Palfreeman
	Conservative, Elizabeth Smaje Conservative

Children's Centre Grouping Ranking – Ranked 1 to 15 (1 being the lowest need / best performance and 15 being the highest need / worst performance).

Red indicates that the Children's Centre is ranked as being within the top 3 Children's Centres of highest need / worst performance within the district.

Amber indicates that the Children's Centre is ranked as being mid-range (outside of the top 3 highest need / best performance and top 3 lowest needs / worst performance) of the Children's Centres within the district.

Data sets – Level 1 Indicators	Number	Children Centre ranking
IMD-No. of Children living in the 10% most deprived areas	383	<u>8</u>
IMD-No. of Children living in the 30% most deprived areas	982	9
IMD-No. of Children living in the 70% least deprived areas	2093	12
No. of open EITS cases (age 0-19) that are CiN in the notional	21	<mark>14</mark>
catchment area		
No. of open EITS cases (age 0-19) that are CPP in the notional	3	8
catchment area		
No. of open EITS cases (age 0-19) that are LAC in the notional	4	13
catchment area		
Education – % achieving good level of development EYFS (2015)	67%	7
Fully or partially breastfed at 6 to 8 weeks (%) (2015/16)	27.3%	15

Performance Data	Number	Children Centre
renormance Data	IVUITIBEI	Ciliaren Centre

						ranking		
Percentage of children	reached fr	om 10% most d	eprived areas		49%	8		
Percentage of children	reached fr	om 30% most d	eprived areas		40%	<mark>10</mark>		
Number of cases (fami	Number of cases (families) currently allocated to 1:1 Children's Centre					18		
Support as at 21 Marc	ch 2016							
Average cases per Fam	nily Worker				4.5			
No. of identified Stron	ger Familie	s in the centre r	each area			82		
No. of allocations for o	ne to one	Children's Centr	e Support (2015)			122		
	Expendi	ture/Budgets						
Budget spent on estate	es %					10%		
Portion of EITS budget	spent on s	taffing %				69%		
Budget portion spent of	on other ov	erheads %				21%		
Total FTE						6.5		
Estates cost per m2						£70		
Size (m2)					632			
	Staffing bu	dget breakdowr	า					
Overall Staffing Budge	t				£314,600			
Budget portion spent of	on manage	ment staff %			11%			
Budget portion spent of	on admin st	taff %			9%			
Budget portion spent of	on all other	staff % (inc. Par	ent Support Worke	ers,		81%		
Play & Family Learning	Workers e	etc.)						
	Buildin	g conditions						
Current condition						PRP		
Stand Alone/Integrate	d building					PRP		
IT considerations						PRP		
Centre delivery space	(rooms)	Number of off	ice spaces	Numl	ber of offic	e spaces		
		(rooms)		(pers	onnel)			
PRP	PRP PRP				PRP			
Linked School Name	School O	fSTED Grading	Academy/		Child	ren's Centre		
(if applicable)					rouping			
		school				Grading & Date		
							of I	nspection
?		?	<mark>?</mark>		Requires Improvement			
					(11.9.13)			

NCA05 Spen

Children's Centres Name	Address
Cleckheaton Children's Centre	Howard Park Community School St Peg Lane Cleckheaton
	BD19 3SD
Heckmondwike Children's Centre	The John Curwen Co-operative Primary Academy Leeds Old
	Road Heckmondwike WF16 9BB

Overall Budget 2016/17:	£392,400
Ward:	Cleckheaton, Heckmondwike
Councillors:	John Lawson Liberal Democrats, Andrew Pinnock Liberal
	Democrats, Kath Pinnock Liberal Democrats, Steve Hall
	Labour, Viv Kendrick Labour, David Sheard Labour.

Children's Centre Grouping Ranking – Ranked 1 to 15 (1 being the lowest need / best performance and 15 being the highest need / worst performance).

Red indicates that the Children's Centre is ranked as being within the top 3 Children's Centres of highest need / worst performance within the district.

Amber indicates that the Children's Centre is ranked as being mid-range (outside of the top 3 highest need / best performance and top 3 lowest needs/ worst performance) of the Children's Centres within the district.

Green indicates that the Children's Centre is ranked as being within the top 3 Children's Centres of lowest need / best performance within the district.

Data sets – Level 1 Indicators	Number	Children Centre
		ranking
IMD–No. of Children living in the 10% most deprived areas	0	1
IMD-No. of Children living in the 30% most deprived areas	891	7
IMD-No. of Children living in the 70% least deprived areas	2218	14
No. of open EITS cases (age 0-19) that are CiN in the notional	10	7
catchment area		
No. of open EITS cases (age 0-19) that are CPP in the notional	10	15
catchment area		
No. of open EITS cases (age 0-19) that are LAC in the notional	3	<mark>11</mark>
catchment area		
Education – % achieving good level of development EYFS (2015)	62%	<mark>10</mark>
Fully or partially breastfed at 6 to 8 weeks (%) (2015/16)	28.9%	14
Performance Data	Number	Children Centre
		ranking
Percentage of children reached from 10% most deprived areas	n/a	n/a
Percentage of children reached from 30% most deprived areas	29%	13

	Family Support						
Number of cases (fami	ilies) currer	lies) currently allocated to 1:1 Children's			13		
Centre Support as at 21 March 2016							
Average cases per Fam	nily Worker	•			3.7		
No. of identified Stron	ger Familie	s in the centre r	each area		58		
No. of allocations for o	ne to one	Children's Centr	e Support (2015).		79		
	Expenditu	ure/Budgets					
Budget spent on estate	es %				16%		
Portion of EITS budget	spent on s	staffing %			63%		
Budget portion spent	on other ov	verheads %			21%		
Total FTE					5.0		
Estates cost per m2					£125		
Size (m2)					499		
Staffing budget breakdown							
Overall Staffing Budge	t				£246,400		
Budget portion spent	on manage	ment staff %			11%		
Budget portion spent	on admin s	taff %			8%		
Budget portion spent	on all other	staff % (inc. Par	ent Support		81%		
Workers, Play & Famil	y Learning	Workers etc.)					
	Building	conditions					
Current condition					PRP		
Stand Alone/Integrate	d building				PRP		
IT considerations					PRP		
Centre delivery space	delivery space (rooms) Number of office spaces		Number	Number of office spaces			
		(rooms)		(personr	nel)		
PRP		PRP			PRP		
Linked School Name		fSTED Grading			Children's Centre		
(if applicable)	& Date	e of Inspection maintained		d	Grouping		
	school			OfSTED Grading &			
				Date of Inspection			
?		?			Good (3.10.12)		

NCA06 Batley

Children's Centres Name	Address
Batley East Children's Centre	Albion Street Batley WF17 5AH
Carlinghow & Wilton Children's Centre	Carlinghow Princess Royal JI &N School Ealand Road
	Carlinghow Batley WF17 8HT
Staincliffe & Healey Children's Centre	Chestnut Avenue Staincliffe Batley WF17 7DH

Overall Budget 2016/17:	£830,400	
Ward:	Batley East, Batley West	
Councillors:	Mahmood Akhtar Labour, Hanif Mayet Labour, Amanda	
	Stubley Labour, Gwen Lowe Labour, Marielle O'Neill Labour	
	and Co-operative, Shabir Pandor Labour.	

Children's Centre Grouping Ranking – Ranked 1 to 15 (1 being the lowest need / best performance and 15 being the highest need / worst performance).

Red indicates that the Children's Centre is ranked as being within the top 3 Children's Centres of highest need / worst performance within the district.

Amber indicates that the Children's Centre is ranked as being mid-range (outside of the top 3 highest need / best performance and top 3 lowest needs / worst performance) of the Children's Centres within the district.

Data sets – Level 1 Indicators	Number	Children Centre ranking
IMD–No. of Children living in the 10% most deprived areas	625	<mark>12</mark>
IMD-No. of Children living in the 30% most deprived areas	2094	15
IMD-No. of Children living in the 70% least deprived areas	2932	15
No. of open EITS cases (age 0-19) that are CiN in the	31	<mark>15</mark>
notional catchment area		
No. of open EITS cases (age 0-19) that are CPP in the	8	<mark>13</mark>
notional catchment area		
No. of open EITS cases (age 0-19) that are LAC in the	4	<mark>13</mark>
notional catchment area		
Education – % achieving good level of development EYFS	67%	6
(2015)		
Fully or partially breastfed at 6 to 8 weeks (%) (2015/16)	44.1%	<mark>5</mark>

Pe	Performance Data			Γ	Number	Children Centre ranking
Percentage of children	Percentage of children reached from 10% most deprived				36%	11
areas						
Percentage of children	reached fi	rom 30% most d	eprived		36%	11
areas						
	Family Sup	port				
Number of cases (fam	ilies) currer	ntly allocated to	1:1	24		
Children's Centre Supp	oort as at 2	21 March 2016				
Average cases per Fan	nily Worker	•				3.3
No. of identified Stron	ger Familie	s in the centre r	each area			87
No. of allocations for (2015).	one to one	Children's Centr	e Support			203
Ехр	enditure/E	Budgets				
Budget spent on estat	es %					12%
Portion of EITS budget	spent on s	taffing %				70%
Budget portion spent	on other ov	verheads %		18%		
Total FTE				12		
Estates cost per m2				£120		
Size (m2)				809		
Staffin	g budget b	reakdown				
Overall Staffing Budge	t				f	£579,900
Budget portion spent	on manage	ment staff %				11%
Budget portion spent	on admin s	taff %				9%
Budget portion spent	on all other	staff % (inc. Par	ent			81%
Support Workers, Play	& Family L	earning Worker	s etc.)			
Bu	ilding cond	ditions				
Current condition	-			PRP		
Stand Alone/Integrate	d building			PRP		
IT considerations			PRP			
Centre delivery space	(rooms)	Number of off	ice spaces		Number	of office spaces
(rooms)				(personn		
PRP PRP				PRP		
Linked School Name	ked School Name School OfSTED Grading Ad		cademy/		Children's Centre	
(if applicable) & Date of Inspection ma		aintained		Grouping		
		school OfSTED Grad		OfSTED Grading &		
						Date of Inspection
?		<mark>?</mark>		?		
				Good (29.9.11)		

NCA07 Rawthorpe & Dalton

Children's Centres Name	Address
Rawthorpe & Dalton Children's Centre	23-25 Ridgeway Dalton Huddersfield HD5 9QJ

Overall Budget 2016/17:	£221,700
Ward:	Dalton
Councillors:	Musarrat Khan Labour, Naheed Mather Labour, Peter McBride Labour.

Children's Centre Grouping Ranking – Ranked 1 to 15 (1 being the lowest need / best performance and 15 being the highest need / worst performance).

Red indicates that the Children's Centre is ranked as being within the top 3 Children's Centres of highest need / worst performance within the district.

Amber indicates that the Children's Centre is ranked as being mid-range (outside of the top 3 highest need / best performance and top 3 lowest needs/ worst performance) of the Children's Centres within the district.

Green indicates that the Children's Centre is ranked as being within the top 3 Children's Centres of lowest need / best performance within the district.

Data sets – Level 1 Indicators	Number	Children Centre ranking
IMD-No. of Children living in the 10% most deprived areas	439	9
IMD-No. of Children living in the 30% most deprived areas	728	<mark>6</mark>
IMD-No. of Children living in the 70% least deprived areas	1071	4
No. of open EITS cases (age 0-19) that are CiN in the notional catchment area	10	7
No. of open EITS cases (age 0-19) that are CPP in the notional catchment area	1	2
No. of open EITS cases (age 0-19) that are LAC in the notional catchment area	4	13
Education – % achieving good level of development EYFS (2015)	59%	13
Fully or partially breastfed at 6 to 8 weeks (%) (2015/16)	35.7%	<mark>11</mark>
Performance Data	Number	Children Centre ranking
Percentage of children reached from 10% most deprived areas	49%	7
Percentage of children reached from 30% most deprived areas	44%	9

Family Support	
Number of cases (families) currently allocated to 1:1 Children's Centre	13
Support as at 21 March 2016	
Average cases per Family Worker	5.2
No. of identified Stronger Families in the centre reach area	39
No. of allocations for one to one Children's Centre Support (2015).	61
Expenditure/Budgets	
Budget spent on estates %	0%
Portion of EITS budget spent on staffing %	70%
Budget portion spent on other overheads %	30%
Total FTE	3
Estates cost per m2	Not Available
Size (m2)	Not Available

Staffing budget breakdown						
Overall Staffing Budget					£155,990	
Budget portion spent	on manage	ment staff %			10%	
Budget portion spent	on admin s	taff %			8%	
Budget portion spent	on all othe	r staff % (inc. Par	rent Support Work	ers,	82%	
Play & Family Learning	g Workers e	etc.)				
	Buildin	g conditions				
Current condition					PRP	
Stand Alone/Integrate	d building				PRP	
IT considerations					PRP	
Centre delivery space (rooms) Number of office spaces Num				Number	mber of office spaces	
(rooms) (per					nel)	
PRP		F	PRP		PRP	
Linked School Name	red School Name School OfSTED Grading Acade		Academy	Children's Centre		
(if applicable)	& Date	of Inspection	maintaine	ined Grouping		
			school		OfSTED Grading &	
					Date of Inspection	
- ?			?		Good with	
?		•	•		outstanding features	
					(7.5.15)	

NCA08 Dewsbury South

Children's Centres Name	Address
Savile Town Children's Centre	Pentland Road Savile Town Dewsbury WF12 9JR
Thornhill Edge Top Road Children's Centre	Edge Top Road, Thornhill Dewsbury WF12 0BH
Thornhill Lees Children's Centre	53 Brewery Lane Thornhill Lees Dewsbury WF12 9DU

Overall Budget 2016/17:	£669,600		
Ward:	Dewsbury South		
Councillors:	Masood Ahmed Labour, Nosheen Dad Labour, Abdul Patel		
	Labour		

Children's Centre Grouping Ranking – Ranked 1 to 15 (1 being the lowest need / best performance and 15 being the highest need / worst performance).

Red indicates that the Children's Centre is ranked as being within the top 3 Children's Centres of highest need / worst performance within the district.

Amber indicates that the Children's Centre is ranked as being mid-range (outside of the top 3 highest need / best performance and top 3 lowest needs / worst performance) of the Children's Centres within the district.

Green indicates that the Children's Centre is ranked as being within the top 3 Children's Centres of lowest need / best performance within the district.

