Joint Strategic Needs Assessment (JSNA) 2015
Targeted Services for Children and Families
Early Help, Children in Need and Child Protection

The JSNA considers a wide range of factors that affect the health and well-being of the people of Warrington.

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The Joint Strategic Needs Assessment (JSNA) considers a wide range of factors that affect the health and well-being of the people of Warrington. The objective of the JSNA is to involve partner organisations, such as the local NHS, Local Authorities, Police, Fire and third sector organisations in order to provide a top level, holistic view of current and future needs within the borough. The JSNA is used to agree key priorities to improve the health and well-being of all our communities at the same time as reducing health inequalities.

EXECUTIVE SUMMARY

Introduction

The 1989 Children Act and successive legislation has placed a duty on Local Authorities, the local NHS, Police and other partners to work together to safeguard all children and young people in the area from harm. The Local Authority (LA) has a statutory duty, under section 17 of the Children Act 1989, to safeguard and promote the welfare of children in need.

A ‘child in need’ is one who would suffer from poor health, well-being and development without the provision of services from the Local Authority and partners. Children who have complex needs, if assessed as a ‘child in need’ (section 17), receive support from children’s social work services. Some ‘children in need’ are assessed as being in need of protection due to the risk of suffering significant harm and are the subject of a child protection plan (this includes children at risk of sexual exploitation or children who go missing from home or care). Children who do not have the level of need for section 17 interventions by children’s social work services are supported through the Warrington Family Support Model (Warrington Borough Council, 2012a) which incorporates the Common Assessment Framework (CAF).

The Children Act 2004 required Local Authorities to establish Local Safeguarding Children Boards (LSCBs) to act as the key statutory mechanism for agreeing how agencies will cooperate to safeguard and promote the welfare of children. The LSCB’s function includes safeguarding children who have run away from home, children at risk of sexual exploitation and children living in private fostering arrangements.

The Warrington Early Help Strategy (Warrington Borough Council, 2014a) sets out the approach in Warrington, where early help and early intervention is provided by a range of partners and accessed by families through common pathways. The Common Assessment Framework (CAF) is the multi-agency tool for the assessment of needs of a child and his/her family. The Family Support Model (Warrington Borough Council, 2012a) provides all agencies with a set of common procedures and documentation to follow when they are supporting children, young people and families where statutory intervention is not required.
A major review of child protection services was completed in 2011 by Professor Eileen Munro (Munro, 2011a; 2011b; 2011c). The aim of the review was to move the “child protection system from being over-bureaucratized and concerned with compliance to one that keeps a focus on children, checking whether they are being effectively helped, and adapting when problems are identified” (Munro, 2011c, p8). As a result of Munro’s review of social work procedures, a number of recommendations were made to Local Authorities in order to improve services and outcomes for families. One of these recommendations was that Local Authorities and partners should work together to ensure a sufficient provision of local ‘early help’ services. ‘Early help’ in this context covers both “early years and early in the emergence of problems” (Munro, 2011c, p.36).

Munro’s concept of early help, to prevent the need for statutory support and intervention, is reliant on there being an effective and seamless ‘step up’ process between family support services and social work services, in order that ‘early help’ of a statutory nature can also be provided. This 'step up/step down' process will ensure that the right service is being provided at the right time by the right professionals.

The Allen Review of Early Intervention (Allen, 2011a; 2011b) also recommends that there should be a greater focus on early intervention for vulnerable children during the first few years of their life, when it will have the greatest benefit. Government initiatives such as Community Budgets, Local Integrated Services, and Troubled Families all promote a multi-disciplinary, single assessment approach within a ‘whole family' model of intervention.

The case for integrated services is repeatedly made by findings from published Serious Case Reviews where children have died or suffered significant injury. Common themes have been poor or lack of communication, leading to professionals working in their respective ‘silos’ and not being aware of the full circumstances of the child’s experience. Integrated services, particularly where services are co-located, promote and enhance multi-agency working, resulting in improved communication, single assessment and, overall, a more timely and effective service to children and families.

Two key documents underpin social work practice in Warrington – Working Together to Safeguard Children (Department for Children, Schools and Families, 2010, updated 2014) and the Framework for Children in Need and their Families (Department of Health, 2000) – These documents provide the framework for social work and partner agency practice in relation to child protection and set out ways of working which support children and Families to have a more integrated approach to assistance.

Overview of Children and Young People in Warrington - Demographics

Over the past 30 years the population has continued to rise rapidly in Warrington. Current population forecasts suggest the population will grow by 3 percent by 2026. The age and gender profile of the borough is similar to that of the UK as a whole and, in line with national trends.
According to Mid 2013 figures, the latest population in Warrington:

- is 205,109
- has increased by 1409, around 0.7 percent since 2011 stats
- has 48,826 children aged 0 to 19 years
- has 121,219 people aged 20 to 64 years
- is ranked 205th for growth in England and Wales, mid-04 to mid-09, out of 376 local authorities
- is ranked 5th for growth in the North West, mid-04 to mid-09, out of 43 local authorities.

The employment rate is higher than the national average of 70 percent at 76 percent and this suggests that Warrington is a relatively affluent borough. However, the unemployment benefit claimant rate at 3.7 percent is similar to that of the national average at 3.9 percent.

The Children and Young People’s Plan (CYPP) (Warrington Borough Council, 2014b) needs assessment found that there are generally lower rates of child poverty compared to the national average and better school attendance, educational outcomes and participation in exercise. Historically Warrington also has had lower than the national average of people aged between 18-24 claiming benefits or classed as NEET.

For every 100 children and young people in Warrington:

Demographics tell us that for every 100 children and young people in Warrington:
- 16 need extra help with learning
- 12 are eligible and claiming free school meals (in Warrington’s nursery and primary schools, Jan 2014)
- 15 are living in poverty (under 16 years) (HMRC)
- 2 are considered ‘children in need’
- 10 are from a black or minority group
- Less than 1 is registered disabled (0 to19 years)

**Migration**

Migration into Warrington has increased since 2004 levels, peaking in 2006. Consistently the inflow of migrants exceeds the outflow. However:

- Migrants into Warrington are more likely than North West average to register for a National Insurance Number.
- Migrant GP registrations were below North West and England averages, and declining.

A 2011 census indicated that in Warrington:
- 6% of the total population were born outside the UK – 1.5% from recent EU member states
- 3% of the Under 16 age group were born outside the UK – 1% from recent EU member states
- 5% of the 16-24 age group were born outside the UK – 2% in newer EU member states
- 10.5% of primary school children are from minority ethnic groups (including Polish, Pakistani and Indian)
- 5.8% (847) children for whom English is the second language.
- Over 72 different languages are spoken by pupils within Warrington Schools.

Our main non-British born communities are:

<table>
<thead>
<tr>
<th>Country of Birth</th>
<th>2011 Census (rounded)</th>
<th>% of All Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>190,720</td>
<td>94.31%</td>
</tr>
<tr>
<td>Poland</td>
<td>1760</td>
<td>0.87%</td>
</tr>
<tr>
<td>India</td>
<td>1150</td>
<td>0.57%</td>
</tr>
<tr>
<td>Ireland (Eire)</td>
<td>1090</td>
<td>0.54%</td>
</tr>
<tr>
<td>Germany</td>
<td>680</td>
<td>0.34%</td>
</tr>
<tr>
<td>Pakistan</td>
<td>490</td>
<td>0.24%</td>
</tr>
<tr>
<td>Philippines</td>
<td>380</td>
<td>0.19%</td>
</tr>
<tr>
<td>South Africa</td>
<td>380</td>
<td>0.19%</td>
</tr>
<tr>
<td>USA</td>
<td>280</td>
<td>0.14%</td>
</tr>
<tr>
<td>China</td>
<td>270</td>
<td>0.13%</td>
</tr>
</tbody>
</table>

The breakdown for Young People not born in the UK is:

<table>
<thead>
<tr>
<th>Country of Birth</th>
<th>No. (%) of All Aged under 16</th>
<th>No. (%) of All Aged 16-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>38,800 (97.0%)</td>
<td>22,000 (94.9%)</td>
</tr>
<tr>
<td>Europe (Non UK)</td>
<td>590 (1.5%)</td>
<td>690 (3.1%)</td>
</tr>
<tr>
<td>Newer EU member states (since 2001)</td>
<td>420 (1.1%)</td>
<td>480 (2.2%)</td>
</tr>
<tr>
<td>Middle East and Asia</td>
<td>310 (0.8%)</td>
<td>240 (1.1%)</td>
</tr>
<tr>
<td>Africa</td>
<td>100 (0.3%)</td>
<td>100 (0.5%)</td>
</tr>
<tr>
<td>The America's and Caribbean</td>
<td>90 (0.2%)</td>
<td>40 (0.2%)</td>
</tr>
<tr>
<td>Antarctica, Oceania, Other</td>
<td>60 (0.0%)</td>
<td>30 (0.1%)</td>
</tr>
</tbody>
</table>

Key Issues and Gaps

In Warrington, the predominant pathway for children and young people into early help services is through the children's services workforce, however there are growing numbers of referrals from adult services as a result of the Troubled families programme and closer working arrangements between children' and adults workforces. Early intervention services continue to develop taking a **whole family approach** and offer coordinated support to all members of the family, including parents/carers. As such, early intervention services need to ensure that they are able to work with the whole family and that they are able to adapt to a family’s needs.
to offer a bespoke service irrespective of where a family lives. Government initiatives for supporting ‘troubled families’ aim to ensure that a range of partner agencies, especially those who work with adults/parents/carers, can contribute to the wider ‘early help’ offer.

The focus on ‘early help’ and the whole family approach is driven by the requirement to integrate procedures and services where possible, to provide a seamless service for children and families.

There is a wider issue emerging about the capacity of partners, including those from across adult services, to deliver ‘complex families’ or ‘think family’ work as part of the wider early intervention offer. During 2015 investment from the Complex Families Programme will see an increase in the capacity to provide this type of intervention and the trial of a Family CAF to bring adult and children partners together under one plan using common assessment documentation. There will also be further investment in a common approach of the back office functions that underpin this work via a pan-Cheshire project known as Complex Dependencies funded by the Transformation Challenge Award (DCLG). Work is also needed to continue to consolidate joint working partnerships between Children’s Targeted Services Social Work Service and Adult Social Care.

A separate JSNA chapter considers Disabled Children and Young People. Disabled children and their families are supported by health providers, social workers and community based services. Issues for this cohort of children include ensuring a seamless service between health and social work services, particularly for those children with complex health needs who require continuing care. As young people approach adulthood, work is on-going to ensure the transition to adult service provision is planned effectively (work on improving transition is being developed by the Transition Strategic and Operational Groups). The implementation of the business case for an integrated service for children and young people with additional needs (ratified by the Health and Wellbeing Board in October 2014) will assist in ensuring that all young people with needs which are likely to continue into adulthood have a transition plan in development by age 14.

A range of universal and targeted short break services are available. The Breaks for Carers of Disabled Children Regulations 2011 formalises the requirements to provide short breaks and places an additional duty on Local Authorities to publish an annual Short Breaks Services Statement (Warrington Borough Council, 2014c). This Statement is published on the council’s website and provides disabled children and their families with information about the range of short breaks services available in Warrington. The Statement sets out how these services are meeting the needs of families in Warrington and describes the decision making and assessment processes for targeted support. The statement also highlights priorities for commissioning, based on the needs of disabled children and young people and their families. Key priorities for commissioning relate to increasing the range of group based activities available, to develop the ‘Family Based Care’ Scheme to enable more short breaks to be provided in a family environment, and to help families to recruit personal assistants and make the best use of their Direct Payments.
A significant development is the new Play and Sensory Centre which provides specific activities for disabled children, young people and their families. There is also a wide range of other activities available for disabled children through our ‘local offer’.

Key issues and gaps for ‘early help’ are monitored by a CYPP Early Help Sub group. These issues include increased reporting among young people of a rise in poor mental health and self harm, and the need to further evaluate the effectiveness of services that support children who are subject to neglect.

The Local Authority has a statutory duty to promote and safeguard the welfare of privately fostered children. A private fostering arrangement is essentially one that is privately made (i.e. without the involvement of a Local Authority) for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or close relative with the intention that it should last for 28 days or more. A highly publicised case was that of Victoria Climbie, who was living in a private fostering arrangement when she died through abuse and the fact that she was privately fostered was not identified by the involved agencies. This case highlighted the potential vulnerability of this group of children. Both locally and nationally there is an under reporting of private fostering arrangements and there is a clear gap in the numbers of private fostering arrangements which are known to the Local Authority. The Local Authority received 2 private fostering notifications between April 2013 and March 2014. The intention is to increase this number and maintain a higher notification rate in future years with partner agencies identifying these children as ‘children in need’ and referring them for statutory assessment and support.

Sexual exploitation can take many forms from the seemingly ‘consensual’ relationship, where sex is exchanged for attention/affection, accommodation or gifts, to serious organised crime and child trafficking. What marks out exploitation is an imbalance of power, increasing the dependence of the victim as the exploitative relationship develops (Department of Children, Schools and Families, 2009). Warrington Safeguarding Children Board established a dedicated CSE sub-group in November 2011. One of the aims of the group is to raise public and professional awareness about this form of abuse. Warrington has also made significant progress since its CSE Action Plan was developed in October 2011, but it is acknowledged that there is more progress to be made. It is acknowledged that current counselling and therapeutic services available to victims of child sexual exploitation is limited and will be assessed to ascertain if they meet the needs of this vulnerable group of children.

The council set up the Homelessness Commission in 2013/14 with aim of objectively leading a public debate focussed on homelessness in Warrington. The Homelessness Commission found that young people are over-represented in the homeless population in Warrington.

Legislation makes clear that Local Authority children services must accommodate 16 and 17 year olds who have been assessed as homeless and provide assistance and support to those at risk. In Warrington there are a number of different services for young people. Evidence was received to suggest that there was not enough provision to meet the varied needs of this age group. The Commission
recommended that in order to meet the needs of this demographic a pathway of services will need to be commissioned from prevention and mediation to accommodation and support for those with complex and multiple needs.

The Family Justice Law Review has resulted in major changes to social work practice in relation to care proceedings. The pre-proceedings protocol expects that all necessary assessments and work are undertaken with the family to effect change prior to a care application being made. Care proceedings now have a completion timescale of 26 weeks. These changes have led to a re-design of the social work teams as the structure, in terms of case progression, was no longer fit for purpose.

The redesign of social work is also to include the development of a multi-agency safeguarding hub (MASH) model of service delivery involving police, health and children’s social work services.

**Recommendations for Commissioning**

- Map of services that support factors leading to child neglect and a review of the effectiveness of interventions.
- To develop a broader range of Tier 2 emotional wellbeing / CAMHS support services that can be offered across Early Help services.
- Support for families where there is a child/young person with a diagnosis of ADHD.
- To focus on hidden harm, working alongside Children’s Services, and consider the best model to work with children and young people affected by adult substance (Warrington JSNA Substance Misuse chapter, 2014).
- Develop appropriate services (including therapeutic services) for children who are affected by domestic violence (either currently or in the past) and for young people who are perpetrators of domestic abuse themselves.
- Implement the business case (Health and Wellbeing Board October 2014) to establish a multi-agency, integrated service for children with disabilities that provides single assessment and a ‘one-stop shop’ approach to service delivery.
- Develop support and short break services for disabled children and their families as outlined in the Short Breaks Services Statement (Warrington Borough Council, 2014c).
- Implement a redesigned children’s social work service that provides continuity for the child/family.
- Explore, develop and implement a MASH service delivery model for vulnerable children and young people in need with partner agencies.
- Increase the notification rates of private fostering agencies by partner agencies across the borough through extensive communication and targeted advertising of the service in the borough.
- Commission a pathway of services for homeless young people with WBC Children and Young People's Services (CYPS); to include prevention services, mediation, accommodation-based services, support, pre-birth support for young pregnant women and move-on accommodation for under 18s.
- Continue to develop effective joint working between Adults Services, Children’s Services and partner agencies based on the ‘Whole Family’ approach. Families
with parents with learning difficulties or parents who misuse substances or alcohol should be specifically included in joint working arrangements.

- The need to develop specialised therapeutic intervention for victims of sexual exploitation.
- To increase specialised operational capacity for managing sexual exploitation and missing children within Families and Well Being Directorate.
- To develop an agreed multi agency process for ‘flagging’ children at risk and vulnerable to CSE within agency records.

1) WHO IS AT RISK AND WHY?

1.1) Prevention and Early Help: Across Warrington, a range of families and individuals may require early help or early intervention services. The very nature of early help services where professionals can support families to minimise the period of adverse experiences (Munro, 2011, p. 23) means that those at risk are similar to those at risk across other factors. The timeliness of the intervention in a child’s life, or as soon as problems arise, is key to delivering improved outcomes for children and young people.

The importance of working with whole families has been highlighted in government policy by the Department for Communities and Local Government and has been translated into the ‘troubled families’ initiative (DCSF, 2012). In Warrington, this initiative is referred to as ‘complex families’. 345 have been identified as Families affected by factors such as domestic abuse, family breakdown through divorce or separation, intergenerational worklessness, antisocial behaviour, poor mental health, substance misuse, overcrowding, ill health, smoking and debts are most at risk of poor outcomes.

1.2) Children in Need: The term ‘child in need’, as defined by the Children Act 1989 (s17), is applied to a child or young person whose general well-being is likely to suffer as a result of the circumstances they face without the assistance of the Local Authority (LA) and partners (DCSF, 2010). A child or young person could become a ‘child in need’ for a range of reasons, including:

- Severe disability – the child or young person may have a disability which places considerable stress on their family and consequently they will require support to care for them.
- Caring responsibilities – a parent or guardian may have a disability or illness which means the child or young person has to provide inappropriate levels of care for them.
- Abuse – they may be experiencing some form of abuse, such as emotional abuse, physical abuse or sexual abuse.
- Neglect – parents or guardians may be unable to provide adequate care for a child as a result of circumstances they face e.g. alcohol or substance abuse.
- Domestic abuse – they may live in a family where domestic abuse is taking place.
- Housing – some 16-17 year olds who are homeless are classed as children in need. A joint assessment is undertaken by children’s social work and housing to establish what support should be offered.
There are groups of children or young people who are at greater risk of experiencing some of the circumstances that would lead to them becoming a ‘child in need’. This includes the following groups:

- Children in families who are socially excluded through unemployment, financial hardship and social isolation. Children and young people from deprived backgrounds are at greater risk of experiencing poorer health, development and educational outcomes than their peers (Griggs and Walker, 2008).

- Children in families with parents who are experiencing a crisis (e.g. bereavement, family breakdown, financial difficulties), resulting in parents having reduced capacity to care for them.

- Children in families where poor mental health affects the parents’ ability to look after both themselves and their children. The poor mental health of a parent or carer alone is no reason to assume the child is suffering harm; a considerable proportion of adults will suffer from poor mental health at any time and will still be capable of caring for their child appropriately. However, where parents with more acute mental health disorders, or where a parent’s mental health has temporarily and significantly deteriorated, this may impact on their parenting skills.

- Children exposed to domestic abuse may suffer significant emotional and physical harm. Research indicates that in up to 90% of incidents of domestic violence, children are in the same or next room (Jaffe et al., 1990; McGee, 2000; Mullender, 2004).

- Children in families where drug or alcohol abuse is an issue and where this impacts on the capacity of the parents to meet the children’s basic needs. In addition, substance abuse in pregnant mothers can have adverse effects on the unborn child. Parent or carer substance abuse alone does not automatically mean that the child is suffering harm; the nature of drug or alcohol abuse and wider circumstances (such as mental health disorders, wider family support, etc.) will affect the parent’s ability to care for their children.

- Children or young people with a disability are considered in need and receive an assessment to determine whether they are eligible for support, based upon consideration of the severity of their needs and their wider family circumstances.

- Children of parents with learning disabilities may require support to provide adequate care (Social Care Institute for Excellence, 2005) if this manifests itself in poor decision making and lack of awareness around issues such as child safety, diet, hygiene and learning.