Data sets – Level 1 Indicators	Number	Children Centre ranking
IMD-No. of Children living in the 10% most deprived areas	120	<mark>5</mark>
IMD-No. of Children living in the 30% most deprived areas	1245	<mark>11</mark>
IMD-No. of Children living in the 70% least deprived areas	1380	6
No. of open EITS cases (age 0-19) that are CiN in the notional catchment area	4	1
No. of open EITS cases (age 0-19) that are CPP in the notional catchment area	2	7
No. of open EITS cases (age 0-19) that are LAC in the notional catchment area	0	1
Education – % achieving good level of development EYFS (2015)	64%	9
Fully or partially breastfed at 6 to 8 weeks (%) (2015/16)	44.5%	<mark>4</mark>
Performance Data	Number	Children Centre ranking
Percentage of children reached from 10% most deprived areas	53%	4
Percentage of children reached from 30% most deprived areas	48%	7

Family Support	
Number of cases (families) currently allocated to 1:1 Children's Centre	19
Support as at 21 March 2016	
Average cases per Family Worker	3.5
No. of identified Stronger Families in the centre reach area	28
No. of allocations for one to one Children's Centre Support (2015).	105
Expenditure/Budgets	
Budget spent on estates %	24%
Portion of EITS budget spent on staffing %	66%
Budget portion spent on other overheads %	10%
Total FTE	9
Estates cost per m2	£141
Size (m2)	1,122

Staffing budget breakdown						
Overall Staffing Budget				£443,900		
Budget portion spent	on manage	ment staff %		11%		
Budget portion spent	on admin s	taff %		8%		
Budget portion spent	on all other	staff % (inc. Par	ent	81%		
Support Workers, Play	& Family L	earning Worker	s etc.)			
Two year old of	fer and sch	ool place pressu	ıres			
Two year old offer sur	plus/shorta	age			I	Learning
Rationale for school/E	Y places					Learning
Building conditions						
Current condition				PRP		
Stand Alone/Integrate	d building			PRP		
IT considerations				PRP		
Centre delivery space	(rooms)	Number of off	ice spaces	Number of office spaces		
		(rooms)		(personnel)		
PRP		F	PRP			PRP
Linked School Name	School OfSTED Grading Ac		ademy	/	Children's Centre	
(if applicable) & Date of Inspection m		ma	intaine	d	Grouping	
		9	school		OfSTED Grading &	
					Date of Inspection	
	?		<mark>?</mark>			Good (8.1.14)
?						

NCA09 Huddersfield South

Children's Centres Name	Address			
Almondbury Children's Centre	Off Farfield Road Almondbury Huddersfield HD5 8TD			
Newsome & Lowerhouses Children's	Headfield Road Newsome Huddersfield HD4 6LU			
Centre				

Overall Budget 2016/17:	£747,100
Ward: Almondbury, Newsome.	
Councillors:	Judith Hughes Labour, Phil Scott Liberal Democrats, Linda
	Wilkinson Liberal Democrats, Karen Allison Green Party,
	Andrew Cooper Green Party, Julie Stewart-Turner Green Party

Children's Centre Grouping Ranking – Ranked 1 to 15 (1 being the lowest need / best performance and 15 being the highest need / worst performance).

Red indicates that the Children's Centre is ranked as being within the top 3 Children's Centres of highest need / worst performance within the district.

Amber indicates that the Children's Centre is ranked as being mid-range (outside of the top 3 highest need / best performance and top 3 lowest needs / worst performance) of the Children's Centres within the district.

Green indicates that the Children's Centre is ranked as being within the top 3 Children's Centres of lowest need / best performance within the district.

Data sets – Level 1 Indicators	Number	Children Centre ranking
IMD. No. of Children living in the 10% most deprived areas	460	
IMD-No. of Children living in the 10% most deprived areas	460	<mark>10</mark>
IMD-No. of Children living in the 30% most deprived areas	1082	<mark>10</mark>
IMD-No. of Children living in the 70% least deprived areas	1799	<mark>11</mark>
No. of open EITS cases (age 0-19) that are CiN in the notional	19	13
catchment area		
No. of open EITS cases (age 0-19) that are CPP in the notional	4	<mark>11</mark>
catchment area		
No. of open EITS cases (age 0-19) that are LAC in the notional	1	<mark>5</mark>
catchment area		
Education – % achieving good level of development EYFS (2015)	68%	<mark>5</mark>
Fully or partially breastfed at 6 to 8 weeks (%) (2015/16)	42.1%	8
Performance Data	Number	Children Centre ranking
Percentage of children reached from 10% most deprived areas	54%	<mark>3</mark>
Percentage of children reached from 30% most deprived areas	51%	<mark>5</mark>
Family Support		
Number of cases (families) currently allocated to 1:1 Children's Centre		22
Support as at 21 March 2016		

Average cases per Family Worker	4.4
No. of identified Stronger Families in the centre reach area	103
No. of allocations for one to one Children's Centre Support (2015).	122
Expenditure/Budgets	
Budget spent on estates %	14%
Portion of EITS budget spent on staffing %	72%
Budget portion spent on other overheads %	13%
Total FTE	11.1
Estates cost per m2	£270
Size (m2)	400

Staffing budget breakdown						
Overall Staffing Budget				£540,400		
Budget portion spent	on manage	ment staff %			11%	
Budget portion spent	on admin s	taff %		9%		
Budget portion spent	on all other	staff % (inc. Par	ent	81%		
Support Workers, Play	& Family L	earning Worker	s etc.)			
Bu	ilding cond	litions				
Current condition				PRP		
Stand Alone/Integrate	d building			PRP		
IT considerations			PRP			
Centre delivery space	(rooms)	Number of off	ice spaces	Number of office spaces		
		(rooms)			(personn	el)
PRP		F	PRP			PRP
Linked School Name	School O	fSTED Grading	Ac	cademy	/	Children's Centre
(if applicable)	& Date of Inspection m		ma	maintained		Grouping
			:	school		OfSTED Grading &
						Date of Inspection
	<mark>?</mark>		?			
?						Good (5.7.11)

NCA10 Golcar

Children's Centres Name	Address
Golcar Children's Centre	Beech Avenue Golcar Huddersfield HD7 4BE

Overall Budget 2016/17:	£302,800
Ward:	Golcar, Lindley.
Councillors:	Christine Iredale Liberal Democrats, Andrew Marchington
	Liberal Democrats, Hilary Richards Labour, Cahal Burke Liberal
	Democrats, Mark Hemingway Conservatives, Gemma Wilson
	Conservatives.

Children's Centre Grouping Ranking – Ranked 1 to 15 (1 being the lowest need / best performance and 15 being the highest need / worst performance).

Red indicates that the Children's Centre is ranked as being within the top 3 Children's Centres of highest need / worst performance within the district.

Amber indicates that the Children's Centre is ranked as being mid-range (outside of the top 3 highest need / best performance and top 3 lowest needs / worst performance) of the Children's Centres within the district.

Green indicates that the Children's Centre is ranked as being within the top 3 Children's Centres of lowest need / best performance within the district.

Data sets – Level 1 Indicators	Number	Children Centre ranking
IMD-No. of Children living in the 10% most deprived areas	144	<mark>6</mark>
IMD-No. of Children living in the 30% most deprived areas	489	4
IMD-No. of Children living in the 70% least deprived areas	1491	8
No. of open EITS cases (age 0-19) that are CiN in the notional	11	9
catchment area		
No. of open EITS cases (age 0-19) that are CPP in the notional	3	8
catchment area		
No. of open EITS cases (age 0-19) that are LAC in the notional	0	1
catchment area		
Education – % achieving good level of development EYFS (2015)	73%	2
Fully or partially breastfed at 6 to 8 weeks (%) (2015/16)	38.2%	<mark>10</mark>
Performance Data	Number	Children Centre ranking
Percentage of children reached from 10% most deprived areas	40%	<mark>10</mark>
Percentage of children reached from 30% most deprived areas	36%	11

	Famil	y Support				
Number of cases (fami	amilies) currently allocated to 1:1 Children's Centre				7	
Support as at 21 Marc	th 2016					
Average cases per Fam	nily Worker	•			3.5	
No. of identified Stron	ger Familie	s in the centre r	each area		52	
No. of allocations for o	ne to one	Children's Centr	e Support (2015).		79	
	Expendit	ure/Budgets				
Budget spent on estate	es %				14%	
Portion of EITS budget	spent on s	taffing %			66%	
Budget portion spent	on other ov	verheads %			20%	
Total FTE					4.0	
Estates cost per m2					£177	
Size (m2)					235	
S	taffing buc	lget breakdown				
Overall Staffing Budge	t				£201,300	
Budget portion spent	on manage	ment staff %			10%	
Budget portion spent on admin staff %				8%		
Budget portion spent on all other staff % (inc. Parent Support				81%		
Workers, Play & Family Learning Workers etc.)						
Building conditions						
Current condition					PRP	
Stand Alone/Integrate	d building				PRP	
IT considerations					PRP	
Centre delivery space	(rooms)	Number of off	ice spaces	Number	of office spaces	
		(rooms)		(personr	nel)	
PRP		ı	PRP		PRP	
Linked School Name		fSTED Grading	Academy		Children's Centre	
(if applicable)	& Date	of Inspection			Grouping	
		school			OfSTED Grading &	
					Date of Inspection	
_		<mark>?</mark>	<mark>?</mark>		Good (23.2.12)	
<mark>?</mark>						

NCA11 Huddersfield North

Children's Centres Name	Address
Birkby Children's Centre	Birkby Fartown Community Centre Wasps Nest Road Birkby
	Huddersfield HD1 6HA

Overall Budget 2016/17:	£307,000
Ward:	Greenhead
Councillors:	Carole Pattison Labour, Mohan Sokhail Labour, Sheikh Ullah
	Labour.

Children's Centre Grouping Ranking – Ranked 1 to 15 (1 being the lowest need / best performance and 15 being the highest need / worst performance).

Red indicates that the Children's Centre is ranked as being within the top 3 Children's Centres of highest need / worst performance within the district.

Amber indicates that the Children's Centre is ranked as being mid-range (outside of the top 3 highest need / best performance and top 3 lowest needs / worst performance) of the Children's Centres within the district.

Green indicates that the Children's Centre is ranked as being within the top 3 Children's Centres of lowest need / best performance within the district.

Data sets – Level 1 Indicators	Number	Children Centre ranking
IMD-No. of Children living in the 10% most deprived areas	506	<mark>6</mark>
IMD-No. of Children living in the 30% most deprived areas	964	4
IMD-No. of Children living in the 70% least deprived areas	1772	8
No. of open EITS cases (age 0-19) that are CiN in the notional	13	<mark>12</mark>
catchment area		
No. of open EITS cases (age 0-19) that are CPP in the notional	9	14
catchment area		
No. of open EITS cases (age 0-19) that are LAC in the notional	1	5
catchment area		
Education – % achieving good level of development EYFS (2015)	69%	4
Fully or partially breastfed at 6 to 8 weeks (%) (2015/16)	47%	3
Performance Data	Number	Children Centre ranking
Percentage of children reached from 10% most deprived areas	51%	<mark>6</mark>
Percentage of children reached from 30% most deprived areas	49%	<mark>6</mark>

	Famil	y Support					
Number of cases (families) currently allocated to 1:1 Children's Centre				re	13		
Support as at 21 Marc	h 2016						
Average cases per Fam	nily Worker	•				3.7	
No. of identified Stron	ger Familie	es in the centre r	each area			29	
No. of allocations for o	ne to one	Children's Centre	e Support (2	2015).		93	
	Expendit	ture/Budgets					
Budget spent on estate	es %					0%	
Portion of EITS budget	spent on s	staffing %				66%	
Budget portion spent of	on other ov	verheads %				34%	
Total FTE						4.5	
Estates cost per m2						Not Available	
Size (m2)						Not Available	
Staffing budget breakdown							
Overall Staffing Budge	t				1	£203,800	
Budget portion spent of	on manage	ment staff %				12%	
Budget portion spent of	on admin s	taff %				9%	
Budget portion spent of	on all other	r staff % (inc. Par	ent			79%	
Support Workers, Play	& Family I	earning Worker	s etc.)				
Bu	ilding cond	ditions					
Current condition						PRP	
Stand Alone/Integrate	d building					PRP	
IT considerations						PRP	
Centre delivery space	(rooms)	Number of off	ice spaces		Number	of office spaces	
		(rooms)			(personr	nel)	
PRP		PRP				PRP	
Linked School Name	School O	fSTED Grading	g Academy/			Children's Centre	
(if applicable)	& Date	of Inspection maintained			d	Grouping	
	school				OfSTED Grading &		
						Date of Inspection	
_		?	?				
?						Satisfactory (19.1.11)	

NCA12 Chestnut

Children's Centres Name	Address
Chestnut Children's Centre	2a Chestnut Street Sheepridge Huddersfield HD2 1HJ

Overall Budget 2016/17:	£341,800
Ward:	Ashbrow
Councillors:	Jean Calvert Labour, Amanda Pinnock Labour, Ken Smith
	Labour.

Children's Centre Grouping Ranking – Ranked 1 to 15 (1 being the lowest need / best performance and 15 being the highest need / worst performance).

Red indicates that the Children's Centre is ranked as being within the top 3 Children's Centres of highest need / worst performance within the district.

Amber indicates that the Children's Centre is ranked as being mid-range (outside of the top 3 highest need / best performance and top 3 lowest needs / worst performance) of the Children's Centres within the district.

Green indicates that the Children's Centre is ranked as being within the top 3 Children's Centres of lowest need / best performance within the district.