- Some adults have had negative childhood experiences which may impact on their parenting skills.

- Research suggests that children and young people from mixed and black ethnic backgrounds may be at greater risk of experiencing circumstances that can lead to them being assessed as ‘in need’. Research undertaken by the Department for Children, Schools and Families in 2009 identified these two groups being over represented in the Children in Need Census compared to the general population (Owen and Statham, 2009).

- Unaccompanied asylum seeking children and trafficked children.

- Privately fostered children.

- Children at risk of sexual exploitation. Any child or young person may be at risk of sexual exploitation, regardless of their family background or other circumstances. This includes boys and young men as well as girls and young women. However, children and young people who are particularly vulnerable are those who have a
history of running away or of going missing from home, those with special needs, those in and leaving residential and foster care, migrant children, unaccompanied asylum seeking children, children who have disengaged from education, children who are abusing drugs and alcohol, and those involved in gangs.

- Children and young people who go missing from home or care. Children go missing for a variety of reasons including arguments and conflicts within the home or care placement, poor family relationships, physical and emotional abuse, and issues around boundaries and control. Children who go missing are at risk of sexual exploitation, becoming a victim of abuse, becoming involved in criminal activity, abusing alcohol or substances, experiencing deteriorating mental and physical health and missing school.

2) THE LEVEL OF NEED IN THE POPULATION

2.1) Overview: Warrington has a total population of 205,109, with children and young people under 20 years accounting for 23.8% (48,826) of the total population (ONS Mid 2013 population estimates). Overall, it is estimated that there are 85,500 households in Warrington.

Table 1 outlines the population figures for under-20s. As compared to population trends both nationally and regionally, Warrington has a slightly higher proportion of young people aged 0 to 15 years (19.1% compared to 18.7% in the North West and England and Wales), although the proportion has fallen over recent years.

Table 1: Population Figures for Under-19s

<table>
<thead>
<tr>
<th>Age range (years) – inclusive</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 4</td>
<td>12,605</td>
</tr>
<tr>
<td>5 to 9</td>
<td>12,172</td>
</tr>
<tr>
<td>10 to 14</td>
<td>11,904</td>
</tr>
<tr>
<td>15 to 19</td>
<td>12,145</td>
</tr>
<tr>
<td>0 to 19 years</td>
<td>48,826</td>
</tr>
</tbody>
</table>

Data Source: ONS population estimates mid-2013, © Crown copyright reserved.

The total population across Warrington has increased by almost 6.35% between 2005 and 2013. The population of all 0-19s increased slightly (by 1.3%) between 2005 and 2011. This figure has since fallen slightly (by 0.15%) between 2011 and 2013. However, there are differences within age-bands: there was an increase of 11.5% amongst 0-4s from 2005 to 2011 and a further slight increase of (1.63%) to 2013 However from 2005 to 2011 there was a decrease of 4% amongst those aged 5 to 14 years, this has increased slightly (by 0.73%) up to 2013.

The population of children and young people in Warrington is projected to increase over time, although likely increases are estimated to be smaller than regional averages.

Statistics suggest that Warrington is a relatively affluent district; however, borough-wide figures hide pockets of poverty and deprivation. Map 1 illustrates the geographically delineated deprivation across the inner and outer wards. According
to the 2010 Index of Multiple Deprivation, Warrington has 20 Lower Super Output Areas (LSOAs) ranked within the 20% most deprived nationally, an increase from 18 LSOAs in 2007, the majority of which are located within the inner wards. Eleven of these LSOAs fall within the most deprived 10% nationally, the same as identified in 2007. There is more information available in the Deprivation Chapter of the JSNA.

Map 1: Indices of Deprivation 2010

Data Source: Department of Communities and Local Government 2010, © Crown copyright reserved.

2.2) Early Help Needs Analysis: The analysis of issues affecting local families and is summarised below.

2.2.1) Deprivation and Poverty: Child poverty indicator
The local child poverty proxy measure estimates the proportion of children living in families in receipt of out of work benefits where their reported income is less than 60 percent median income. The out of work benefits are Income Support, Jobseekers Allowance, Incapacity Benefit/Severe Disablement Allowance, Pension Credit and Employment Support Allowance. However, Warrington now also provides the Governments new Universal Credit for single individuals, under the age of 25, with no dependants. (See the Child Poverty chapter of the JSNA for more details).

The most recently published HMRC data (2012) suggests that Warrington has 14.5% of children living in low-income families in comparison with the England figure of 19.2% however; borough-wide figures hide pockets of poverty and deprivation across the inner and outer wards.
Eligibility for free school meals is another indicator of poverty. 3,771 children and young people in Warrington receive free school meals (School Census, Jan 2014) – this is 12.6% of all pupils.

In Warrington, gross weekly pay has increased over the past three years for residents from £492.4 in 2012 to £518.4 in 2014. The number of people claiming out of work benefits also provides an indication of poverty levels. In line with national and regional figures, numbers of unemployment and benefit claimants have fallen (please see the Unemployment and Worklessness Chapter of the JSNA).

2.2.2) Early Help: Support for children, young people and families is provided through a range of early help services depending on the level of need. In Warrington, early help services across a range of agencies including Children’s Centres, schools, Midwifery and Health Visiting Services, dedicated Family Outreach Teams, Complex Families and Targeted Youth Support Services are delivered via the Warrington Family Support Model (Warrington Borough Council, 2012a). During 2013/14, 238 CAF assessments were completed and a total of 542 individual children were supported by professionals as part of interventions through the 'family support model' in 2014. Some of these children would have a CAF assessment whereas others may have had a social work/alternative early help assessment and moved into family support for help at a non-statutory level. In total, 770 family support meetings were held through the year. The number of children supported through the Family Support Model, via CAF assessments, has risen over time, in line with falling Children in Need numbers.
Among the 238 children and young people with an early help CAF assessment in 2013/14, their ages ranged from unborn to 16 years. The largest proportion of children with a CAF assessment were in the 12-16 years age band, although the split across age ranges was relatively consistent.

Chart 3: Age profile of children with a CAF assessment

Children with an early help CAF assessment in 2013/14 were mainly from White British backgrounds, in line with population statistics. Approximately 5% of the children with a CAF assessment came from a black minority ethnic group. The ethnicity of 11% of children was unknown and is likely to account for the CAF assessments completed on unborn children where ethnicity and gender are unknown until birth.
The paragraphs below outline factors that affect children and young people in receipt of early help services. In addition, throughout the CAFs in 2013/14, it was found that the top 5 issues affecting children with a CAF assessment were:

- Mental and emotional health in the child or young person – 52%
- Mental and emotional health in the adult – 50.4%
- Domestic abuse – 37.6%
- Physical health and development in the child or young person – 37.6%
- Challenging boundaries – 37.6%.

2.2.3) Domestic Abuse: The Multi-Agency Risk Assessment Conference (MARAC) was introduced in Warrington in 2008. The MARAC invites key agencies to meet formally on a fortnightly basis to ensure measures are taken to reduce harm to high risk victims/survivors of domestic abuse aged 16 years and above on a case by case basis.

Key issues are highlighted by the Warrington MARAC Report (CAADA 2014) the Cheshire Police Domestic Abuse Data for Warrington 2013 – 2014 and the Homelessness Needs Assessment 2014:

- 234 Cases were reviewed of which 13 women were pregnant and 2 aged 16/17
- 32% were repeat cases compared to 24% nationally (5 were males)
- 253 Children were linked to the cases discussed by the MARAC. 113 of these children were aged nought – five
- 4.3% were from BME communities compared to the local population of 7%
- 1.3% identified themselves as LGBT which is in line with other Cheshire authorities
- 3.4% identified themselves as having a disability in line with national data
- 27% Domestic Abuse Incidents of repeat victimisation
- Alcohol was a significant contributory factor in 234 Domestic Abuse Incidents
- Drugs are a contributory factor in 49 Domestic Abuse Incidents
• Insufficient level of referrals to MARAC across the Partnership from agencies other than Police.
• 27% of people presenting as homeless in 2012/13 gave domestic abuse (or threat of domestic abuse) as the reason. This compares to the national average of 12% in 2012/13.

The CAF and Family Support Model Annual Report 2014 (Warrington Borough Council, 2014d) outlines the presenting needs and contributing factors as to why a CAF assessment may be completed and highlights the presence of domestic abuse within households in Warrington. Despite the fact that CAF assessment is a preventative measure, over 37% of the CAFs completed in this 12 month period detailed domestic abuse as a presenting issue within the family unit. There is further information available on domestic violence in the Domestic Violence Chapter of the JSNA.

2.2.4) Anti-Social Behaviour (ASB): Cheshire Constabulary reports that recorded incidents of anti-social behaviour have continued to fall. There were 9367 incidents in 2011-2012, 9133 incidents in 2012-2013 and 9012 incidents in 2013-2014. (Further information on the pattern of crime in Warrington is available in the Crime Chapter of the JSNA).

2.2.5) Young Offenders: From July 2013-June 2014, 41 first-time entrants into the Youth Justice System aged between 10 and 17 years received their first reprimand, warning or conviction. This translates as a rate of 210 per 100,000 aged 10-17 population, compared to the regional average of 414 and national of 426. There is further information available in the Youth Offending Chapter of the JSNA.

2.2.6) School Attainment and Achievement: Prior to 2013, the proportion of children achieving a good level of development was measured by the percentage of pupils achieving at least 78 points, from a total of 117 assessed, with a requirement to achieve at least 6 points in Communication, Language and Literacy Development (CLLD) and Personal, Social and Emotional Development (PSED).

On this measure, performance at the end of Early Years Foundation Stage was above national averages, except for 2012 when it was slightly below.

In September 2012, the summative measure of achievement at the end of Early Years Foundation Stage was replaced by a ‘best fit’ judgement of pupils’ achievement against a 3 point range for ‘emerging, expected or exceeding’. The new measure of a good level of development (GLD) was based on children achieving at least ‘expected’ in the 3 prime areas of communication and language (CL), physical (PE) and personal social and emotional development (PSED) as well as in the 2 specific areas of Literacy and Maths.

In 2013, outcomes were below the national average and most of our statistical neighbours. Provisional data shows that in 2014 Warrington is now back in line with National results at 60%, however in the implementation of the new measures, the Standards and Testing Agency (STA) highlighted their view that this data will not have statistical significance for at least 2 years, as the new process is embedded.
Chart 5: Good level of development for Warrington children

The above graph demonstrates for Warrington, 60% of children achieved a GLD. This is an increase of 15 percentage points compared with the 2013 figure of 45%.

Chart 6: Good level of development 2014 comparison

The above graph demonstrates that the GLD in Warrington is in line with the England average and only 1% below the Statistical Neighbour average.

At the end of Key Stage One, Warrington has consistently been above our Statistical Neighbour (SN), North West (NW) and England comparators for the past 10 years, this has remained the same in 2014.

Both Reading and Maths show strong results with over 81% of pupils reaching the expected levels by the end of Year 2, however an area that needs additional development is Writing. 70.3% of pupils reached the expected level and although
this is above the National average, it is 10 percentage points lower than in Reading or Maths.

Key Stage Two is a strength in Warrington with results for Reading, Writing and Maths being well above National. The progress that children make between the end of Year 2 and the end of Year 6 is good and again above National, NW and SN averages.

An area that still requires development is the attainment gap between pupils who are eligible for Free School Meals (FSM) and those that aren't. Although for the past couple of years this has been a smaller gap than the National, our gap has increased this year but we are still awaiting the National release for 2014 to know if this has been a trend seen across the country.

Government expectations are that pupils will be at Level 4 or above by the end of Year 6; within Warrington there is little variation between the three main subjects at this level, however looking at those pupils who achieved Level 5 or above, there is still a weakness within Writing.

In 2014 Writing was 10 percentage points below Maths, and 20 pp below Reading; however this is a trend seen nationally also.

Key Stage Four results in 2014 have shown a drop across all of the main indicators, however provisional National data shows that we are still above the National average.

Attainment at post-16 is strong, at both Level 2 and Level 3 Warrington performs better than NW, SN and England averages.

2.2.7) School Attendance: Warrington’s overall figures are strong for school attendance. In the 2013-2014 academic year (Autumn and Spring term), overall absence for primary and secondary was 4.2% (primary – 3.6%; secondary – 4.9%). This figure compares favourably to the England average of 4.4% (DfE, 2013-14). Persistent absence (pupils with less than 85% attendance) continues to be a key focus for the team and is the threshold for the team’s involvement with a pupil. Any pupil whose attendance falls below this figure, and where schools are not satisfied with the parent’s response, may be referred to the Attendance Team for consideration. From the beginning of the next academic year, 2015 to 2016, the government is reducing the persistent absence threshold from 15 per cent to 10 per cent. Currently persistently absent pupils are defined statistically according to the absent sessions threshold – currently 56 or more sessions of absence for the full academic year. This will change to 38 or more sessions. A total of 118 families were started on the fast track to prosecution process this academic year resulting in 17 prosecutions in the magistrate’s court. Fines during 2013/14 were much higher than last year with a total of £7890 having been collected compared with £3605 last year from 19 prosecutions.

2.2.8) Young People Not in Education, Employment and Training (NEET): 3.8% of young people aged 16-19 in Warrington were not in education, employment or training (NEET) in December 2014. This is lower than the North West average of
5.2% and also lower than the England average of 4.7%. However, in the six most
deprived wards, the percentage of NEET is higher than that of the Warrington average. Just under a third of those in the NEET cohort are young people from vulnerable groups, such as learners with learning difficulties, young offenders, care leavers, teenage parents and children in care. Further information is available in the NEET Chapter of the JSNA.

2.2.9) Learning Difficulties: The January 2014 School Census highlighted that there are 932 pupils in Warrington with a Statement of Special Educational Needs or Education, Health and Care Plan (EHCP). This is 3.1% of the total school population. In addition, 4,111 (13.7%) pupils are deemed to have special educational needs, but do not have a Statement. The CAF and Family Support Model Annual Report 2013-14 (Warrington Borough Council, 2014d) details that 11% of all children and young people with a CAF assessment in past year were recorded as having some form of learning disability at the time of assessment.

2.2.10) Disabled Children and Young People: At the end of January 2014, there were 985 children and young people in Warrington with Statements of Special Education Needs (SEN). Following on from the merger of Inclusion with the Children with Disabilities team, there are currently (January 2015), 190 cases open to Children and Families Practitioners within the Children with Disabilities Team. There are 79 cases open to Social Workers, 55 cases open to occupational therapists, 227 children receiving a short break and 144 receiving short breaks through Direct Payments. The JSNA Chapter on Disabled Children and Young People provides further information.

2.2.11) Parenting: In 2012 Warrington Borough Council’s parenting team were disestablished. Through this consultation period it was agreed for the Commissioning Unit to explore alternative methods of delivery for the parenting programmes through joint commissioning arrangements with partner agencies.

In response a pool of professionals from across a range of services were invited to be trained to deliver programmes. The majority of these workers are from the family outreach team, who coordinate and lead on a number of parenting programmes.

This programme of delivery commenced in January 2013. In the two year period to January 2015, 366 referrals have been received.

The ADHD Foundation was commissioned to provide three skill building programmes. Funding for the continuation of these programmes has ceased and this will create a noteworthy gap.

There are no parenting programmes available from Warrington Borough Council for parents with children aged 14 and over. This is another noteworthy service gap, as parenting support is in constant demand throughout the borough.

2.2.12) Housing, Homelessness and Home Conditions: As highlighted by the Housing Chapter of the JSNA, the quality and accessibility of housing can have an impact on an individual’s health and wellbeing. As a whole, the percentage of non-decent homes within Warrington is better than the national average. However, there is an association between non-decent homes and household income, with those on lower incomes being more likely to live in non-decent homes.
The majority of homes in Warrington are owner-occupied, with the social rented sector and the private rented sector making up 16% and 11% of all households, respectively. However, based on the number of those on waiting lists for housing, demand is higher than the supply of properties. Based on figures for 2013/14 two bedroom properties are in the highest demand but availability is limited.

Fuel poverty may also be an issue for families. Many different kinds of households can be at risk of fuel poverty. Nationally, fuel poverty has been increasing and affects 18.4% of all households (the Fuel Poverty JSNA Chapter provides further detail). The Warrington level is slightly lower but highlights that low income families and those experiencing high level of socio-economic deprivation may be at increased risk.

In 2013-14 Golden Gates Housing Trust evicted 5 families. During the same time period, 169 families and 125 young people presented to the Local Authority as homeless. (WBC Homelessness database).

Around a quarter (24%) of the families supported by the Family Outreach Service require on-going support for housing-related issues, including overcrowding and poor living conditions, such as damp, lack of floor coverings, and lack of soft furnishings (e.g. bedding).

The CAF and Family Support Model Annual Report 2013-14 (Warrington Borough Council, 2014d) shows that at the time of assessment, 11% of children and young people with a CAF were recorded as having housing or rent issues.

2.2.13) Parental and Child Mental Health: Based on data for the period April 2013 to March 2014, Warrington Child and Adolescent Mental Health Services (CAMHS) received 897 referrals to the service, averaging at approximately 75 referrals per month.’ The JSNA Chapter on Children’s Emotional Health and Wellbeing provides further information.

There are 98 adults with children under 18 receiving Mental Health services from Warrington Borough Council in 2013/14. This figure, however, is likely to be lower than the actual figure, as this tells only of the adults accessing the service who have disclosed having a child or young person in their care. Estimates suggest that approximately 1,700 residents in Warrington may have a severe and enduring mental illness in 2013/14. The JSNA Chapter on Mental Health provides further detail.

The CAF and Family Support Model Annual Report 2013 – 2104 (Warrington Borough Council, 2014d), details that 50% of all adults and 52% of all children/young people were identified as having some form of mental or emotional health need at the time of CAF completion.

2.2.14) Speech and language: In general, at any one time, there are around 1100 children and young people in Warrington receiving support for speech, language or communication needs (SLCN). Data on which to compare this figure with other areas is not readily available. Comparisons can be made with England averages for those children with statements of Special Educational Needs (SEN), where SLCN is
identified as the primary need, but it should be recognised that this is only a small proportion of all children who may require support for SLCN. In terms of children with an SEN approximately 15.3% are identified as having SLCN as their primary need. This compares to the average for England of 17.2%. (2010/11 data, Department of Education, 2011). The JSNA Chapter on Speech and Language Chapter provides further detail.

2.2.15) Smoking in Pregnancy and Breastfeeding: As highlighted in the JSNA Chapter on the Health of Children aged 0 to 5 years, Warrington has lower breastfeeding initiation rates than national figures although they are increasing. The 2013/14 breastfeeding initiation rate in Warrington was 67.1% compared to the England rate of 73.9%. The continuation of breastfeeding (at 6-8 weeks where babies are breastfed partially or totally) was 37.8% in Warrington in 2013/14 compared to the national average of 47.2% in 2012/13 (as no data was available at a national level for 2013/14).

Breastfeeding within Warrington is less prevalent in the more deprived areas of the borough. Breastfeeding initiation is low in the wards of Poplars and Hulme, Bewsey and Whitecross, Orford, Poulton North, Fairfield and Howley and parts of Latchford East.

The JSNA Chapter on Pregnancy identified that rates of smoking during pregnancy are relatively low in Warrington compared to the England average: 10.4% of women in the borough smoke whilst pregnant, compared with around 12% across in England. Smoking in pregnancy is more prevalent in more deprived areas of Warrington.

2.2.16) Substance Misuse: Warrington has seen large reductions in the rate of young people being admitted to hospital due to alcohol specific conditions. Warrington now has rates of hospital admissions that are very similar to England. However, within Warrington, hospital admission rates are higher in the more deprived areas of the town.

Substance misuse can affect both parents and children. Data from CRI Crime Reduction Initiatives (known locally in Warrington as ‘Pathways to Recovery’) who provide the drug and alcohol treatment provision show that for the period October 2013-September 2014 the following ‘living with children under 18’ information.