Data sets – Level 1 Indicators	Number	Children Centre ranking
IMD–No. of Children living in the 10% most deprived areas	919	13
IMD-No. of Children living in the 30% most deprived areas	1370	13
IMD-No. of Children living in the 70% least deprived areas	1514	9
No. of open EITS cases (age 0-19) that are CiN in the notional catchment area	8	<mark>5</mark>
No. of open EITS cases (age 0-19) that are CPP in the notional catchment area	1	2
No. of open EITS cases (age 0-19) that are LAC in the notional catchment area	1	<mark>5</mark>
Education – % achieving good level of development EYFS (2015)	60%	<mark>11</mark>
Fully or partially breastfed at 6 to 8 weeks (%) (2015/16)	43.4%	6
Performance Data	Number	Children Centre ranking
Percentage of children reached from 10% most deprived areas	47%	9
Percentage of children reached from 30% most deprived areas	45%	8

Family Support	
Number of cases (families) currently allocated to 1:1 Children's Centre	12

Support as at 21 Marc	h 2016					
Average cases per Family Worker					6	
No. of identified Stronger Families in the centre reach area					64	
No. of allocations for o	ne to one	Children's Centr	e Support (2015).		142	
	Expend	iture/Budgets				
Budget spent on estate	es %				18%	
Portion of EITS budget	spent on s	staffing %			59%	
Budget portion spent of	on other o	verheads %			23%	
Total FTE					4.0	
Estates cost per m2					£243	
Size (m2)					258	
	Staffing bu	ıdget breakdowr	ı			
Overall Staffing Budge	t				£201,300	
Budget portion spent of	on manage	ement staff %			10%	
Budget portion spent of	on admin s	taff %			8%	
Budget portion spent on all other staff % (inc. Parent Support Workers,				ers,	81%	
Play & Family Learning	Workers	etc.)				
	Buildir	ng conditions				
Current condition					PRP	
Stand Alone/Integrate	d building				PRP	
IT considerations					PRP	
Centre delivery space	(rooms)	Number of off	ice spaces	Number	lumber of office spaces	
		(rooms)		(personr	nel)	
PRP		ı	PRP		PRP	
Linked School Name	School O	fSTED Grading	Academy	/	Children's Centre	
(if applicable) & Date of Inspection maintain		d	Grouping			
			school		OfSTED Grading &	
					Date of Inspection	
?		<mark>?</mark>	?			
					Good (14.4.11)	

NCA13 Crosland Moor & Netherton

Children's Centres Name	Address
Crosland Moor & Netherton Children's	Dryclough Road Crosland Moor Huddersfield HD4 5HX
Centre	

Overall Budget 2016/17:	£326,300
Ward:	Crosland Moor & Netherton
Councillors:	Erin Hill Labour, Mohammed Sarwar Labour, Molly Walton Labour

Children's Centre Grouping Ranking – Ranked 1 to 15 (1 being the lowest need / best performance and 15 being the highest need / worst performance).

Red indicates that the Children's Centre is ranked as being within the top 3 Children's Centres of highest need / worst performance within the district.

Amber indicates that the Children's Centre is ranked as being mid-range (outside of the top 3 highest need / best performance and top 3 lowest needs/ worst performance) of the Children's Centres within the district.

Data sets – Level 1 Indicators	Number	Children Centre ranking
IMD–No. of Children living in the 10% most deprived areas	1019	14
IMD-No. of Children living in the 30% most deprived areas	1128	<mark>12</mark>
IMD-No. of Children living in the 70% least deprived areas	1478	7
No. of open EITS cases (age 0-19) that are CiN in the notional	11	9
catchment area		
No. of open EITS cases (age 0-19) that are CPP in the notional	3	8
catchment area		
No. of open EITS cases (age 0-19) that are LAC in the notional	3	<mark>11</mark>
catchment area		
Education – % achieving good level of development EYFS (2015)	58%	<mark>14</mark>
Fully or partially breastfed at 6 to 8 weeks (%) (2015/16)	47.5%	2
Performance Data	Number	Children Centre ranking
Percentage of children reached from 10% most deprived areas	54%	<mark>5</mark>
Percentage of children reached from 30% most deprived areas	51%	4

Family Support	
Number of cases (families) currently allocated to 1:1 Children's Centre	4
Support as at 21 March 2016	
Average cases per Family Worker	4
No. of identified Stronger Families in the centre reach area	50
No. of allocations for one to one Children's Centre Support (2015).	66
Expenditure/Budgets	
Budget spent on estates %	11%
Portion of EITS budget spent on staffing %	69%
Budget portion spent on other overheads %	21%
Total FTE	4.5
Estates cost per m2	£147
Size (m2)	240

Staffin	g budget b	reakdown				
Overall Staffing Budget			£223,900			
Budget portion spent on management staff %			10%			
Budget portion spent on admin staff %			8%			
Budget portion spent on all other staff % (inc. Parent			81%			
Support Workers, Play	& Family L	earning Workers	s etc.)			
Bu	ilding cond	litions				
Current condition	Current condition			PRP		
Stand Alone/Integrated building			PRP			
IT considerations			PRP			
Centre delivery space (rooms) Number of		Number of offi	fice spaces Number of office space		of office spaces	
	(rooms)			(personnel)		
PRP		F	PRP	PRP		PRP
Linked School Name	School O	fSTED Grading	Ac	Academy/		Children's Centre
(if applicable)	& Date	of Inspection	pection mai		d	Grouping
				school		OfSTED Grading &
					Date of Inspection	
?		3		<mark>;</mark>		Good (24.5.11)

NCA14 Valleys North

Children's Centres Name	Address
Colne Valley Children's Centre	Slaithwaite Town Hall Carr Lane Slaithwaite Huddersfield HD7
	5AF
Holme Valley North Children's Centre	Meltham Moor Primary School Birmingham Lane Meltham
	Holmfirth Huddersfield HD9 5LH

Overall Budget 2016/17	£203,000
Ward:	Colne Valley, Holme Valley North.
Councillors:	Donna Bellamy Conservative, David Ridgeway Liberal Democrats, Nicola
	Turner Liberal Democrats, Charles Greaves Independent Green, Edgar
	Holroyd-Doveton North Independent, Terry Lyons Independent

Children's Centre Grouping Ranking – Ranked 1 to 15 (1 being the lowest need / best performance and 15 being the highest need / worst performance).

Red indicates that the Children's Centre is ranked as being within the top 3 Children's Centres of highest need / worst performance within the district.

Amber indicates that the Children's Centre is ranked as being mid-range (outside of the top 3 highest need / best performance and top 3 lowest needs / worst performance) of the Children's Centres within the district.

Data sets – Level 1 Indicators	Number	Children Centre ranking
IMD–No. of Children living in the 10% most deprived areas	0	1
IMD-No. of Children living in the 30% most deprived areas	168	3
IMD-No. of Children living in the 70% least deprived areas	1302	<mark>5</mark>
No. of open EITS cases (age 0-19) that are CiN in the notional	11	9
catchment area		
No. of open EITS cases (age 0-19) that are CPP in the notional	0	1
catchment area		
No. of open EITS cases (age 0-19) that are LAC in the notional	1	<mark>5</mark>
catchment area		
Education – % achieving good level of development EYFS (2015)	66%	8
Fully or partially breastfed at 6 to 8 weeks (%) (2015/16)	43.1%	7
Performance Data	Number	Children Centre
		ranking
Percentage of children reached from 10% most deprived areas	n/a	n/a
Percentage of children reached from 30% most deprived areas	24%	14

	Fami	ily Support					
Number of cases (fami	lies) currei	ntly allocated to	1:1 Children's Cent	re	6		
Support as at 21 March 2016							
Average cases per Fam	rage cases per Family Worker				3		
No. of identified Stron	ger Familie	s in the centre r	each area		55		
No. of allocations for o	ne to one	Children's Centr	e Support (2015).		49		
	Expendi	iture/Budgets					
Budget spent on estate	es %				0%		
Portion of EITS budget	spent on s	staffing %			77%		
Budget portion spent of	on other ov	verheads %			22%		
Total FTE					3		
Estates cost per m2					Not Available		
Size (m2)					Not Available		
	Staffing bu	dget breakdowr	1				
Overall Staffing Budge	t				£155,900		
Budget portion spent on management staff %					10%		
Budget portion spent of	on admin s	taff %			8%		
Budget portion spent of	on all othei	r staff % (inc. Par	ent Support Worke	ers,	82%		
Play & Family Learning	Workers e	etc.)					
	Buildin	g conditions					
Current condition					PRP		
Stand Alone/Integrate	d building				PRP		
IT considerations					PRP		
Centre delivery space	(rooms)	Number of off	ice spaces	Number	of office spaces		
		(rooms)		(person	nel)		
PRP		<u> </u>	PRP		PRP		
Linked School Name		fSTED Grading	Academy,		Children's Centre		
(if applicable)	& Date	of Inspection	maintaine	d	Grouping		
			school		OfSTED Grading &		
					Date of Inspection		
_		?	?				
?					Good with		
					outstanding features		
					(19.9.12)		

Children's Centre Grouping Data Page

NCA15 Valleys South

Children's Centres Name	Address
Grange Moor & Kirkburton Children's	Liley Lane Grange Moor Huddersfield WF 4EW
Centre	

Overall Budget 2016/17:	£357,400
Ward:	Denby Dale, Holme Valley South, Kirkburton.
Councillors:	Jim Dodds Conservative, Graham Turner Labour, Michael Watson
	Conservative, Donald Firth Conservative, Nigel Patrick Conservative, Ken
	Sims Conservative, Bill Amer Conservative, Robert Barraclough Green
	Party, John Taylor Conservative.

Children's Centre Grouping Ranking – Ranked 1 to 15 (1 being the lowest need / best performance and 15 being the highest need / worst performance).

Red indicates that the Children's Centre is ranked as being within the top 3 Children's Centres of highest need / worst performance within the district.

Amber indicates that the Children's Centre is ranked as being mid-range (outside of the top 3 highest need / best performance and top 3 lowest needs/ worst performance) of the Children's Centres within the district.

Green indicates that the Children's Centre is ranked as being within the top 3 Children's Centres of lowest need / best performance within the district.

Data sets – Level 1 Indicators	Number	Children Centre ranking
IMD-No. of Children living in the 10% most deprived areas	0	<u>1</u>
IMD-No. of Children living in the 30% most deprived areas	0	1
IMD-No. of Children living in the 70% least deprived areas	514	1
No. of open EITS cases (age 0-19) that are CiN in the notional	6	3
catchment area		
No. of open EITS cases (age 0-19) that are CPP in the notional	1	2
catchment area		
No. of open EITS cases (age 0-19) that are LAC in the notional	0	1
catchment area		
Education – % achieving good level of development EYFS (2015)	77%	1
Fully or partially breastfed at 6 to 8 weeks (%) (2015/16)	49.2%	1
Performance Data	Number	Children Centre
		ranking
Percentage of children reached from 10% most deprived areas	n/a	n/a
Percentage of children reached from 30% most deprived areas	n/a	n/a

Family Support	
Number of cases (families) currently allocated to 1:1 Children's Centre	9
Support as at 21 March 2016	
Average cases per Family Worker	4.5
No. of identified Stronger Families in the centre reach area	57
No. of allocations for one to one Children's Centre Support (2015).	37
Expenditure/Budgets	
Budget spent on estates %	8%
Portion of EITS budget spent on staffing %	75%
Budget portion spent on other overheads %	17%
Total FTE	5.0
Estates cost per m2	£135
Size (m2)	215

Staffin	g budget b	reakdown							
Overall Staffing Budget			£266,500						
Budget portion spent	on manage	ment staff %				10%			
Budget portion spent	on admin s	taff %				8%			
Budget portion spent	on all other	staff % (inc. Par	ent			82%			
Support Workers, Play	& Family L	earning Workers	etc.)						
Bu	ilding cond	ditions							
Current condition				PRP					
Stand Alone/Integrate	d building			d Alone/Integrated building PRP			PRP		
IT considerations						PRP			
Centre delivery space	(rooms)	Number of offi		Number	of office spaces				
		(rooms)			(personn	el)			
PRP		P	RP			PRP			
Linked School Name (if applicable)		fSTED Grading of Inspection	ma	cademy/ Children's Cent aintained Grouping school OfSTED Grading Date of Inspect					
?		?		? Good (24.1.12					

APPENDIX 1 (As at February 2016)

Services delivered in Children'	s Centre Grouping						
Children's Centre	Venue	Activity	Туре	Run by CC Staff Y/N	Hours Per week	Frequency	
Dewsbury Moor & Scout Hill	Dewsbury Moor	Adult Learning - Confidence Building	Adult Education	N	2	weekly	
Dewsbury Moor & Scout Hill	Ravensthorpe	Adult Learning - Confidence Building	Adult Education	N	2	weekly	
Dewsbury Moor & Scout Hill	Dewsbury Moor	Adult Learning - Employability Skills	Adult Education	N	2	weekly	2 sess
Dewsbury Moor & Scout Hill	Various	Adult Learning - Employability Skills	Adult Education	N	2	fortnightly	
Dewsbury Moor & Scout Hill	Ravensthorpe	Adult Learning - English	Adult Education	N	2	weekly	
Dewsbury Moor & Scout Hill	Dewsbury Moor	Adult Learning - English Entry Level	Adult Education	N	2.25	weekly	
Dewsbury Moor & Scout Hill	Dewsbury Moor	Adult Learning - ESOL	Adult Education	N	2	weekly	
Dewsbury Moor & Scout Hill	Ravensthorpe	Adult Learning - ESOL	Adult Education	N	2	weekly	
Dewsbury Moor & Scout Hill	Knowles Hill School	Adult Learning - IT Skills	Adult Education	N	1.5	weekly	
Dewsbury Moor & Scout Hill	Dewsbury Moor	Adult Learning - Teaching Assistant	Adult Education	N	5	weekly	
Dewsbury Moor & Scout Hill	Ravensthorpe	Adult Learning - Volunteering	Adult Education	N	2	weekly	
Dewsbury Moor & Scout Hill	Knowles Hill School	Getting Ready for Nursery	Child's Journey	Υ	1	weekly	
Dewsbury Moor & Scout Hill	Ravensthorpe	Getting Ready for Nursery	Child's Journey	Υ	1	weekly	
Dewsbury Moor & Scout Hill	Westmoor J&I School	Getting Ready for Nursery	Child's Journey	Υ	0.75	weekly	
Dewsbury Moor & Scout Hill	Dewsbury Moor	Infant Massage	Child's Journey	Υ	1	weekly	
Dewsbury Moor & Scout Hill	Ravensthorpe	Infant Massage	Child's Journey	Υ	1	weekly	
Dewsbury Moor & Scout Hill	Dewsbury Moor	Let's Talk 1 - Jolly Babies	Child's Journey	Υ	1	weekly	
Dewsbury Moor & Scout Hill	Ravensthorpe	Let's Talk 3 - Talking Together	Child's Journey	Υ	1	weekly	
Dewsbury Moor & Scout Hill	Dewsbury Moor	Family Links	Group Work	Υ	2	weekly	
Dewsbury Moor & Scout Hill	Ravensthorpe	Family Links	Group Work	Υ	2	weekly	
Dewsbury Moor & Scout Hill	Dewsbury Moor	Speakeasy	Group Work	Υ	2	weekly	
Dewsbury Moor & Scout Hill	Dewsbury Moor	Steps	Group Work	Υ	2	weekly	
Dewsbury Moor & Scout Hill	Ravensthorpe	Steps	Group Work	Υ	2	weekly	
Dewsbury Moor & Scout Hill	Dewsbury Moor	Understanding Your Teenager	Group Work	Υ	2	weekly	