Table 2: Reason for presentation for drug and alcohol treatment provision

<table>
<thead>
<tr>
<th>Reason for presentation</th>
<th>Warrington %</th>
<th>Number</th>
<th>England %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opiate</td>
<td>28.3%</td>
<td>149/526</td>
<td>32.3%</td>
</tr>
<tr>
<td>Non opiate</td>
<td>21.1%</td>
<td>23/109</td>
<td>26.1%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>20.3%</td>
<td>122/600</td>
<td>26.6%</td>
</tr>
<tr>
<td>Alcohol and non-opiate</td>
<td>22.8%</td>
<td>18/79</td>
<td>26.1%</td>
</tr>
</tbody>
</table>

The above information is taken from the DOMES quarter 2 data and can show that in Warrington we have fewer parents presenting with alcohol than the figure showing
as the national average, and parents presenting with drug use is also lower than the national average.

Since the last JSNA, the criteria for young people’s specialist substance misuse service have changed and the service offers a specific psychosocial intervention or clinical offer if required. For the period up to March 2014, on average 77 young people a month were in receipt of a service around the misuse of alcohol, cannabis and other drugs, including Class A substances. There were no waiting times for this service (100% of all presentations had waited less than 3 weeks for first appointment) against a national average of 98%. This data is taken from the Public Health England Q2 Young People’s report.

Cheshire Police Domestic Abuse Data for Warrington 2013–2014 states that alcohol was a significant contributing factor in 234 domestic abuse incidents. The misuse of other substances was a contributory factor in 49 domestic abuse incidents.

Estimates suggest that there may be around 11,700 children in Warrington living with at least one binge drinker and just over 2,340 with a dependant drinker (CYP substance misuse JSNA chapter, 2014).

The CAF and Family Support Model Annual Report 2013/14 (Warrington Borough Council, 2014d) 2013-2014 highlights the presence of substance misuse within households in Warrington. 25% of the CAFs completed in this 12 month period detailed parental drug and alcohol misuse as presenting issues within the family unit.

The JSNA Chapter on Children and Young People Alcohol and Substance Misuse provides further detail.

2.2.17) Young Carers: The 2011 National Census identified 21,752 people aged between 0 – 24 providing unpaid care in Warrington. 167 young carers were registered with WIRED, the Adult and Children Carers Service Warrington that is commissioned by Warrington Borough Council. There is further information on young carers in the JSNA Chapter on Carers.

2.2.18) Teenage Parents and Sexual Health: Teenage parents and their children are at an increased risk of living in poverty, low educational attainment, poor housing and health, and have lower rates of economic activity later in life (Teenage conception JSNA, 2014).

Whilst long-term trends show a reduction in under-18 conception rates, within Warrington there is still work to do. Conception rates in the most deprived communities in Warrington are significantly higher than the rest of Warrington although the rate of conception in the most deprived wards is showing a small, but steady increase. Positively however, the number of conceptions during 2012 was the lowest seen in Warrington over the 15 years this indicator has been monitored (Teenage Conception JSNA, 2014).

There is considerable variation in rates within Warrington, with some wards experiencing rates which are more than twice the Warrington average (Teenage Conception JSNA, 2014).
In 2012, the under-18 conception rate for Warrington was 24.8 conceptions per 1,000 girls aged 15-17. This compares with a rate of 27.7 conceptions per 1,000 across England as a whole, and a rate of 31.6 per 1,000 for the North West (Teenage Conception JSNA, 2014).

Data for Warrington shows that the reduction in rates locally is similar to England and greater than regional averages. Measured using annual data (as was the previous National Indicator performance measure), there has been a 49% reduction in under-18 conception rates in Warrington over the period 1998-2012. This compares with a reduction of 37% for the North West, and 41% for England as a whole (Teenage Conception JSNA, 2014).

There has been very little change in the rate of conceptions to girls under the age of 16 within Warrington. Over the period 2001-2003, there were 66 conceptions, equating to a rate of 5.8 per 1,000 girls aged 13-15. This was lower than the England rate for the same period (8.0 per 1,000). The latest data available for under-16 conceptions is for the period 2010-2012. Over this three year period there were 75 under-16 conceptions across Warrington, giving a rate of 6.8 per 1,000. For England as a whole, over the same period, the rate was 6.1 per 1,000. This suggests that in Warrington there has been a small but not statistically significant increase against a national decrease in under 16 conceptions (Teenage Conception JSNA, 2014).

There has been an increase in the percentage of under-18 conceptions that lead to termination. Locally, during 1998, 38.5% of teenage conceptions resulted in a termination, whereas during 2012, this had increased to 53.3%. Across England as a whole, there have also been increases; approximately 42% of teenage conceptions ended in a termination during 1998 and the latest figures highlight that this has increased to 49% (Teenage Conception JSNA, 2014).

Young people are often disproportionately affected by Sexually Transmitted Infections (STIs); in Warrington the chlamydia diagnosis rate is five times higher in the 15 to 24 year age group when compared to all ages. The JSNA Chapter on Sexual Health provides more detail.

2.2.19) Childcare: The Childcare Sufficiency Assessment (CSA) Annual Report 2014 (Warrington Borough Council, 2014e) identified that there is sufficient childcare across the town for 0 - 5 year olds. Childcare in Warrington is provided by the private, voluntary and maintained sectors. This is made up of 27 schools with a nursery class, 1 maintained nursery school, 29 pre-schools, 50 private day nurseries and 236 childminders of which 21 deliver the free early years entitlement (FEYE).

94% of 3 and 4 year olds take up their free early-years education place at one of these settings. In December 2014, 92% of 2 year olds who were entitled to a free 15 hour nursery place took up that nursery place.

As at January 2015, 88% of all childcare on non-domestic premises received a good/better at the latest Ofsted inspection and 88% of all childminders in Warrington have received good/better at their latest Ofsted.
In 2014, 60% of children in Warrington achieved a Good Level of Development (GLD) in the Early Years Foundation Stage Profile, which is in line with the England average.

2.3) Children in Need Analysis:

At the end of March 2014, there were 601 children or young people that were considered ‘children in need’ and were being supported by children’s social work services under section 17 (s17).

Chart 7: Number of Children in Need Cases

![Number of Children in Need (S17)](chart)

Source: Warrington Borough Council CareFirst 6

2.3.1) Age Profile of Children in Need: The number of children and young people in need is highest in the age range 1-5 years. The experience of social workers suggests this may be related to the stages of development during childhood; in particular, children may exhibit more challenging behaviour during early childhood when parents are also developing their parenting skills. Of 601 children in need at 31 March 2014, 229 were aged 0–5 years (including unborn children), 162 aged 6–10 years, 132 aged 11–15 years and 78 aged 16+ years.
2.3.2) Children in Need, by Area of Residence: Almost 60% of Warrington’s children in need live in six wards: Bewsey and Whitecross, Poplars and Hulme, Fairfield and Howley, Poulton North, Latchford East and Orford. Taking into account the overall population aged 0-17, the wards with the highest rates per 10,000 are illustrated in Table 2.

Table 3: Wards with the Highest Rates of Children in Need

<table>
<thead>
<tr>
<th>Ward</th>
<th>0-17 population</th>
<th>Section 17</th>
<th>Rate per 10,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poulton North</td>
<td>2230</td>
<td>67</td>
<td>300.4</td>
</tr>
<tr>
<td>Orford</td>
<td>2579</td>
<td>74</td>
<td>286.9</td>
</tr>
<tr>
<td>Bewsey and Whitecross</td>
<td>3159</td>
<td>82</td>
<td>259.6</td>
</tr>
<tr>
<td>Latchford East</td>
<td>1967</td>
<td>41</td>
<td>208.4</td>
</tr>
<tr>
<td>Fairfield and Howley</td>
<td>2696</td>
<td>54</td>
<td>200.3</td>
</tr>
<tr>
<td>Poplars and Hulme</td>
<td>2726</td>
<td>52</td>
<td>190.8</td>
</tr>
<tr>
<td>Warrington</td>
<td>44299</td>
<td>601</td>
<td>135.7</td>
</tr>
</tbody>
</table>

These wards are the most deprived wards in Warrington (see Map 1).

2.3.3) Children in Need by Ethnic Group: The vast majority of children in need in Warrington are from white backgrounds. Based on data as at 31st March 2014; of the 601 Children in Need, 519 (86.4%) were from ‘White British’ backgrounds. Ethnic origin was not available for almost 6% of children, and the remaining were from BME groups (which include ‘Other White backgrounds’). In terms of ethnicity, Warrington’s population is less mixed than the North West and England. At the time of the 2011 Census 4.2% of Warrington’s population were non-White, compared with 17.1% for England.
2.3.4) **Disabled Children in Need:** At the end of March 2014, 95 of the 601 Children in Need had a CIN classification of disability. The JSNA Chapter on Disabled Children and Young People provides further detail.

2.3.5) **Children in Need, by Primary Need Category:** Children may be classed as in need for a range of different reasons. Chart 2 illustrates the range of circumstances resulting in support being provided by social work services.

**Chart 9: Children in Need, by Primary Need Code**

![Chart 9: Children in Need, by Primary Need Code](chart)

**Data Source:** WBC CareFirst data at 31 March 2014

At March 2014, the most common primary reasons for a child being in need were:

- **Abuse or neglect** – A child or young person is considered at risk of abuse or neglect but does not meet the threshold for a child protection investigation.

- **Family dysfunction** – A child or young person’s parents or carers are not able to care for them adequately without continued support from social work support services.
• Family in acute distress – A child or young person’s family is experiencing a crisis which results in parents not being able to care for them adequately without help from support services.

• Child’s disability or illness – A child or young person’s health requires support from children’s social work services.

These four primary needs were by far the most common, with abuse and neglect and family dysfunction accounting for over 80% of all cases that were open on 31 March 2014. Children in need and their families often have multiple issues with which they require support. The primary need only indicates the main reason for which they were referred to Children’s Services. Therefore, this data is likely to only present a partial picture of the need amongst this cohort in Warrington.

2.4) Child Protection Analysis: Over the past 5 years, there has been an increase in the numbers of children and young people subject to child protection plans in Warrington. This is reflective of the national picture and a key factor resulting in the increase has been the change in social work practice referred to as the “Baby Peter effect”. Peter Connolly died in 2008 from injuries due to physical abuse and social work practice is now more proactive in taking action, whether through instigating child protection investigations and the imposition of child protection plans or through making applications to the court for removal of children, in order to safeguard vulnerable children. Since ‘Baby P’ there have been several high profile cases that have impacted on practice.