Dewsbury Moor & Scout Hill	Dewsbury Moor	Baby Clinic	Health	N	2	weekly	
Dewsbury Moor & Scout Hill	Ravensthorpe	Baby Clinic	Health	N	2	weekly	
Dewsbury Moor & Scout Hill	Dewsbury Moor	Baby Group	Health	N	4	fortnightly	
Dewsbury Moor & Scout Hill	Dewsbury Moor	Health Visitor Assessment	Health	N	4	monthly	
Dewsbury Moor & Scout Hill	Ravensthorpe	Health Visitor Assessment	Health	N	5	monthly	
Dewsbury Moor & Scout Hill	Dewsbury Moor	Immunisations	Health	N	3	weekly	
Dewsbury Moor & Scout Hill	Ravensthorpe	Immunisations	Health	N	2	weekly	
Dewsbury Moor & Scout Hill	Dewsbury Moor	Midwife Ante-natal Clinic	Health	N	1	fortnightly	2 sess
Dewsbury Moor & Scout Hill	Dewsbury Moor	Additional Needs Group	Targeted	Υ	2	fortnightly	
Dewsbury Moor & Scout Hill	Dewsbury Moor	Bookstart	Universal	Υ	2	as required	
Dewsbury Moor & Scout Hill	Ravensthorpe	Bookstart	Universal	Υ	3	monthly	
Dewsbury Moor & Scout Hill	Dewsbury Moor	Childminding Network	Universal	N	2.5	weekly	
Dewsbury Moor & Scout Hill	Dewsbury Moor	One Stop Shop	Universal	Υ	2	weekly	
Dewsbury Moor & Scout Hill	Ravensthorpe	One Stop Shop	Universal	Υ	2	weekly	
Dewsbury Moor & Scout Hill	Ravensthorpe	Sensory Room	Universal	Υ	1	weekly	
Dewsbury Moor & Scout Hill	Boothroyd Playgroup	Stay & Play	Universal	N	0.5	weekly	
Dewsbury Moor & Scout Hill	Crow Nest Park	Stay & Play	Universal	Υ	2	weekly	
Dewsbury Moor & Scout Hill	Dewsbury Moor	Stay & Play	Universal	Υ	1.5	weekly	
Dewsbury Moor & Scout Hill	Holly Tree Nursery	Stay & Play	Universal	N	0.5	weekly	
Dewsbury Moor & Scout Hill	Lawrence Batley Theatre	Stay & Play	Universal	N	1	weekly	
Dewsbury Moor & Scout Hill	Northstead Comm Cnt	Stay & Play	Universal	Υ	1.5	weekly	
Dewsbury Moor & Scout Hill	Pilgrim Mosque	Stay & Play	Universal	Υ	1	monthly	3 sess
Dewsbury Moor & Scout Hill	Ravensthorpe	Stay & Play	Universal	Υ	4	weekly	2 sess
Dewsbury Moor & Scout Hill	Ravensthorpe	Stay & Play	Universal	N	2	weekly	
Dewsbury Moor & Scout Hill	Ravensthorpe LIC	Stay & Play	Universal	Υ	0.75	weekly	1
Dewsbury Moor & Scout Hill	Ravensthorpe Nursery	Stay & Play	Universal	Υ	6	monthly	
Dewsbury Moor & Scout Hill	St John's Playgroup	Stay & Play	Universal	N	6	monthly	1
Dewsbury Moor & Scout Hill	Ravensthorpe	Toy Library	Universal	Υ	1	as required	1
TOTAL hours service delivery	(weekly events)			<u> </u>	71.75		

Children's Centre	Venue	Activity	Туре	Run by	Hours	Frequenc	
				CC Staff	Per	у	
				Y/N	week		
Chickenley, Earlsheaton & Shaw Cross	Chickenley & Earlsheaton	Adult Learning - Confidence Building	Adult Education	N	2	weekly	
Chickenley, Earlsheaton & Shaw Cross	Flatts & Eastborough	Adult Learning - Confidence Building	Adult Education	N	2	weekly	
Chickenley, Earlsheaton & Shaw Cross	Various	Adult Learning - Employability Skills	Adult Education	N	1.5	weekly	
Chickenley, Earlsheaton & Shaw Cross	Flatts & Eastborough	Adult Learning - English	Adult Education	N	2.5	weekly	
Chickenley, Earlsheaton & Shaw Cross	Chickenley & Earlsheaton	Adult Learning - Helping in Schools	Adult Education	N	6	weekly	
Chickenley, Earlsheaton & Shaw Cross	Flatts & Eastborough	Adult Learning - Helping in Schools	Adult Education	N	2	weekly	
Chickenley, Earlsheaton & Shaw Cross	Flatts & Eastborough	Adult Learning - IT Skills	Adult Education	N	2	weekly	
Chickenley, Earlsheaton & Shaw Cross	Chickenley & Earlsheaton	Adult Learning - Maths	Adult Education	N	2	weekly	
Chickenley, Earlsheaton & Shaw Cross	Chickenley & Earlsheaton	Infant Massage	Child's Journey	Υ	1	weekly	
Chickenley, Earlsheaton & Shaw Cross	Flatts & Eastborough	Infant Massage	Child's Journey	Υ	1	weekly	
Chickenley, Earlsheaton & Shaw Cross	Chickenley & Earlsheaton	Let's Move 3 - Moving with Meaning	Child's Journey	Y	2	weekly	1 sessio n
Chickenley, Earlsheaton & Shaw Cross	Chickenley & Earlsheaton	Let's Play 1 - Treasure and Exploration	Child's Journey	Υ	1.25	weekly	
Chickenley, Earlsheaton & Shaw Cross	Chickenley & Earlsheaton	Let's Play 3 - Playing Matters	Child's Journey	Υ	1.5	weekly	
Chickenley, Earlsheaton & Shaw Cross	Chickenley & Earlsheaton	Boys Development	Group Work	Υ	1	weekly	
Chickenley, Earlsheaton & Shaw Cross	Chickenley & Earlsheaton	Family Links	Group Work	Υ	2	weekly	
Chickenley, Earlsheaton & Shaw Cross	Chickenley Community School	Family Links	Group Work	Y	2	weekly	2 sessio ns
Chickenley, Earlsheaton & Shaw Cross	Flatts & Eastborough	Family Links - SEN	Group Work	Υ	2.5	weekly	
Chickenley, Earlsheaton & Shaw Cross	Flatts & Eastborough	Speakeasy	Group Work	Υ	2	weekly	
Chickenley, Earlsheaton & Shaw Cross	Chickenley & Earlsheaton	Steps	Group Work	Υ	2	weekly	
Chickenley, Earlsheaton & Shaw Cross	Flatts & Eastborough	Steps	Group Work	Υ	2	weekly	
Chickenley, Earlsheaton & Shaw Cross	Flatts & Eastborough	Strengthening Families	Group Work	Υ	3	weekly	
Chickenley, Earlsheaton & Shaw Cross	Chickenley & Earlsheaton	Understanding Your Teenager	Group Work	Υ	2	weekly	

TOTAL hours service delivery (weekly	events)				72.25	
Chickenley, Earlsheaton & Shaw Cross	Little Jacks	Stay & Play	Universal	Υ	6	monthly
Chickenley, Earlsheaton & Shaw Cross	Flatts & Eastborough	Stay & Play	Universal	Υ	2	weekly
Chickenley, Earlsheaton & Shaw Cross	Chickenley & Earlsheaton	Stay & Play	Universal	Υ	2	weekly
Chickenley, Earlsheaton & Shaw Cross	Flatts & Eastborough	One Stop Shop	Universal	Υ	2	weekly
Chickenley, Earlsheaton & Shaw Cross	Chickenley & Earlsheaton	One Stop Shop	Universal	Υ	2	weekly
Chickenley, Earlsheaton & Shaw Cross	Chickenley & Earlsheaton	Childminding Network	Universal	Υ	1.5	fortnightly
Chickenley, Earlsheaton & Shaw Cross	Flatts & Eastborough	Bookstart	Universal	Υ	3	monthly
Chickenley, Earlsheaton & Shaw Cross	Chickenley & Earlsheaton	Bookstart	Universal	Υ	3	fortnightly
Chickenley, Earlsheaton & Shaw Cross	Chickenley & Earlsheaton	Parent Craft	Health	Υ	3	weekly
Chickenley, Earlsheaton & Shaw Cross	Chickenley & Earlsheaton	Midwife Ante-natal Clinic	Health	N	2	weekly
Chickenley, Earlsheaton & Shaw Cross	Chickenley & Earlsheaton	Immunisation Clinic	Health	N	3	weekly
Chickenley, Earlsheaton & Shaw Cross	Flatts & Eastborough	Health Visitor Assessment	Health	N	3	monthly
Chickenley, Earlsheaton & Shaw Cross	Chickenley & Earlsheaton	Health Visitor Assessment	Health	N	4	weekly
Chickenley, Earlsheaton & Shaw Cross	Flatts & Eastborough	Baby Clinic	Health	N	3	weekly
Chickenley, Earlsheaton & Shaw Cross	Chickenley & Earlsheaton	Baby Clinic	Health	N	2	weekly
Chickenley, Earlsheaton & Shaw Cross	Chickenley & Earlsheaton	Baby Bistro	Health	N	2	weekly

Children's Centre	Venue	Activity	Туре	Run by	Hours	Frequency	
				CC Staff	Per		
				Y/N	week		
Mirfield	Mirfield	Getting Ready for Nursery	Child's Journey	Υ	1	weekly	
Mirfield	Mirfield	Infant Massage	Child's Journey	Υ	1	weekly	
Mirfield	Mirfield	Let's Play 3 - Playing Matters	Child's Journey	Υ	1	weekly	
Mirfield	Mirfield	Let's Talk 3 - Talking Together	Child's Journey	Υ	1	weekly	
Mirfield	Mirfield	Family Links	Group Work	Υ	2	weekly	
Mirfield	Mirfield	Steps	Group Work	Υ	2	weekly	
Mirfield	St Andrew's Church Hall	Baby Bistro	Health	N	0.5	fortnightly	
Mirfield	St Andrew's Church Hall	Baby Clinic	Health	N	2	weekly	
Mirfield	St Andrew's Church Hall	Health Visitor Assessment	Health	N	1.5	weekly	
Mirfield	Mirfield	Immunisations	Health	N	6	as required	
Mirfield	Mirfield	Midwife Ante-natal Clinic	Health	N	1.5	weekly	
Mirfield	Mirfield	Bookstart	Universal	Υ	3	weekly	
Mirfield	Mirfield	Childminding Network	Universal	Υ	2	weekly	
Mirfield	St Andrew's Church Hall	One Stop Shop	Universal	Y	2	weekly	
Mirfield	Mirfield	Stay & Play	Universal	Υ	3.5	weekly	2 sess
Mirfield	St Andrew's Church Hall	Stay & Play	Universal	Y	2	weekly	
Mirfield	Taylor Hall Lane Nursery	Stay & Play	Universal	Y	6.25	monthly	
TOTAL hours service	delivery (weekly events	s)			25.5		

Children's Centre	Venue	Activity	Туре	Run by CC Staff	Hours Per	Frequency	
				Y/N	week		
Birstall & Birkenshaw	Birstall & Birkenshaw	Adult Learning - English	Adult Education	N	2	weekly	
Birstall & Birkenshaw	Birstall & Birkenshaw	Adult Learning - Helping in Schools	Adult Education	N	5.5	weekly	
Birstall & Birkenshaw	Birstall & Birkenshaw	Adult Learning - Maths	Adult Education	N	2	weekly	
Birstall & Birkenshaw	Birstall & Birkenshaw	Adult Learning - Practical Parent Helpers	Adult Education	N	2	weekly	
Birstall & Birkenshaw	Fieldhead Primary Academy	Getting Ready for Nursery	Child's Journey	Y	1.25	weekly	1 sess
Birstall & Birkenshaw	Birstall & Birkenshaw	Escape	Group Work	Y	2	weekly	
Birstall & Birkenshaw	Birstall & Birkenshaw	Family Links	Group Work	Υ	2	weekly	
Birstall & Birkenshaw	Birstall & Birkenshaw	Strengthening Families	Group Work	Υ	3.5	weekly	
Birstall & Birkenshaw	Birstall & Birkenshaw	Baby Bistro	Health	N	2	weekly	3 sess
Birstall & Birkenshaw	Birstall & Birkenshaw	Baby Group	Health	N	2	weekly	
Birstall & Birkenshaw	Birstall & Birkenshaw	Health Visitor Assessment	Health	N	2	monthly	
Birstall & Birkenshaw	Birstall & Birkenshaw	Immunisations	Health	N	2	fortnightly	
Birstall & Birkenshaw	Birstall & Birkenshaw	Midwife Ante-Natal Clinic	Health	N	3	weekly	
Birstall & Birkenshaw	Birstall & Birkenshaw	Home Safety	Targeted	Υ	1	as required	
Birstall & Birkenshaw	Birstall & Birkenshaw	Young Parents Group	Targeted	Υ	2	weekly	5 sess
Birstall & Birkenshaw	Birstall & Birkenshaw	Bookstart	Universal	Υ	1	weekly	
Birstall & Birkenshaw	Birstall & Birkenshaw	One Stop Shop	Universal	Υ	2	weekly	
Birstall & Birkenshaw	Birstall & Birkenshaw	Stay & Play	Universal	Υ	2	weekly	
Birstall & Birkenshaw	Oakwell Hall	Stay & Play	Universal	Υ	5	weekly	
Birstall & Birkenshaw	St Peters School	Stay & Play	Universal	Υ	2	weekly	
Birstall & Birkenshaw	Birstall & Birkenshaw	Toy Library	Universal	Υ	1	fortnightly	
Gomersal & Littletown	Gomersal & Littletown	Adult Learning - Helping in Schools	Adult Education	N	6	weekly	
Gomersal & Littletown	Gomersal & Littletown	Adult Learning - Maths	Adult Education	N	2	weekly	
Gomersal & Littletown	Gomersal & Littletown	Adult Learning - Practical Parent Helpers	Adult Education	N	2	weekly	
Gomersal & Littletown	Gomersal & Littletown	Infant Massage	Child's Journey	Υ	1	weekly	5 sess