Chart 10: Trend in the Number of Children Subject to a Child Protection Plan, in Warrington, 2011-14

Data Source: CIN Census
On 31 March 2014, 170 children and young people were subject to a child protection plan.

Chart 11: Rate of children subject to a Child Protection Plan, on 31st March 2011 – 2014.

Data Source: CIN Census (Ofsted Social Care Data Tool)

Chart 12: Percentage of Children Subject to a Child Protection Plan with Category of Abuse, in Warrington

Data Source: Warrington Borough Council: CareFirst System, March 2014
Neglect and physical abuse have the highest % in terms of category of abuse.

2.4.1) Children Subject to a Child Protection Plan, by Age, March 2014: The highest proportion of children becoming subject to a child protection plan are of preschool age, with a relatively high number of unborn children. In the age range 0-4 years, including the unborn children, there were 52 children, compared with 111 in the wider age range of 5–15 years and 7 young people aged 16+ years, with child protection plans.

Chart 13: Children Subject to a Child Protection Plan, by Category of Abuse and Gender

Data Source: Warrington Borough Council: CareFirst System, March 2014

In terms of gender and category of abuse, at March 2014 there was a higher percentage of boys subject to a child protection plan (52%) than girls (48%). A slightly higher number of boys had plans due to emotional harm, neglect and physical abuse than girls. However, a slightly lower number of boys had plans due to sexual harm than girls.

The vast majority of children on child protection plans (85%) as at March 2014 were of white British origin.

Over 60% of local children subject to a child protection plan live in four wards – Fairfield and Howley (25.3%), Bewsey and Whitecross (15.9%), Latchford East (11.2%) and Orford (10.6%) some of the most deprived wards in Warrington (based on the Indices of Deprivation, 2010).
The national figures show that over this period the rate of applications increased from 5.9 in 2008-09 to 9.7 in 2012-13, a rise of 64%, but that it has dropped to 9.2 in 2013-14. This is lower than 2012-13 levels but is still higher than 2011-12. As mentioned before, the increase has been partly due to the “Baby Peter effect”, but has also been affected by an emphasis on intervening early in a child’s life to prevent harm or further harm and to ensure their life chances improve. Warrington has also shown a steady rise in the rate of applications although this has dropped off slightly in 2013-14.

The average length of care proceedings for Warrington is now 47 weeks (2011-14) in-line with the 48 - week England average. This shows an improvement in Warrington since the 2009-12 average length of 54 weeks. The implementation of the Family Justice Law Review has imposed a 26 week timescale on courts to conclude care proceedings. This has resulted in less delay and children having the opportunity to achieve permanence much sooner. This has impacted on social workers as there is an increased expectation for assessments to be completed more quickly, including assessments from adult focused services.

2.4.2) Children Who Are At Risk of Sexual Exploitation (CSE): Sexual exploitation of children is child abuse and is completely unacceptable; the only effective way to tackle sexual exploitation of children is via effective multi-agency and partnership working. Sexual exploitation can have serious long term impact on every aspect of the child’s life, health and education. It also damages the lives of families and carers and can lead to family break ups.

There is a Pan Cheshire Strategic group responsible for Child Sexual Exploitation, Missing from Home/ Care and Human Trafficking, which has developed a Pan-Cheshire CSE Strategy. There is a robust Missing from Home protocol and a clear
Child Sexual Exploitation (CSE) policy developed along with our Pan-Cheshire colleagues. A Pan-Cheshire CSE Risk Assessment tool is used by frontline practitioners and has been adopted by all partners of the four Local Safeguarding Children Boards. There is further information available on the Pan Cheshire approach to child sexual exploitation in the Child Sexual Exploitation of the JSNA.

In Warrington during 2013-14 there have been 193 child related items on the agenda of the Missing Child Sexual Exploitation Trafficking Operational Group for discussion which involved 61 individual children, a 43% increase on the previous year. Of the 61 children 42 (69%) were in relation to CSE and 19 (31%) were in relation to Missing. There is further information available on child sexual exploitation in the Child Sexual Exploitation of the JSNA.

2.4.3) Reasons for Child Protection Conferences: Children may become subject to protection plans due to parenting issues. Parents may face temporary circumstances that impact on their ability to parent effectively. It should be noted that multiple issues may be cited in individual cases.

Where recorded by CareFirst, the key reasons provided for the convening of a child protection conference for those open on March 2014 were:

- Failure to meet/prioritise the child’s needs (23.4%)
- Domestic violence (17.5%)
- Investigation of physical abuse (11.5%)
- Investigation of neglect (7%)
- Mental health (6.3%)
- Failure to protect (6.3%)
- Failure to meet emotional needs (5.6%)

3) CURRENT SERVICES IN RELATION TO NEED

3.1) Early Help:

Warrington’s Family Support Model (Warrington Borough Council, 2012a) is widely used across Warrington as the framework for supporting vulnerable families to access early help assessments and services to meet their needs. A variety of services across Warrington provide early intervention services to families and individuals under this framework. Many of these early help services are delivered as part of the universal offer from healthcare providers and schools. In addition, private, voluntary and independent (PVI) services may offer a range of more targeted services to support families experiencing domestic abuse, substance misuse, bereavement or other family problems.

The Common Assessment Framework (CAF) and Development Team monitors the engagement in the Family Support Model (Warrington Borough Council, 2012a) across the council and its partners. It also gives advice and information to all professionals regarding how and when to complete a CAF assessment and how to be a lead professional, which is complemented by regular training courses. The team is the main way that partners are supported to provide ‘early help’ services and it runs a telephone and email helpline. The team ensures that professionals know who else is working with a child/young person, to avoid duplication, and works to
ensure procedures are in place for effective information sharing. The team also holds a central record of all CAFs and family support plans, both of which give a good indication of coordinated ‘early help’ services provided to children, young people and families through the Family Support Model (Warrington Borough Council, 2012a). On average, 550 families per year are receiving early intervention services through an assessment and or bespoke family support plan.

In addition to these services, Warrington Borough Council offers a range of support along a child’s journey prior to the need for social work intervention. These services are predominantly led by the Local Authority Early Help Division and include services which support children early in their lives and services which support families showing early signs of problems.

3.1.1) Support in the Early Years: Warrington Borough Council runs 6 Children’s Centres with 3 linked sites across Warrington, all of which are located in the most deprived areas of the borough. Children’s Centres aim to work with 0-5 year olds and their families to offer integrated services around health, early education and community engagement, including parental involvement and initiatives which support parents into work, adult education, financial advice and information. Centre staff are trained in and operate safeguarding procedures and can identify early signs that families with young children may be struggling and that a child’s development and long term outcomes are likely to be restricted. Centres operate a system whereby vulnerable families are actively targeted for support and participation in centre services. Where families are not accessing centres, they may be offered home visits and vulnerable families are supported into Children’s Centre services by support workers. This ‘early help’ offer for 0-5s thereby supports families by work through difficulties from an early age, and helps to maintain positive early years development and stability in most families. Where problems are more entrenched, Children’s Centre support workers will refer those in need of extra support through to social work or family outreach teams. Approximately 5,250 families access Children’s Centre services each year.

Furthermore, Warrington Borough Council manages the allocation of funding to nurseries for 2 year olds. 2 year olds who are in care and/or who live in low-income households are eligible for free, funded nursery places, as are all 3 and 4 year olds. Currently, 98.7% of all 3 and 4 year olds are accessing their free places. The Information and Childcare Team administers this funding and works with childcare providers to improve quality standards. The team supports professionals to identify safeguarding concerns, recommends the completion of CAF assessments for the most vulnerable 2 year olds, and ensures that all early years settings are working towards the government’s standards for the Early Years Foundation Stage. In addition, an outreach worker will offer one-to-one support to families accessing the funding for 2 year olds and will support identified key workers across nursery settings to develop key skills in supporting vulnerable 2 year olds. Again, this ‘early help’ offer to families ensures that young children are supported at an early age to achieve their potential and access high quality early learning opportunities. There is also improved identification of issues early on, allowing services to offset the escalation of problems.
3.1.2) Support Early in the Emergence of Problems: In addition to the age specific support outlined above, many of the Early Help Division’s teams work to address early signs of difficulty. The Families Information Service (FIS) is available to all families and professionals as a source of advice, information and guidance. Families and professionals may contact the service for a range of information, such as childcare, debt advice, activities on offer and support for disabled children. Through it is telephone and internet support, the FIS aims to offer information, advice and guidance at the earliest opportunity to offset future difficulties.

Family support teams also work with families at early signs of difficulty and/or to prevent problems from escalating. The Family Outreach Team has approximately 14 FTE family outreach workers, each with a range of skills, who are able to work with families and children of all ages. They can use parenting strategies and other approaches to assess the needs of a family and then coordinate a tailored package of support from a wide range of agencies. The aim of this support package is to empower the family to address its own issues and build long term capacity and resilience to avoid the need for social work intervention. Family outreach workers will become involved following a referral to the service and will support all members of family showing early or embedded signs of difficulty. Where necessary, they will refer to social work teams and may work jointly with social workers to ensure a smooth transition up/down the levels of need. The service receives approximately 300 referrals per year and carries a caseload of approximately 130 families at any one time.

For young people aged 13-19 years, youth work teams can offer support at the first signs of problems. They can work with the young person or with his/her family on a one-to-one basis or with groups of young people to prevent the escalation of need. Where appropriate, specialist substance misuse workers will become involved in the support package. Specialist referral groups are provided for young people subject to CSE, young parents or those identified as having poor emotional wellbeing. The service also support and promotes minority groups such as LGBT and Eastern European young people who may be facing problems with integration. Again, workers will assess and plan support for the young person in order to prevent issues from escalating. Where statutory social work or youth justice intervention is needed, youth workers will work jointly with other services to ensure the needs of the young person are met. The Youth Service targets support to the 20% most vulnerable young people in Warrington per year.