Gomersal & Littletown	Gomersal & Littletown	Let's Talk 1 - Jolly Babies	Child's Journey	Y	1	weekly	1 sess
Gomersal & Littletown	Gomersal & Littletown	Speakeasy	Group Work	Υ	2	weekly	
Gomersal & Littletown	Gomersal & Littletown	Health Visitor Assessment	Health	N	2	monthly	
Gomersal & Littletown	Gomersal & Littletown	Immunisations	Health	N	2	fortnightly	
Gomersal & Littletown	Gomersal & Littletown	Bookstart	Universal	Υ	1	weekly	
Gomersal & Littletown	Gomersal & Littletown	One Stop Shop	Universal	Υ	2	weekly	
Gomersal & Littletown	Gomersal & Littletown	Sensory Room	Universal	Υ	1.5	as required	1 sess
Gomersal & Littletown	Gomersal & Littletown	Stay & Play	Universal	Υ	2	weekly	
Gomersal & Littletown	Gomersal & Littletown	Toy Library	Universal	Υ	1	fortnightly	3 sess
Liversedge	Liversedge	Family Links	Group Work	Υ	2	weekly	
Liversedge	Liversedge	Health Visitor Assessment	Health	N	2	monthly	
Liversedge	Windy Bank Comm Cent	Immunisations	Health	N	2	fortnightly	
Liversedge	Liversedge	Bookstart	Universal	Υ	1	weekly	
Liversedge	Liversedge	One Stop Shop	Universal	Υ	2	weekly	
Liversedge	Windy Bank Community Centre	One Stop Shop	Universal	Υ	2	weekly	
Liversedge	Liversedge	Stay & Play	Universal	Υ	2	weekly	
Liversedge	Windy Bank Community Centre	Stay & Play	Universal	Υ	2	weekly	
Liversedge	Liversedge	Toy Library	Universal	Υ	1	fortnightly	
TOTAL hours service d	elivery (weekly events)				71.25		

Children's Centre	Venue	Activity	Туре	Run by CC Staff Y/N	Hours Per week	Frequency	
Cleckheaton	Cleckheaton	Adult Learning - Maths Entry Level	Adult Education	N	2	weekly	
Cleckheaton	Cleckheaton	Adult Learning - Volunteering	Adult Education	N	2	weekly	+
Cleckheaton	Cleckheaton	Getting Ready for Nursery	Child's Journey	N	1.25	weekly	
Cleckheaton	Scholes School	Getting Ready for Nursery	Child's Journey	Υ	1	weekly	+
Cleckheaton	Cleckheaton	Infant Massage	Child's Journey	Υ	1	weekly	+
Cleckheaton	Cleckheaton	Let's Move 1 - Magical Movements	Child's Journey	Υ	1	weekly	+
Cleckheaton	Cleckheaton	Let's Play 1 - Treasure and Exploration	Child's Journey	Υ	1.5	weekly	2 ses
Cleckheaton	Cleckheaton	Let's Talk 3 - Talking Together	Child's Journey	Υ	2.25	weekly	+
Cleckheaton	Cleckheaton	Family Links	Group Work	Υ	2	weekly	
Cleckheaton	Cleckheaton	Steps	Group Work	Υ	2	weekly	1 ses
Cleckheaton	Cleckheaton	Understanding Your Teenager	Group Work	Υ	2	weekly	
Cleckheaton	Cleckheaton	Baby Bistro	Health	N	2	weekly	+
Cleckheaton	Cleckheaton	Baby Clinic	Health	N	2	monthly	
Cleckheaton	Cleckheaton	Baby Group	Health	N	2	weekly	
Cleckheaton	Cleckheaton	Health Visitor Assessment	Health	N	2.5	fortnightly	
Cleckheaton	Cleckheaton	Midwife Ante-natal Clinic	Health	N	3	weekly	
Cleckheaton	Cleckheaton	Young Parents Group	Targeted	Υ	2	weekly	
Cleckheaton	Scholes School	Bookstart	Universal	Υ	2	as required	1 ses
Cleckheaton	Cleckheaton	Childminding Network	Universal	N	2	monthly	
Cleckheaton	Cleckheaton	One Stop Shop	Universal	Υ	2	weekly	
Cleckheaton	Cleckheaton	Stay & Play	Universal	Υ	1.5	weekly	
Heckmondwike	Heckmondwike	Adult Learning - Family Learning	Adult Education	N	2	weekly	1 ses
Heckmondwike	Heckmondwike	Adult Learning - First Aid	Adult Education	N	2	weekly	
Heckmondwike	Heckmondwike	Adult Learning - Healthy Lifestyles	Adult Education	N	5	weekly	
Heckmondwike	Heckmondwike	Getting Ready for Nursery	Child's Journey	Υ	1.5	weekly	

Heckmondwike	Heckmondwike	Steps	Group Work	Υ	2	weekly	
Heckmondwike	Heckmondwike	Baby Bistro	Health	N	2	weekly	2 sess
Heckmondwike	Heckmondwike	Health Visitor Assessment	Health	N	2	monthly	
Heckmondwike	Salvation Army	Immunisation Clinic	Health	N	2	fortnightly	
Heckmondwike	Heckmondwike	Young Parents Group	Targeted	Υ	2	weekly	
Heckmondwike	Heckmondwike	Bookstart	Universal	Υ	7	as required	1 sess
Heckmondwike	Salvation Army	One Stop Shop	Universal	Υ	2	weekly	
Heckmondwike	Heckmondwike	Stay & Play	Universal	Υ	1.5	weekly	
Heckmondwike	Scholes Shelter	Stay & Play	Universal	Υ	1.5	weekly	
TOTAL hours service de	livery (weekly events)				52		

Children's Centre	Venue	Activity	Туре	Run by CC Staff Y/N	Hours Per week	Frequency	
Batley East	Batley East	Adult Learning - English	Adult Education	N	2	weekly	1 session
Batley East	Batley East	Adult Learning - Esol	Adult Education	N	2	weekly	
Batley East	Batley East	Adult Learning - Maths	Adult Education	N	2	weekly	
Batley East	Batley East	Adult Learning - Sewing	Adult Education	N	2.5	weekly	5 sess
Batley East	Batley East	Infant Massage	Child's Journey	Y	2	weekly	1 sessio n
Batley East	Field Lane School	Let's Move 3 - Moving with Meaning	Child's Journey	N	1	weekly	
Batley East	Purlwell School	Let's Move 3 - Moving with Meaning	Child's Journey	Y	1	weekly	
Batley East	Batley East	Let's Play 1 - Treasure and Exploration	Child's Journey	N	1	weekly	
Batley East	Carlton School	Let's Play 3 - Playing Matters	Child's Journey	Y	1	weekly	
Batley East	Purlwell School	Let's Play 3 - Playing Matters	Child's Journey	Y	1	weekly	
Batley East	Batley East	Let's Talk 3 - Talking Together	Child's Journey	Y	1	weekly	
Batley East	Batley East	Domestic Violence Support	Group Work	N	2	weekly	
Batley East	Batley East	Family Links	Group Work	Y	2	weekly	
Batley East	Healey School	Family Links	Group Work	Y	2	weekly	
Batley East	Batley East	Family Links - SEN	Group Work	Y	2	weekly	
Batley East	Batley East	Family Links - SEN - Intro Session	Group Work	Y	2	One off session	
Batley East	Batley East	Steps	Group Work	Υ	2	weekly	
Batley East	Batley East	Health Visitor Assessment	Health	N	1	monthly	
Batley East	Batley East	One Stop Shop	Universal	Υ	2	weekly	
Batley East	Batley East	Stay & Play	Universal	Υ	2	weekly	
Batley East	Carlton School	Stay & Play	Universal	Υ	2	weekly	

Batley East	Mill Lane School	Stay & Play	Universal	Υ	2	weekly	
Batley East	Warwick Road School	Stay & Play	Universal	Υ	2	weekly	
Batley East	Purlwell School	Stay & Play	Universal	Υ	2	weekly	
Carlinghow & Wilton	Carlinghow & Wilton	Adult Learning - English	Adult Education	N	2	weekly	
Carlinghow & Wilton	Carlinghow & Wilton	Adult Learning - Healthy Lifestyles	Adult Education	Υ	2.5	weekly	4 sess
Carlinghow & Wilton	Carlinghow & Wilton	Infant Massage	Child's Journey	Υ	2	weekly	
Carlinghow & Wilton	Carlinghow & Wilton	Domestic Violence Support	Group Work	N	2	weekly	
Carlinghow & Wilton	Carlinghow & Wilton	Family Links	Group Work	Υ	2	weekly	
Carlinghow & Wilton	Carlinghow & Wilton	Health Visitor Assessment	Health	N	1	monthly	
Carlinghow & Wilton	Carlinghow & Wilton	Immunisations	Health	N	2	fortnightly	3 sess
Carlinghow & Wilton	Carlinghow & Wilton	Additional Needs Group	Targeted	N	1.5	fortnightly	
Carlinghow & Wilton	Clients home	Home Safety	Targeted	Υ	1	as required	
Carlinghow & Wilton	Carlinghow & Wilton	Young Parents Group	Targeted	Υ	2	weekly	
Carlinghow & Wilton	Carlinghow & Wilton	Bookstart	Universal	Υ	1	weekly	
Carlinghow & Wilton	Carlinghow & Wilton	Childminding Network	Universal	N	1	fortnightly	
Carlinghow & Wilton	Carlinghow & Wilton	One Stop Shop	Universal	Υ	2	weekly	
Carlinghow & Wilton	Carlinghow & Wilton	Stay & Play	Universal	Υ	2	weekly	
Staincliffe & Healey	Staincliffe & Healey	Adult Learning - English	Adult Education	N	2	weekly	5 sess
Staincliffe & Healey	Staincliffe & Healey	Adult Learning - Esol	Adult Education	N	2	weekly	
Staincliffe & Healey	Staincliffe & Healey	Adult Learning - Maths	Adult Education	N	2	weekly	
Staincliffe & Healey	Staincliffe & Healey	Adult Learning - Sewing	Adult Education	N	2	weekly	
Staincliffe & Healey	Healey School	Let's Play 3 - Playing Matters	Child's Journey	Υ	1	weekly	
Staincliffe & Healey	Staincliffe & Healey	Domestic Violence Support	Group Work	N	2	weekly	
Staincliffe & Healey	Staincliffe & Healey	Family Links	Group Work	Υ	2	weekly	
Staincliffe & Healey	Staincliffe & Healey	Steps	Group Work	Υ	2	weekly	
Staincliffe & Healey	Staincliffe & Healey	Strengthening Families	Group Work	Υ	3.5	weekly	
Staincliffe & Healey	Staincliffe & Healey	Baby Café	Health	N	2	weekly	1
Staincliffe & Healey	Staincliffe & Healey	Weaning Group	Health	Υ	1	as required	
Staincliffe & Healey	Staincliffe & Healey	Bookstart	Universal	Υ	1	weekly	

Staincliffe & Healey Staincliffe & Healey	Staincliffe & Healey Healey Community	One Stop Shop Stay & Play	Universal Universal	Υ	2	weekly weekly	
	Centre						
Staincliffe & Healey	Staincliffe & Healey	Stay & Play	Universal	Υ	2	weekly	
TOTAL hours service	delivery (weekly eve	ents)			83.5		

Children's Centre	Venue	Activity	Туре	Run by CC Staff Y/N	Hours Per week	Frequency	
Rawthorpe & Dalton	Rawthorpe & Dalton	Adult Learning - English	Adult Education	N	2.5	weekly	
Rawthorpe & Dalton	Dalton Baptist Church	Adult Learning - ESOL	Adult Education	N	2.25	weekly	
Rawthorpe & Dalton	Rawthorpe & Dalton	Adult Learning - ESOL	Adult Education	N	2.5	weekly	
Rawthorpe & Dalton	Rawthorpe & Dalton	Adult Learning - Family Learning	Adult Education	N	1	weekly	1 sess
Rawthorpe & Dalton	Dalton Baptist Church	Adult Learning - Healthy Lifestyles	Adult Education	N	2	weekly	
Rawthorpe & Dalton	Rawthorpe & Dalton	Adult Learning - Healthy Lifestyles	Adult Education	N	2.5	weekly	
Rawthorpe & Dalton	Rawthorpe & Dalton	Adult Learning - Maths	Adult Education	N	2.25	weekly	
Rawthorpe & Dalton	Rawthorpe & Dalton	Adult Learning - Paediatric First Aid	Adult Education	N	2	weekly	
Rawthorpe & Dalton	Rawthorpe & Dalton	Adult Learning - Teaching Assistant	Adult Education	N	2	fortnightly	3 sess
Rawthorpe & Dalton	Rawthorpe & Dalton	Babies in to Books 2	Child's Journey	Υ	1	weekly	5 sess
Rawthorpe & Dalton	Rawthorpe & Dalton Library & Info Centre	Babies into Books 1	Child's Journey	Υ	1	weekly	
Rawthorpe & Dalton	Rawthorpe & Dalton	Infant Massage	Child's Journey	Υ	1	fortnightly	
Rawthorpe & Dalton	Rawthorpe & Dalton	Let's Move 1 - Magical Movements	Child's Journey	Υ	1	weekly	3 sess
Rawthorpe & Dalton	Rawthorpe Community Centre	Let's Move 1 - Magical Movements	Child's Journey	Υ	1	weekly	3 sess
Rawthorpe & Dalton	Rawthorpe & Dalton	Let's Move 3 - Moving with Meaning	Child's Journey	Υ	1	weekly	5 sess
Rawthorpe & Dalton	Rawthorpe & Dalton Library & Info Centre	Let's Play 1 - Treasure and Exploration	Child's Journey	Υ	1.25	weekly	
Rawthorpe & Dalton	Rawthorpe & Dalton	Let's Play 2 - Toddlers Making Choices	Child's Journey	Υ	1.25	weekly	
Rawthorpe & Dalton	Rawthorpe & Dalton	Let's Talk 3 - Talking Together	Child's Journey	Υ	1	weekly	
Rawthorpe & Dalton	Rawthorpe & Dalton	Escape	Group Work	Υ	2	weekly	4 sess
Rawthorpe & Dalton	Rawthorpe & Dalton	Escape - Intro Session	Group Work	Υ	2	One off session	
Rawthorpe & Dalton	Rawthorpe & Dalton	Family Links	Group Work	Υ	2	weekly	
Rawthorpe & Dalton	Rawthorpe & Dalton	Steps	Group Work	Υ	2	weekly	
Rawthorpe & Dalton	Rawthorpe & Dalton	Understanding Your Teenager	Group Work	Υ	2	weekly	
Rawthorpe & Dalton	Rawthorpe & Dalton	Baby Clinic	Health	N	2	weekly	