The Division also supports parents/carers (19+) to gain the skills to return to work, employment or training, as the teams recognise the importance of these concepts in creating stability for families. At the first signs of difficulty (e.g. debts) or the first signs of wanting to progress into work, the Brighter Futures employability and volunteering team can support parents/carers to review their benefits, access training and explore options for volunteering/mentoring. Through providing this ‘early help’ and moving families into employment, education or training, the team aims to create stability and move the family out of poverty and its associated difficulties. As part of this team, the Learning Champion received 91 referrals between May 2011 and February 2012 and the Employment and Training Consultants are expected to work with approximately 100 families per year.
Finally, the Division coordinates the Troubled Families Programme known locally as the Complex Families project. This programme brings together a virtual team of professionals from across a wide range of partner agencies to support whole family working. The programme works to create a cultural change across all agencies to ensure adult and children’s services are working closely to develop and implement whole family assessments and care plans. Phase one of the programme has seen the turn-around of 77% of the 345 families supported through the virtual team arrangements as at January 2015.

3.1.3) Other key partners: All services across Warrington form part of the Borough’s early help offer and regularly complete CAF assessments and/or act as lead professionals for children and their families. Throughout 2013/14, the following other key partners contributed to early help as part of the CAF process.

- Health services such as health visitors, school nurses, specialists at the Child Development Centre and hospital staff such as midwives and ward sisters initiated over 15% of all CAF assessments;
- Inclusion services who support disabled children and their families completed 13% of all CAF assessments;
- Schools, including primary, secondary and special schools completed nearly half of all CAF assessments; and
- Warrington Women’s Aid, supporting women and their children fleeing from domestic abuse, completed 3% of all early help CAF assessments.

Chart 15: CAF assessments by agency 2013-14

In addition to multi-agency engagement in completing CAF assessments, an even wider range of services requested background searches and attended Early Help training courses, demonstrating that services such as Police, nurseries, voluntary sector services and adult services take an active role in Warrington’s early help offer.
3.1.4) Children in Need: All agencies have a duty to support the Council in safeguarding children and young people. As part of this, any professional or individual who comes into contact with a child can refer any concerns regarding their safety to Children and Young People’s Services.

The Children and Young People’s Services Directorate within Warrington Borough Council provides a social work service to children in need. Although social work is the lead agency, the needs of these children cannot be met by one agency alone and a multi-agency support package is provided specific to the needs of the child and his/her family. The social work teams are set out below:

- The **Duty and Assessment Team** deals with all the new referrals into children’s social work teams and offers advice and support to partner agencies in relation to referrals. Initial assessments are completed within this team to assess whether the child is a ‘child in need’. Cases which need on-going support are passed to one of the Child in Need Teams.

- **Child in Need Teams** - the focus of the work within the three Child in Need Teams is to provide support to children in need and their families, often at times of crisis, where there is risk of family breakdown. Core assessments are undertaken and multi-agency support packages are developed and implemented. These teams support privately fostered children. All privately fostered children and young people have an identified social worker who monitors the private fostering arrangements through regular visits and contacts with the child or young person, including seeing them alone and discussing their care with the private foster carer(s). Social workers produce reports and make recommendations on the suitability of each private fostering arrangement.

- The **Children with Disabilities Team** provides the social work support to families where children have complex needs linked to their disability. The team aims to work collaboratively with partner agencies to ensure a consistent effective service is delivered for children with disabilities and their families.

Other key partners include:

- **Health services** include the specific roles of Designated Doctor and Designated Nurse who provide professionals with safeguarding advice and ensure that commissioned services fulfil their safeguarding duties. The Named Nurse also provides professional advice but has a key role in promoting good professional practice by health professionals. Health visitors and school nurses are crucially important in protecting children. Health visitors, through their preventative work, are frequently the first to recognise children who are being, or are likely to be, abused or neglected and when action needs to be taken. Similarly, school nurses have regular contact with children aged 5 – 16 and can build up trusting relationships with children. School nurses are often the recipient of confidences which can lead to safeguarding intervention or early help being offered.

- **Schools** have a designated safeguarding lead that provides advice to colleagues, contacts the social work teams to consult on children that are a cause for concern and makes referrals where abuse is suspected.
• **Cheshire Constabulary** has a dedicated Public Protection Unit that undertakes joint child protection investigations with social workers and, where necessary, takes legal steps to protect children and prosecute those responsible for abuse.

The training officer within Warrington Safeguarding Children Board’s core team ensures the provision of safeguarding training for partner agencies across the borough so that professionals are able to identify the signs of abuse and neglect and know how to respond.

**3.1.5) Child Protection:** The Local Authority provides a social work service to children in need of protection. Although social work is the lead agency, the child protection plan cannot solely be implemented by or be the responsibility of one agency. The decision to place a child on a child protection plan is multi-agency and the monitoring of the welfare of the child and the work to be undertaken to reduce the risk and safeguard the child is the responsibility of the multi-agency core group. The key agencies involved in core groups are health (primarily health visitors and school nurses); schools (the designated child protection lead); probation; substance misuse services; early years (children’s centres and nurseries); and housing.

If a child becomes the subject of a child protection plan, the case then transfers to one of the three Child in Need social work teams or to the Children with Disabilities Team. These teams will work with the family and partner agencies to reduce the risk to a level where a child protection plan is no longer necessary. If this is not possible these teams would instigate care proceedings to ensure the child is safeguarded. Independent Reviewing Officers chair the child protection conferences and ensure that child protection plans are being implemented and that progress is made in reducing risk and improving the child’s experience.

In line with the ‘no delay’ principle, parental assessments must now be undertaken in respect of substance misuse, mental health and parenting capacity whilst children are subject to child protection plans. Previously some of these assessments would be court directed once care proceedings had been issued but the emphasis now is that the local authority submits to the court evidence for the making of a care order when an application is made. A significant number of assessments will need to be commissioned from adult facing services.

**3.1.6) Children who are at Risk of Sexual Exploitation:** Children at risk of going missing from home and child sexual exploitation are a priority group of children for WSCB the Board. The Board takes responsibility for delivering strong effective infrastructures, compliant with national guidance, to keep children and young people at risk of sexual exploitation and missing from home and care safe through the work of the Missing, Child Sexual Exploitation and Trafficking Subgroup. The Board has scrutinised quality of services, considered outcomes from serious case reviews applying lessons learnt locally and monitored the impact of the partners through quarterly reports to the Board.

The Board requests that robust and coherent analysis of all national research, inquiries and reports in relation to CSE including an analysis of Warrington’s position are presented to the full Board. This ensures effective scrutiny, full partnership
ownership, a considered but quick response to any issues, recommendations or new learning and effective implementation by partners across Warrington of any changes or improvements needed with speed and coherence.

As part of the WSCB strategy to prevent sexual exploitation in Warrington the local authority has commissioned, an independent organisation, Catch 22, to provide a full-time Missing Co-ordinator and a full-time Child Sexual Exploitation Co-ordinator to offer direct work to both victims and children at risk. Both Co-ordinators work closely with Cheshire Police, social workers, care providers and the Operational Group.

4) PROJECTED SERVICE USE AND OUTCOMES IN 3-5 YEARS AND 5-10 YEARS

4.1) Early Help:

Within the next 3-5 years, it is anticipated that:

- The number of vulnerable 2 year olds accessing high quality early learning free education places will increase.
- The number of children registered and accessing Children’s Centre services will increase.
- The number of children, young people and families receiving family support services will increase.
- The range of partner agencies that are able to identify, work with and support ‘troubled/complex families’ will increase.

Ensuring that families have access to early help services, and increasing the number of families accessing these services, will assist in narrowing the gap between outcomes for the poorest families (both children, young people and adults) and the most affluent families in the borough. These improved outcomes are likely to lead to improved indicators across Warrington’s LSOAs.

In the medium term, within the next 5-10 years, it is anticipated that:

- The learning from ‘troubled/complex families’ will have transformed the way services are delivered to families.
- The number of parents/carers accessing support for their own needs (e.g. health, parenting, worklessness) will increase.
- More services, including those who work mainly with adults, will develop co-ordinated packages of support to the most complex families.
- Other early help services will continue to increase the number of families supported, thereby improving outcomes for some of Warrington’s most complex families.
4.2) Children in Need: A number of factors would indicate that there is likely to be a rise in the number of children in need over the coming years.

Based on the 2012 ONS Sub National Projections, the number of children and young people aged 0-14 is due to increase by 9.9% - by 2027 (from a 2012 base), whilst the population of children aged 15-19 is projected to increase by 2.4% over the same period. Based on the 2012 ONS Sub National Projections, the number of children and young people aged 0-14 is due to increase by 9.9% - by 2027 (from a 2012 base), whilst the population of children aged 15-19 is projected to increase by 2.4% over the same period. Currently, approximately 1.4% of the resident population aged 0 to 14 years are children in need, this compares with 0.7% of those aged 16 to 19 years. Thus, if current age specific patterns in the rates of children in need continue, there are likely to be slightly more children living in difficult circumstances or with additional needs by 2022, comprised of an increase amongst younger age bands. It should be noted that this analysis does not factor in any potential changes due to other external factors such as recession.

Coverage of social care issues in the media, such as the Baby Peter case, and raising public awareness has the effect of significantly increasing the number of referrals and commensurate number of children and young people in the child protection system. If there are other high profile cases covered to such an extent by the national media, it would be expected that the number of child protection cases and care applications might increase as a result.

The prevailing recession may cause a greater number of families to experience financial strain, resulting in increased family stress and potentially leading to a greater risk of abuse or neglect. As younger children are most at risk of abuse, this could also result in a higher number of child protection plans. However, the potential increase in demand on children in need and child protection services may be offset by embedding a wider ‘early help’ offer, which would result in fewer families requiring statutory intervention.

Nationally, numbers of children with severe disabilities and complex needs have been increasing, with higher survival rates of babies and children with congenital anomalies, trauma or illness; a trend towards more high-risk pregnancies; and also more rigorous diagnosis. This may result in an increase in the prevalence of disability within the population, leading to higher numbers of children with disability.

In the next 3-5 years, it is anticipated that:

- The number of children receiving ‘early help’ will have increased, but, due to the economic climate, the number of children receiving statutory support and intervention will not decrease and may increase.