Rawthorpe & Dalton	Rawthorpe & Dalton	Health Visitor Assessment	Health	N	3	fortnightly	
Rawthorpe & Dalton	Rawthorpe & Dalton	Midwife Ante-natal Clinic	Health	N	3	weekly	
Rawthorpe & Dalton	Rawthorpe & Dalton	Bookstart	Universal	Υ	7	monthly	
Rawthorpe & Dalton	Rawthorpe & Dalton	One Stop Shop	Universal	Υ	2	weekly	
Rawthorpe & Dalton	Community House, Leeds Road	Stay & Play	Universal	Υ	1.5	weekly	
Rawthorpe & Dalton	Dalton Baptist Church	Stay & Play	Universal	Υ	2	weekly	
Rawthorpe & Dalton	Dalton JI & N School	Stay & Play	Universal	Υ	1.25	weekly	1 sess
Rawthorpe & Dalton	Rawthorpe & Dalton	Stay & Play	Universal	Υ	2	weekly	
TOTAL hours service of	delivery (weekly events)				47.25		

Services delivered in Children's Centre Grouping	Services of	delivered	d in Childrei	n's Centre	Grouping
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Children's Centre	Venue	Activity	Туре	Run by CC Staff Y/N	Hours P/w	Frequency	
Savile Town	Savile Town	Infant Massage	Child's Journey	Υ	1	weekly	
Savile Town	Savile Town	Family Links	Group Work	Υ	2	weekly	1 sess
Savile Town	Savile Town	Speakeasy	Group Work	Υ	2	weekly	
Savile Town	Savile Town	Speakeasy - Intro Session	Group Work	Υ	2	weekly	
Savile Town	Savile Town	Health Visitor Assessment	Health	N	3	weekly	
Savile Town	Savile Town	Immunisations	Health	N	3.5	weekly	
Savile Town	Savile Town	Midwife Ante-Natal Clinic	Health	N	3	weekly	4 sess
Savile Town	Savile Town	Bookstart	Universal	Υ	1	monthly	
Savile Town	Savile Town	One Stop Shop	Universal	Υ	2	weekly	
Savile Town	Savile Town	Stay & Play	Universal	Y	2	weekly	
Thornhill Edge Top Road	Thornhill Edge Top Road	Adult Learning - Fit for the Future	Adult Education	N	2	weekly	3 sess
Thornhill Edge Top Road	Thornhill Edge Top Road	Infant Massage	Child's Journey	Υ	1	weekly	
Thornhill Edge Top Road	Thornhill Edge Top Road	Family Links - SEN	Group Work	Υ	2.5	weekly	
Thornhill Edge Top Road	Thornhill Edge Top Road	Family Links - SEN - Intro Session	Group Work	Y	2.5	One off sess	
Thornhill Edge Top Road	Thornhill Edge Top Road	Steps	Group Work	Υ	2	weekly	
Thornhill Edge Top Road	Thornhill Edge Top Road	Health Visitor Assessment	Health	N	3	weekly	
Thornhill Edge Top Road	Thornhill Edge Top Road	Immunisations	Health	N	2.5	fortnightly	
Thornhill Edge Top Road	Thornhill Edge Top Road	Young Parents Group	Targeted	Y	2	weekly	
Thornhill Edge Top Road	Thornhill Edge Top Road	Bookstart	Universal	Y	1	monthly	
Thornhill Edge Top Road	Thornhill Edge Top Road	Childminding Network	Universal	N	2	weekly	
Thornhill Edge Top Road	Thornhill Edge Top Road	One Stop Shop	Universal	Υ	2.5	weekly	
Thornhill Edge Top Road	Thornhill Edge Top Road	Stay & Play	Universal	Υ	2.5	weekly	
Thornhill Lees	Thornhill Lees	Infant Massage	Child's Journey	Υ	1	weekly	
Thornhill Lees	Thornhill Lees	Health Visitor Assessment	Health	N	3	fortnightly	
Thornhill Lees	Thornhill Lees	One Stop Shop	Universal	Υ	2	weekly	

Thornhill Lees	Thornhill Lees	Stay & Play	Universal	Υ	2	weekly	
TOTAL hours service de	livery (weekly events)				45		

Children's Centre	Venue	Activity	Туре	Run by CC Staff Y/N	Hours Per	Frequency	
Almondbury	Almondbury	Adult Learning - Childcare	Adult Education	N N	week 2	weekly	
Almondbury	Almondbury	Adult Learning - First Aid	Adult Education Adult Education	N	2	weekly	_
Almondbury	Almondbury	Adult Learning - Paediatric First Aid	Adult Education Adult Education	N	2	weekly	-
Almondbury	Almondbury	Adult Learning - Wellbeing	Adult Education Adult Education	N	2	weekly	_
Almondbury	Almondbury	Infant Massage	Child's Journey	Y	1.25	weekly	_
Almondbury	Almondbury Community School	Let's Move 2 - On the Move	Child's Journey	Y	1.25	weekly	
Almondbury	Almondbury	Domestic Violence Support	Group Work	N	2	weekly	+
Almondbury	Almondbury	Family Links - SEN	Group Work	Υ	2.5	weekly	3 sess
Almondbury	Almondbury	Safer Healthier Homes	Group Work	Υ	2	weekly	-
Almondbury	Almondbury	Steps	Group Work	Υ	2	weekly	-
Almondbury	Almondbury	Baby Clinic	Health	N	2	weekly	
Almondbury	Almondbury	Health Visitor Assessment	Health	N	3	as required	-
Almondbury	Almondbury	Bookstart	Universal	Y	0.5	as required	
Almondbury	Almondbury	One Stop Shop	Universal	Y	2	weekly	
Almondbury	Almondbury	Stay & Play	Universal	Y	2	weekly	
Almondbury	Almondbury	Toy Library	Universal	Y	1	as required	
Huddersfield Central	Huddersfield Central	Adult Learning - Employability Skills	Adult Education	N	2	weekly	
Huddersfield Central	Huddersfield Central	Infant Massage	Child's Journey	Υ	1	weekly	
Huddersfield Central	Huddersfield Central	Steps	Group Work	Y	2	weekly	3 sess
Huddersfield Central	Huddersfield Central	Baby Clinic	Health	N	1	weekly	
Huddersfield Central	Huddersfield Central	Health Visitor Assessment	Health	N	3	as required	
Huddersfield Central	Huddersfield Central	Young Parents Group	Targeted	Υ	2	weekly	1
Huddersfield Central	Huddersfield Central	Stay & Play	Universal	Υ	2	weekly	1
Lowerhouses	Lowerhouses	Adult Learning - Healthy Lifestyles	Adult Education	N	2.25	weekly	1
Lowerhouses	Lowerhouses	Adult Learning - Helping in Schools	Adult Education	N	2.25	weekly	2 sess

TOTAL hours serv	ice delivery (weekly eve	ents)			58		
Newsome	Newsome	Stay & Play	Universal	Υ	2	weekly	
Newsome	Newsome	One Stop Shop	Universal	Υ	2	weekly	
Newsome	Newsome	Childminding Network	Universal	N	2	monthly	
Newsome	Newsome	Bookstart	Universal	Υ	0.5	as required	
Newsome	Newsome	Health Visitor Assessment	Health	N	3	as required	
Newsome	Newsome	Baby Clinic	Health	N	2	weekly	
Newsome	Newsome	Family Links	Group Work	Υ	2	weekly	
Newsome	Newsome	Adult Learning - Healthy Lifestyles	Adult Education	N	2.25	weekly	
Lowerhouses	Lowerhouses	Stay & Play	Universal	Υ	1.5	weekly	
Lowerhouses	Lowerhouses	Bookstart	Universal	Υ	0.5	as required	
Lowerhouses	Lowerhouses	Additional Needs Group	Targeted	Υ	2	weekly	
Lowerhouses	Lowerhouses	Health Visitor Assessment	Health	N	3	as required	
Lowerhouses	Lowerhouses	Baby Clinic	Health	N	2	weekly	
Lowerhouses	Lowerhouses	Infant Massage	Child's Journey	Υ	1	weekly	
Lowerhouses	Lowerhouses	Adult Learning - Wellbeing	Adult Education	N	2	weekly	

Children'	s Venue	Activity	Туре	Run by	Hours	Frequency	
Centre				CC Staff	Per		
				Y/N	week		
Golcar	Paddock Village Hall	Adult Learning - ESOL	Adult Education	N	2.5	weekly	6 sess
Golcar	Paddock Village Hall	Adult Learning - ESOL Level 1	Adult Education	N	2.5	weekly	
Golcar	Golcar	Adult Learning - First Aid	Adult Education	N	3	weekly	2 sess
Golcar	Golcar	Adult Learning - Healthy Lifestyles	Adult Education	N	2	weekly	
Golcar	Paddock Village Hall	Adult Learning - Sewing	Adult Education	N	2.25	weekly	
Golcar	Golcar	Getting Ready for School	Child's Journey	N	2	weekly	
Golcar	Golcar	Infant Massage	Child's Journey	Y	1	weekly	
Golcar	Golcar	Family Links	Group Work	Y	2	weekly	
Golcar	Golcar	Family Links - Intro Session	Group Work	Y	2	weekly	
Golcar	Golcar	Family Links - SEN - Intro Session	Group Work	Y	2	One off	
						session	
Golcar	Golcar	Speakeasy	Group Work	Y	2	weekly	7 sess
Golcar	Golcar	Speakeasy - Intro Session	Group Work	Υ	2	One off	
Golcar	Golcar	Stone	Group Work	Y	2	session weekly	
		Steps	·			•	
Golcar	Golcar	Strengthening Families	Group Work	Υ	2.5	weekly	
Golcar	Golcar	Strengthening Families - Intro Session	Group Work	Υ	3	One off	
Golcar	Wooldale Community Centre	Understanding Your Teenager	Group Work	Υ	2	session weekly	+
Golcar	Golcar	Baby Clinic	Health	N	2.5	weekly	3 sess
Golcar	Golcar	Health Visitor Assessment	Health	N	2.5	weekly	- 3 3633
Golcar	Golcar	Midwife Ante-Natal Clinic	Health	N	2.3	weekly	_
Golcar	Golcar	Bookstart	Universal	Y	2	monthly	7 sess
Golcar	Hooters out of School Club	Bookstart	Universal	N	2	monthly	1 sess
Golcar	Lindley Methodist Church	Bookstart	Universal	Y	2	monthly	2 sess
Golcar	Golcar	Childminding Network	Universal	N	2	fortnightly	2 3033

Golcar	GCM - Health Room	One Stop Shop	Universal	Υ	2	weekly	4 sess
Golcar	Golcar	One Stop Shop	Universal	Υ	2	weekly	1 sess
Golcar	Salvation Army - Lindley	One Stop Shop	Universal	Υ	2	weekly	
Golcar	Golcar	Sensory Room	Universal	Υ	2	as required	
Golcar	Hooters out of School Club	Stay & Play	Universal	N	2	weekly	
Golcar	Lindley Library	Stay & Play	Universal	N	2	weekly	
Golcar	Lindley Methodist Church	Stay & Play	Universal	Υ	2	weekly	
Golcar	Milnsbridge Village Hall	Stay & Play	Universal	N	2	weekly	
Golcar	Golcar	Stay & Play	Universal	Υ	4	weekly	
TOTAL h	ours service delivery (weekly eve	ents)			52.75		

Children's Centre	Venue	Activity	Туре	Run by CC Staff Y/N	Hours Per week	Frequency	
Birkby	Birkby	Adult Learning - Esol	Adult Education	N	2.5	weekly	
Birkby	Birkby	Adult Learning - ESOL Level 1	Adult Education	N	2.5	weekly	
Birkby	Birkby	Adult Learning - First Aid	Adult Education	N	2	weekly	
Birkby	Birkby	Adult Learning - Healthy Lifestyles	Adult Education	N	1.75	weekly	
Birkby	Birkby	Adult Learning - IT Skills	Adult Education	N	2	weekly	
Birkby	Birkby	Adult Learning - Sewing	Adult Education	N	2.25	weekly	
Birkby	Birkby	Infant Massage	Child's Journey	Υ	1	weekly	
Birkby	Birkby	Domestic Violence Support	Group Work	N	2.5	weekly	
Birkby	Birkby	Speakeasy	Group Work	Υ	2	weekly	
Birkby	Birkby	Strengthening Families	Group Work	Υ	3	weekly	
Birkby	Birkby	Health Visitor Assessment	Health	N	7	monthly	
Birkby	Birkby	Midwife Ante-natal Clinic	Health	N	3	weekly	
Birkby	Birkbees Nursery	Bookstart	Universal	Υ	7	as required	1 session
Birkby	Birkby	Bookstart	Universal	Υ	7	as required	1 session
Birkby	Birkby Infant School	Bookstart	Universal	Υ	7	as required	2 sess
Birkby	Birkby Junior School	Bookstart	Universal	Υ	7	as required	1 session
Birkby	Birkby	One Stop Shop	Universal	Υ	2	weekly	
Birkby	Birkby	Stay & Play	Universal	Y	2	weekly	
Birkby	Greenhead Park	Stay & Play	Universal	Y	2	weekly	1 session
Birkby	Birkby	Toy Library	Universal	Υ	7	as required	
Birkby	Birkby Fartown Community Centre	Parent & Toddler Group	Universal	N	2	weekly	
Paddock	Paddock Village Hall	Adult Learning - Esol	Adult Education	N	2.5	weekly	
Paddock	Paddock Village Hall	Adult Learning - ESOL Level 1	Adult Education	N	2.5	weekly	
Paddock	Paddock Village Hall	Adult Learning - Healthy Eating	Adult Education	N	4.5	weekly	
Paddock	Paddock Village Hall	Adult Learning - IT Skills	Adult Education	N	2.5	weekly	

Paddock	Paddock Village Hall	Adult Learning - Sewing	Adult Education	N	2.25	weekly	
Paddock	Paddock	Escape	Group Work	Υ	2	weekly	
Paddock	Paddock Village Hall	Family Links	Group Work	Υ	2	weekly	
Paddock	Paddock Village Hall	Safer Healthier Homes	Group Work	N	2	weekly	
Paddock	Paddock	Understanding Your Teenager	Group Work	Υ	2	weekly	2 sess
Paddock	Paddock Village Hall	Health Visitor Assessment	Health	N	7	monthly	
Paddock	Longley School	Bookstart	Universal	Υ	7	as required	1 session
Paddock	Paddock Village Hall	Bookstart	Universal	Υ	7	as required	
Paddock	Paddock Village Hall	One Stop Shop	Universal	Υ	2	weekly	
Paddock	Paddock Village Hall	Stay & Play	Universal	Υ	2	weekly	
Paddock	Paddock	Toy Library	Universal	Υ	7	as required	
Paddock	Paddock Village Hall	Safer Healthier Homes NB - Not hosted by CC - held in Paddock CC area for EITS	Group Work	N	2	weekly	
TOTAL hours ser	vice delivery (weekly events	s)			60.75		

Children's Centre	Venue	Activity	Туре	Run by CC Staff	Hours Per	Frequency	
				Y/N	week		
Chestnut	Chestnut	Adult Learning - Childcare	Adult Education	N	2	weekly	
Chestnut	Chestnut	Adult Learning - Employability Skills	Adult Education	N	3	weekly	
Chestnut	Chestnut	Adult Learning - First Aid	Adult Education	N	2	weekly	
Chestnut	Chestnut	Babies into Books 1	Child's Journey	Υ	2	weekly	
Chestnut	Chestnut	Babies into Books 2	Child's Journey	Υ	2	weekly	
Chestnut	Chestnut	Infant Massage	Child's Journey	Υ	2	weekly	
Chestnut	Chestnut	Domestic Violence Support	Group Work	N	2	weekly	
Chestnut	North Hudds Trust School	Escape	Group Work	Υ	3	weekly	
Chestnut	Chestnut	Family Links	Group Work	Υ	2.5	weekly	
Chestnut	Chestnut	Speakeasy	Group Work	Υ	2	weekly	
Chestnut	Chestnut	Steps	Group Work	Υ	2.25	weekly	
Chestnut	Chestnut	Baby Café	Health	N	2.5	weekly	
Chestnut	Chestnut	Health Visitor Assessment	Health	N	3	weekly	
Chestnut	Chestnut	Midwife Ante-Natal Clinic	Health	N	3	weekly	
Chestnut	Chestnut	Midwife Ante-Natal Clinic	Health	N	2	weekly	
Chestnut	Chestnut	Home Safety	Targeted	N	7	as required	
Chestnut	Chestnut	Young Parents Group	Targeted	Υ	2	weekly	1 session
Chestnut	Chestnut	Bookstart	Universal	Υ	2	as required	
Chestnut	Chestnut	Childminding network	Universal	N	2	monthly	
Chestnut	Chestnut	One Stop Shop	Universal	Υ	2	weekly	
Chestnut	Chestnut	Sensory Room	Universal	Υ	5	as required	
Chestnut	Chestnut	Stay & Play	Universal	Υ	1.5	weekly	
Chestnut	St Thomas's School Bradley	Stay & Play	Universal	Υ	1.5	weekly	
Chestnut	Chestnut	Toy Library	Universal	Υ	2	monthly	

Children's Centre	Venue	Activity	Туре	Run by CC Staff Y/N	Hours Per week	Frequency
Crosland Moor	Crosland Moor	Adult Learning - First Aid	Adult Education	N	2.5	weekly
Crosland Moor	Crosland Moor	Adult Learning - Healthy Lifestyles	Adult Education	N	3.5	weekly
Crosland Moor	Crosland Moor	Adult Learning - Practical Parent Helpers	Adult Education	N	2.4	weekly
Crosland Moor	Crosland Moor	Adult Learning - Supporting Children's Learning Using Crafts	Adult Education	N	2.4	weekly
Crosland Moor	Crosland Moor	Early Months	Child's Journey	Υ	1.5	weekly
Crosland Moor	Crosland Moor	Infant Massage	Child's Journey	Υ	1	weekly
Crosland Moor	Thornton Lodge Com Centre	Let's Play 2 - Toddlers Making Choices	Child's Journey	Υ	1.5	weekly
Crosland Moor	Crosland Moor	Steps	Group Work	Υ	2.25	weekly
Crosland Moor	Crosland Moor	Baby Clinic	Health	N	2	weekly
Crosland Moor	Thornton Lodge Com Centre	Baby Clinic	Health	N	1.5	weekly
Crosland Moor	Crosland Moor	Health Visitor Assessment	Health	N	3	weekly
Crosland Moor	Thornton Lodge Com Centre	Health Visitor Assessment	Health	N	3	as required
Crosland Moor	Crosland Moor	Midwife Ante-Natal Clinic	Health	N	2.5	weekly
Crosland Moor	Thornton Lodge Com Centre	Midwife Ante-Natal Clinic	Health	N	2	fortnightly
Crosland Moor	Crosland Moor	Bookstart	Universal	Υ	1	as required
Crosland Moor	Crosland Moor	Stay & Play	Universal	Υ	2.25	weekly
	Crosland Moor delivery (weekly events	· ·	Universal	Y	2.25 28.3	

Colne Valley CC				Staff Y/N	Hours Per week	Frequency	
	Colne Valley CC	Adult Learning - Healthy Lifestyles	Adult Education	N	week 3	weekly	
Colne Valley CC	Colne Valley CC	Family Links	Group Work	Y	2	weekly	
Colne Valley CC	Colne Valley CC	Family Links - SEN	Group Work	Y	3	weekly	
Colne Valley CC	Colne Valley CC	Family Links - SEN - Intro Session	Group Work	Υ	3	One off session	
Colne Valley CC	Colne Valley CC	Steps	Group Work	Υ	2	weekly	1
Colne Valley CC	Colne Valley CC	Steps - Intro Session	Group Work	Υ	2	One off session	
Colne Valley CC	Colne Valley CC	Baby Bistro	Health	N	2	weekly	
Colne Valley CC	Colne Valley CC	Baby Clinic	Health	N	2	weekly	
Colne Valley CC	Colne Valley CC	Health Visitor Assessment	Health	N	0.5	weekly	1 session
Colne Valley CC	Colne Valley CC	Bookstart	Universal	Υ	2	monthly	
Colne Valley CC	Colne Valley CC	Stay & Play	Universal	Υ	2	weekly	
Colne Valley CC	Marsden Mechanics	Stay & Play	Universal	Υ	1.5	weekly	
Colne Valley CC	Meltham Methodist Church	Stay & Play	Universal	Y	1.5	weekly	
Colne Valley CC	Various	Toy Library	Universal	Υ	7.5	as required	
Holme Valley North	Holme Valley North	Adult Learning - Paediatric First Aid	Adult Education	N	3	weekly	
Holme Valley North	Holme Valley North	Infant Massage	Child's Journey	Υ	1.5	weekly	
Holme Valley North	Holme Valley North	Steps	Group Work	Υ	2	weekly	
Holme Valley North	Holme Valley North	Steps - Intro Session	Group Work	Υ	2	One off session	
Holme Valley North	Honley Community Centre	Stay & Play	Universal	Y	1.5	weekly	

Children's Centre	Venue	Activity	Туре	Run by	Hours	Frequency	
				CC Staff	Per		
				Y/N	week		
Grange Moor CC	Skelmanthorpe Council Offices	Infant Massage	Child's Journey	Υ	1	weekly	4 sess
Grange Moor CC	St Bartholomew's Church	Family Links	Group Work	Υ	2	weekly	
Grange Moor CC	Wooldale Community Centre	Family Links	Group Work	Υ	2	weekly	
Grange Moor CC	St Bartholomew's Church	Family Links - Intro Session	Group Work	Υ	2	One off	
						session	
Grange Moor CC	St Bartholomew's Church	Steps	Group Work	Υ	2	weekly	
Grange Moor CC	Holmbridge Pre-School	Stay & Play	Universal	Υ	1.5	weekly	
Grange Moor CC	Skelmanthorpe Youth and Com	Stay & Play	Universal	Υ	2	weekly	
	Centre						
Grange Moor CC	Wooldale Community Centre	Stay & Play	Universal	Υ	2	weekly	
Grange Moor CC	Wooldale Community Centre	Stay & Play	Universal	Υ	1.75	weekly	
TOTAL					14.25		

NCA	Grouping	Kirklees District Committee	IYSS Activity Venue	CC/Youth Building Y/N	Name of IYSS Activity/Service delivered	Type Grouped	Run by IYSS Staff / Y/N	Deliver y (hrs)	Frequency (daily, weekly, termly, etc)
NCA04	Birstall	Batley & Spen	Fieldhead Co-Location Centre	У	Fieldhead Youth Club	Universa I	У		School holidays
NCA04	Birstall	Batley & Spen	Fieldhead Multi Court,	N	Fieldhead Youth Club	Universa I	У		School holidays
NCA04	Birstall	Batley & Spen	St. Paul's Church, Birkenshaw	N	Birkenshaw Outreach Session	Universa I	У		School holidays
NCA04	Birstall	Batley & Spen	Windybank Park, Hightown	N	Windybank Outreach session	Universa I	У		School holidays
NCA04	Birstall	Batley & Spen	Birkenshaw, Heckmondwik e and Batley Carr	N	Mobile Youth Hub	Universa I	У		School holidays
NCA05	Spen	Batley & Spen	Al-Hikmah Centre Rabia Al- Basri Building	N	IMWS Girls Group	Universa I	N		School holidays
NCA05	Spen	Batley & Spen	Al-Hikmah Centre Rabia Al- Basri Building	N	IMWS Senior Boys session	Universa I	N		School holidays
NCA05	Spen	Batley & Spen	Firth Park	N	Heckmondwike Outreach Session	Universa I	У		School holidays
NCA06	Batley	Batley & Spen	Batley Cricket Club	N	SPARK Skills	Universa I	N		School holidays
NCA06	Batley	Batley & Spen	Albion Mills	N	T3 Fitness Sessions	Universa I	У		School holidays
NCA06	Batley	Batley & Spen	Batley Baths & Rec. Centre	N	Sportz Factor	Universa I	У		School holidays
NCA06	Batley	Batley & Spen	Hyrstmount Junior School	N	Hyrstmount Outreach Session	Universa I	У		School holidays
NCA06	Batley	Batley & Spen	Burnsall Road, Healey	N	Mobile Youth Hub- family session	Universa I	Υ		Weekly
NCA06	Batley	Batley & Spen	Dale Lane	N	Mobile Youth Hub	Universa I	У		School holidays

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NCA06	Batley	Batley & Spen	Oakwell Hall Country Park	N	Mobile Youth Hub WACKY	Universa I	У		School holidays
NCA06	Batley	Batley & Spen	Staincliffe Park,	N	Staincliffe Outreach session	Universa I	Υ		Weekly
NCA06	Batley	Batley & Spen	Young Batley	N	Girls Youth Club	Universa I	Υ	2	Weekly
NCA06	Batley	Batley & Spen	Young Batley Centre	У	Friday Live (Disabled children)	Targeted	У		Weekly
NCA06	Batley	Batley & Spen	Young Batley Centre	N	Open Access Youth Club 8 - 16 years	Universa I	Υ	3	School holidays
NCA06	Batley	Batley & Spen	Young Batley Centre	N	Young Batley Girls Club	Universa I	У		School holidays
NCA01	Dewsbury West	Dewsbury & Mirfield	Crow Nest Park	Υ	Crow Nest Adventure Playground 8-12yrs	Universa I	У		School holidays
NCA01	Dewsbury West	Dewsbury & Mirfield	Ravensthorpe CC	Υ	Gems Girls Group	Universa I	Υ	2.5	Weekly
NCA01	Dewsbury West	Dewsbury & Mirfield	Ravensthorpe Youth Centre	У	Ravensthorpe Youth Club	Universa I	У	2.5	Weekly
NCA01	Dewsbury West	Dewsbury & Mirfield	Ravensthorpe YP Centre		Raventhorpe Youth Club	Universa I	n	2	Weekly
NCA01	Dewsbury West	Dewsbury & Mirfield	Crow Nest Park	n	Crow Nest Adventurous Play	Universa I	У	9.5	3 sessions
NCA01	Dewsbury West	Dewsbury & Mirfield	Greenwood Centre	У	Ravensthorpe Young Leaders	Universa I	У	4	Weekly
NCA01	Dewsbury West	Dewsbury & Mirfield	Greenwood Centre Library		Ravensthorpe Young Leaders	Universa I	У	1.45	Weekly
NCA01	Dewsbury West	Dewsbury & Mirfield	Arena Centre	n	Arena Junior Club	Universa I	Υ	1.5	Weekly

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NCA01	Dewsbury West	Dewsbury & Mirfield	Arena Youth Centre	N	Arena Senior Youth Club	Universa I	У	6	Weekly
NCA01	Dewsbury West	Dewsbury & Mirfield	Dewsbury Town Hall	n	Young Dewsbury Youth Club	Universa I	У	2.5	Weekly
NCA02	Dewsbury East	Dewsbury & Mirfield	Chickenley CC	Υ	Chickenley Senior Youth Club	Universa I	У	2	Weekly
NCA02	Dewsbury East	Dewsbury & Mirfield	Chickenley Community Centre	N	Chickenley Junior Youth Club	Universa I	Υ	2	Weekly
NCA02	Dewsbury East	Dewsbury & Mirfield	Chickenley Community Centre	n	Total Sports Foundation	Universa I	n	2	Weekly
NCA03	Mirfield	Dewsbury & Mirfield	Mirfield Community Centre	N	SLA Youth Club (Junior)	Universa I	N		
NCA03	Mirfield	Dewsbury & Mirfield	Northstead TRA	n	London Park Youth Club	Universa I	N	2.5	Weekly
NCA08	Dewsbury South	Dewsbury & Mirfield	Taleem Centre	Υ	Savile Town Youth Club	Universa I	У	2.5	Weekly
NCA08	Dewsbury South	Dewsbury & Mirfield	Thornhill Lees CC	N	SLA Youth Club	Universa I	N	2	Weekly
NCA08	Dewsbury South	Dewsbury & Mirfield	Thornhill Lees CC	N	SLA Youth Club (Junior)	Universa I	N		
NCA08	Dewsbury South	Dewsbury & Mirfield	Thornhill Lees CC	N	SLA Youth Club (Senior)	Universa I	N		
NCA08	Dewsbury South	Dewsbury & Mirfield	Thornhill Lees Community Centre	N	Thornhill Lees Junior Youth Club	Universa I	N	2	Weekly
NCA08	Dewsbury South	Dewsbury & Mirfield	Thornhill Sports & CC	У	Overthorpe Youth Club	Universa I	У	2.5	Weekly
ALL	N/A	Huddersfield	one to one sessions	N	IYSS one ot one sessions	Targeted	Υ		as required

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All	N/A	Huddersfield	Residentials	N	IYSS Residentials	Universa I	Υ		as required
NCA07	Rawthorpe & Dalton	Huddersfield	Rawthorpe CC	N	IYSS Youth Club	Universa I	Υ	2.5	Weekly
NCA07	Rawthorpe & Dalton	Huddersfield	The Dram Centre	N	IYSS Youth Club	Universa I	Υ	2	Weekly
NCA07	Rawthorpe & Dalton	Huddersfield	Midnight Soccer	N	Football Session	Universa I	Υ	3.5	Weekly
NCA07	Rawthorpe & Dalton	Huddersfield	The Zone	N	Football Session	Universa I	Υ	2	Weekly
NCA07	Rawthorpe & Dalton	Huddersfield	Mobile Unit	N	Dalton Mobile Unit	Universa I	Υ	2.5	Weekly
NCA07	Rawthorpe & Dalton	Huddersfield	Netherhall Learning Campus	N	Lunchtime Activities	Universa I	Υ	1	Daily
NCA09	Huddersfiel d Central & South	Huddersfield	Brian Jackson House	N	Dance Session	Universa I	N		School holidays
NCA09	Huddersfiel d Central & South	Huddersfield	Brian Jackson House	N	Dance Session	Universa I	N	2	Weekly
NCA09	Huddersfiel d Central & South	Huddersfield	Brian Jackson House	N	SLA Youth Club (Both)	Universa I	N		
NCA09	Huddersfiel d Central & South	Huddersfield	Central Youth Club	N	IYSS Youth Club	Universa I	Y	3	Weekly

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NCA09	Huddersfiel d Central & South	Huddersfield	Central Youth Club	N	IYSS Youth Club	Universa I	Y	3	Weekly
NCA09	Huddersfiel d Central & South	Huddersfield	Central Youth Club	N	SLA Youth Club (Senior)	Universa I	N		
NCA09	Huddersfiel d Central & South	Huddersfield	Ashenhurst Park	N	National Play Day	Universa I	Y		School holidays
NCA09	Huddersfiel d Central & South	Huddersfield	Huddersfield Sports Centre	N	Multi Sports	Universa I	Y	2	Weekly
NCA09	Huddersfiel d Central & South	Huddersfield	Brian Jackson House	Y	LGBT Group	Targeted	Υ	2.5	Weekly
NCA09	Huddersfiel d Central & South	Huddersfield	Brian Jackson House	Y	LGBT Group	Universa I	Υ	2	Weekly
NCA09	Huddersfiel d Central & South	Huddersfield	Central Youth Club	N	IYSS Youth Club for YP with disabilities	Universa I	Υ	2.5	Weekly
NCA09	Huddersfiel d Central & South	Huddersfield	Longley School	N	Lunchtime Activities	Universa I	Y	1	Daily
NCA09	Huddersfiel d Central & South	Huddersfield	Longley School	N	Multi Sports	Targeted	Y		Weekly

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NCA09	Huddersfiel d Central & South	Huddersfield	Lowerhouse Primary	N	Lunchtime Activities	Universa I	Y	1	Daily
NCA09	Huddersfiel d Central & South	Huddersfield	Lowerhouses Lounge	N	IYSS Youth Club	Universa I	Y	2.5	Weekly
NCA09	Huddersfiel d Central & South	Huddersfield	Mount Pleasant School	N	Multi Sports	Universa I	Υ	3	fortnightly
NCA09	Huddersfiel d Central & South	Huddersfield	Almondbury	Y	Time out sessions	Targeted	N		as required
NCA10	Golcar	Huddersfield	YMCA Multi Court	N	Multi Sports	Universa I	Υ	1.75	Weekly
NCA10	Golcar	Huddersfield	Lindley Clock Tower	N	Play session	Universa I	Υ	3	School holidays
NCA10	Golcar	Huddersfield	YMCA Salendine Nook	N	Football Session	Universa I	Υ	2	School holidays
NCA11	Huddersfiel d North	Huddersfield	Birkby	N	SLA Youth Club (Senior)	Universa I	N		
NCA11	Huddersfiel d North	Huddersfield	Birkby Fartown CC	N	Fartown & Birkby Youth Forum	Universa I	N	3	Weekly
NCA11	Huddersfiel d North	Huddersfield	Fartown Pavilion	N	Multi Sports	Universa I	Υ	2	Weekly
NCA11	Huddersfiel d North	Huddersfield	Birkby CC	N	IYSS Youth Club	Universa I	Υ	3	School holidays
NCA11	Huddersfiel d North	Huddersfield	Fartown Pavilion	N	Multi Sports	Universa I	Υ	3	School holidays

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NCA11	Huddersfiel d North	Huddersfield	Fartown Pavilion	N	Multi Sports	Universa I	Υ	3	School holidays
NCA11	Huddersfiel d North	Huddersfield	Greenhead Park	N	Multi Sports	Universa I	Υ		School holidays
NCA11	Huddersfiel d North	Huddersfield	Paddock Youth Centre	N	IYSS Youth Club	Universa I	Υ	3	School holidays
NCA11	Huddersfiel d North	Huddersfield	Paddock Youth Centre	N	IYSS Youth Club	Universa I	Υ	2.5	Weekly
NCA11	Huddersfiel d North	Huddersfield	Paddock Youth Centre	N	IYSS Youth Club	Universa I	Υ	2	Weekly
NCA11	Huddersfiel d North	Huddersfield	Paddock Youth Centre	N	IYSS Youth Club	Universa I	Υ	2.5	Weekly
NCA11	Huddersfiel d North	Huddersfield	Royds Hall High School	N	Multi Sports	Targeted	Υ	1	Termly
NCA11	Huddersfiel d North	Huddersfield	Royds Hall High School	N	Multi Sports	Targeted	Υ	1.5	Weekly
NCA12	Chestnut	Huddersfield	Deighton Sports Arena	N	Multi Sports	Universa I	Υ	2	Weekly
NCA12	Chestnut	Huddersfield	Northfield Hall	N	IYSS Youth Club	Universa I	Υ		Weekly
NCA12	Chestnut	Huddersfield	Deighton Sports Arena	N	IYSS Youth Club	Universa I	Υ	2	School holidays
NCA12	Chestnut	Huddersfield	North Hudds Trust School	N	Football Session	Targeted	Υ	1	Termly
NCA13	Crosland Moor	Huddersfield	Lockwood Youth Centre	N	IYSS Youth Club	Universa I	Υ	2.75	Weekly
NCA13	Crosland Moor	Huddersfield	Thornton Lodge CC	N	SLA Youth Club (Junior)	Universa I	N		

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NCA13	Crosland Moor	Huddersfield	Thornton Lodge CC	N	SLA Youth Club (Senior)	Universa I	N		
NCA13	Crosland Moor	Huddersfield	Thornton Lodge CC	N	Youth Club	Universa I	N	3	Weekly
NCA13	Crosland Moor	Huddersfield	Rashcliffe Muga	N	Play Session	Universa I	Υ	3	School holidays
NCA13	Crosland Moor	Huddersfield	Thornton Lodge CC	N	IYSS Youth Club	Universa I	Υ	3	School holidays
NCA13	Crosland Moor	Huddersfield	Walpole Outreach	N	Outreach	Universa I	Υ	3	Weekly
NCA13	Crosland Moor	Huddersfield	Dryclough Rec	N	Mobile Unit	Universa I	Υ	3	School holidays
all	N/A	Kirklees Wide	Woolley Edge Camp	N	Summer Play Camp (Junior)	Universa I	N		School holidays
all	N/A	Kirklees Wide	Worth Unlimited	N	SLA Youth Club (Senior)	Universa I	N		
all	N/A	Rural	one to one sessions	N	IYSS one ot one sessions	Targeted	Υ		as required
all	N/A	Rural	Residentials	N	IYSS Residentials	Universa I	Υ		as required
NCA09	Huddersfiel d Central & South	Rural	Communities United Project	N	SLA Youth Club (Junior)	Universa I			
NCA10	Golcar	Rural	Phoenix Youth Centre	N	Duke of Edinburgh's Award	Universa I	Υ	2	Term time
NCA10	Golcar	Rural	Phoenix Youth Centre	N	IYSS Youth Club	Universa I	Υ	2.5	Weekly

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NCA10	Golcar	Rural	Longfield Rec, Golcar	N	Friday Funday	Universa I	Υ	3	School holidays
NCA10	Golcar	Rural	Longfield Rec, Golcar	N	Multi Sports	Universa I	Υ	2.5	School holidays
NCA10	Golcar	Rural	Longfield Rec, Golcar	N	Play Activity Day	Universa I	Υ	3	School holidays
NCA10	Golcar	Rural	Mobile Unit	N	Golcar Mobile Unit	Universa I	Υ	2.5	Weekly
NCA13	Crosland Moor	Rural	Cowlersley UHCM	N	Multi Sports	Universa I	Υ	1	Weekly
NCA14	Valleys North	Rural	Honley Village Hall	N	IYSS Junior Youth Club	Universa I	Υ	2	Weekly
NCA14	Valleys North	Rural	Marsden Park	N	IYSS Youth Club	Universa I	Υ	2.5	Weekly
NCA14	Valleys North	Rural	Meltham Broadlands Rec	N	Multi Sports	Universa I	Υ	2.5	Weekly
NCA14	Valleys North	Rural	Marsden Park	N	Friday Funday	Universa I	Υ	3	School holidays
NCA14	Valleys North	Rural	Meltham Broadlands Rec	N	Play Activity Day	Universa I	Υ	3	School holidays
NCA14	Valleys North	Rural	National Trust, Marsden	N	Marsden detached BBQ	Universa I	Υ	3	School holidays
NCA14	Valleys North	Rural	People's Park, Honley	N	Honley detached BBQ	Universa I	Υ	3	School holidays
NCA14	Valleys North	Rural	Slaithwaite Spa	N	Friday Funday	Universa I	Υ	3	School holidays
NCA14	Valleys North	Rural	Slaithwaite Spa	N	Multi Sports	Universa I	Υ	2.5	School holidays

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NCA14	Valleys North	Rural	Slaithwaite Spa	N	Play Activity Day	Universa I	Υ	3	School holidays
NCA14	Valleys North	Rural	The Basement, Slaithwaite	N	Play Activity Day	Universa I	Υ	3	School holidays
NCA14	Valleys North	Rural	The Basement, Slaithwaite	N	Smarty Arty	Universa I	Υ	3	School holidays
NCA14	Valleys North	Rural	Slaithwaite CC	N	IYSS Junior Youth Club	Universa I	Υ	2	Weekly
NCA14	Valleys North	Rural	Slaithwaite Town Hall	N	IYSS Youth Club	Universa I	Υ	2.5	Weekly
NCA14	Valleys North	Rural	Slaithwaite Town Hall	N	Young Leaders	Universa I	Υ	1.5	Weekly
NCA14	Valleys North	Rural	The Basement, Slaithwaite	N	C & H Youth Forum	Universa I	Υ	3	Weekly
NCA14	Valleys North	Rural	The Basement, Slaithwaite	N	Girls Young Leaders	Universa I	Υ	2	Weekly
NCA14	Valleys North	Rural	The Basement, Slaithwaite		Targeted Play Session	Targeted	Y		10 week programm e
NCA15	Valleys South	Rural	Scissett Middle School	N	Multi Sports	Universa I	У	1.5	Weekly
NCA15	Valleys South	Rural	Emely Rec Ground	N	Multi Sports	Universa I	Υ	2	Weekly
NCA15	Valleys South	Rural	Flockton Green Working Men's Club	N	IYSS Junior Youth Club	Universa I	У	2	Weekly
NCA15	Valleys South	Rural	Grange Moor Church Hall	N	IYSS Youth Club	Universa I	Υ	2.3	Weekly

NCA15	Valleys South	Rural	Holmfirth High	N	Lunchtime Activities	Universa I	Υ		3 X Weekly Termly
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NCA15	Valleys South	Rural	Holmfirth High	N	Try Something New	Universa I	Υ		Weekly
NCA15	Valleys South	Rural	Holmfirth Sands Rec Ground	N	Multi Sports	Universa I	Υ	1	Weekly
NCA15	Valleys South	Rural	Savoy Youth & Comm Centre	N	IYSS Youth Club	Universa I	Υ	2.5	Weekly
NCA15	Valleys South	Rural	Holmfirth Sands Rec Ground	N	Friday Funday	Universa I	Υ	3	School holidays
NCA15	Valleys South	Rural	Holmfirth Sands Rec Ground	N	Play Activity Day	Universa I	У	3	School holidays
NCA15	Valleys South	Rural	Holmfirth Sands Rec Ground	N	Try Something New	Universa I	Υ	3	School holidays
NCA15	Valleys South	Rural	Kirkburton Middle School	N	Friday Funday	Universa I	Υ	3	School holidays
NCA15	Valleys South	Rural	Scissett Middle School	N	Friday Funday	Universa I	Υ	3	School holidays
NCA15	Valleys South	Rural	Scissett Middle School	N	Play Activity Day	Universa I	Υ	3	School holidays
NCA15	Valleys South	Rural	Holmfirth High School	N	Young Leaders	Universa I	Υ	1.75	Weekly
NCA15	Valleys South	Rural	Honley High	N	After School & Lunch time	Targeted	Υ		3 X Weekly Termly
NCA15	Valleys South	Rural	Skelmanthorpe	N	Targeted Play Session	Targeted	Υ	2	Termly