- In the event that integrated services are established, a more timely and coordinated approach by professionals is likely to lead to improved outcomes for children and young people in respect of safeguarding, health and education.

- The number of private fostering notifications to social work will have doubled.
- With regard to child sexual exploitation, it is expected that awareness-raising amongst professionals will result in an increase in referrals to police and social work service in the medium term. However, the planned work targeted at both missing children and those at risk of sexual exploitation should result in reductions in the incidence in the longer term.

- The economic climate has resulted in higher unemployment, which, coupled with the welfare reform, will increase stress within some families, requiring support from social work services and partners to assist them.

**5) EVIDENCE OF WHAT WORKS**

The Munro Review of Child Protection (2010) identified multi-professional teams as one example of best practice. Integrated teams, either at the ‘early help’ preventative stage or at statutory level, are regarded as a delivery model that ensures a coordinated approach to meeting need and increases the potential for achieving positive outcomes for children, young people and families. Examples of integrated models are Hackney (Cross, Hubbard and Munro, 2010) and Trafford.

5.1) Early Help: Current early intervention services that are available across Warrington appear to be successful. The number of children registered and accessing Children’s Centre services is increasing, the number of children accessing their free early years entitlement is high and the number of young people in contact with youth services is increasing. Furthermore, Warrington’s Family Intervention Project was mainstreamed due to its successes with complex families, and the Family Outreach Team is growing to incorporate both low and high level needs, worklessness, training and volunteering opportunities. Youth Workers are now utilised to offer targeted and preventative support to young people not just positive activities. The Early Help Division also has the lead for ‘troubled/complex families’ and, in line with government guidance, will identify and support families to overcome barriers and bring about sustained change.

Warrington’s Family Support Model (Warrington Borough Council, 2012a), which provides all practitioners with a framework to coordinate support to vulnerable families, has been well embedded by partners and is widely used across the town. It has been highlighted locally, regionally and nationally as an area of good practice and has formed the foundation for continued developments as part of further integrated working and whole family arrangements through Warrington’s approach to ‘troubled/complex families’. Results based on the progress of families supported through the Family Support Model, demonstrate that this early help system works with over 80% of all children and young people showing that their outcomes have improved or been maintained as a result of support.

**Chart 16: Impact of family support plans 2013-14**
The Allen Review of Early Intervention (Allen, 2011a; 2011b) has identified a number of examples of good practice around parenting support, development of emotional and life skills for children and targeted support to increase learning/literacy skills. The review strongly endorses an increase in support for families with vulnerable infants and young children, as this is the key age group in which potential issues can be prevented from escalating and is the most cost-effective means of supporting them.

In Warrington, trained practitioners from across a range of organisations are able to deliver evidence-based parenting programmes, such as Webster Stratton Incredible Years programmes, Family Links Nurturing Programme, Triple P and Strengthening Families. Some of these programmes are endorsed by Allen (2011b), as they are proven to achieve positive results for families and form part of a range of evidence-based tools to assist practitioners in supporting vulnerable families at an early stage.

Evaluations, both nationally and locally, show that early intervention services can improve outcomes for children, young people and families resulting in a reduction of the number of families accessing statutory services.

5.2) Children in Need: Children and young people who have experienced traumatic situations (e.g. abuse, family trauma) can access counselling services, through Child and Adolescent Mental Health Services (CAMHS), to help them in coping with these experiences and address any effects on their mental health such as depression and anxiety.

The Audit Commission (2007) cites successful outcomes for children and young people affected by domestic violence who have been supported to deal with their experiences through Children’s Programmes that offer a concurrent component for mothers to attend. Mothers are supported to understand how the violence has
impacted on the child and how best to help them through recovery from the impact of domestic abuse. Exploring the effectiveness of evidence-based group programmes for those affected by domestic abuse is an area for development in Warrington.

In order to prevent children coming into care, and in cases where children are subject to child protection plans, Family Group Meetings are held to enable family members and significant others to come together to determine how best they could work together to care for the child and protect their welfare.

The Munro Review final report, published in May 2011 provides a detailed evaluation of current child protection systems and contains a number of recommendations for reform. Among these is the recommendation is for joint assessment by services to develop a better support of a family’s needs. This involves a ‘Think Family’ approach, with an emphasis on collaborative working across Children and Adults Services.

6) TARGET POPULATION/ SERVICE USER VIEWS

6.1) Early Help: As part of the Family Support Model (Warrington Borough Council, 2014a), parents/carers and children are encouraged to share their views on the support they have received.

Children’s Centres organise an annual ‘parent satisfaction’ survey, to determine what service users think of Centre services. In 2014, 83% of all respondents indicated that they were ‘very satisfied’ with the services available. In addition, 97% of all respondents said that they would recommend their Children’s Centre to a friend and 94% felt that the Centre had made a positive difference to them/their child.

Young people have also given their views on services as part of activities across a wide range of services. Warrington Youth Strategy 2013-2015 has involved over 3,000 young people taking part in consultations about the range of activities and provision for young people in Warrington. As a result of their feedback, partner agencies have worked to support five priority areas for youth provision. These are:

- Help to gain employment
- Improvements to public transport
- Positive mental health
- Things to do and places to go
- Access independent living / housing

Furthermore, young people are supported to give their views and participate in recruitment, consultations, etc. as part of their role in the youth council, IMPACT, and as members of youth parliament.

In addition, children and their families who have had a CAF assessment are asked for their views during the assessment and practitioners are encouraged to reflect the ‘voice of the child’ in the assessments and support plans. Furthermore, a selection of families with a CAF is contacted afterwards to gain an understanding of their experience and their views on the outcomes of having an early help assessment.
6.2) **Children in Need**: Children, young people and their families are invited to both planning and review meetings, and to child protection conferences. They are encouraged to participate in these meetings, as it is crucial that the family are involved in the plans that are being made. Children and Young People’s Services place great weight on the ‘voice of the child’ being heard and the National Youth Advocacy Service are commissioned to provide support for children and young people to ensure their opinions are considered, either directly or through the NYAS advocate.

7) **UNMET NEEDS AND SERVICE GAPS**

7.1) **Early Help**: The following unmet needs and service gaps have been highlighted:

- Support for young people around emerging poor mental health and self harm.

- Parenting programmes to support families where there is a young person aged over 14 years of age.

- Parenting programmes to support children, young people and their parents/carers where there is a diagnosis of ADHD.

7.2) **Children in Need**: The following unmet needs and service gaps have been identified:

- Implementation of an integrated MASH service delivery model for children with disabilities.

- Implementation of an integrated service delivery model for vulnerable children in need.

- More robust identification of private fostering arrangements.

- Provision of sufficient accommodation for homeless 16/17 year olds.

There is a need for increasing awareness of private fostering amongst professionals and the public, given the low level of notifications to children’s social work services.

8) **RECOMMENDATIONS FOR COMMISSIONING**

8.1) **Early Help**

- Map of services that support factors leading to child neglect and a review of the effectiveness of interventions.

- To develop a boarder range of Tier 2 emotional wellbeing / CAMHS support services that can be offered across Early Help services.
• Support for families where there is a child/young person with a diagnosis of ADHD.

8.2) Children in Need

• To focus on hidden harm, working alongside Children’s Services, and consider the best model to work with children and young people affected by adult substance (Warrington JSNA Substance Misuse chapter, 2014).

• Develop appropriate services (including therapeutic services) for children who are affected by domestic violence (either currently or in the past) and for young people who are perpetrators of domestic abuse themselves.

• Implement the business case (Health and Wellbeing Board October 2014) to establish a multi-agency, integrated service for children with disabilities that provides single assessment and a ‘one-stop shop’ approach to service delivery.

• Develop support and short break services for disabled children and their families as outlined in the Short Breaks Services Statement (Warrington Borough Council, 2014c).

• Explore, develop and implement an integrated service using the MASH model of delivery for vulnerable children and young people in need.

• Implement a redesigned children’s social work service which promotes continuity for children and families.

• Increase the notification rates of private fostering agencies by partner agencies across the borough through extensive communication and targeted advertising of the service in the borough.

• Commission a pathway of services for homeless young people with WBC Children and Young People’s Services (CYPS); to include prevention services, mediation, accommodation-based services, support, pre-birth support for young pregnant women and move-on accommodation for under 18s.

• Continue to develop effective joint working between Adults Services, Children’s Services and partner agencies based on the ‘Whole Family’ approach. Families with parents with learning difficulties or parents who misuse substances or alcohol should be specifically included in joint working arrangements as assessments will need to be commissioned in relation to parenting and capacity to change.

• The need to develop specialised therapeutic intervention for victims of sexual exploitation.
- To increase specialised operational capacity for managing sexual exploitation and missing children within Families and Well Being Directorate.

- To develop an agreed multi agency process for ‘flagging’ children at risk and vulnerable to CSE within agency records.
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References


Warrington Borough Council (2014c) Short Breaks Services Statement 2014-15

Warrington Borough Council (2014d) CAF and Family Support Model Annual Report 2013/14


Appendix A – Early Help: existing services summary

HEALTH SERVICES

Child and Adolescent Mental Health Service (CAMHS)

CAMHS stands for the Child and Adolescent Mental Health Service. Our approach is to work “with” families rather than “on” them. Our aim is to help you find the solutions that work best for you and your family.

We’re here for people aged up to 18 and can help with lots of problems or worries such as if you’re feeling depressed, not enjoying food, feeling panicked or scared, having trouble concentrating, or having problems with your family life. These are just some of the things we can help with, so contact us anyway if your concern is not in that list.

Currently our multi-disciplinary team includes:

- Psychiatry
- Nursing
- Clinical Psychologists
- Family Therapy
- Mental Health Practitioners

We aim to make sure that all children and young people up to their 18th birthday, who have mental health problems, have access to good quality mental health services when they need them. We are a specialist service providing support and therapeutic intervention to children, young people and their families who are experiencing complex, persistent and severe emotional and psychological problems. We understand that everyone has different abilities, backgrounds and may be from another ethnic group. Everyone is welcome in our service, and we will make sure that no-one is treated unfairly.

We work with young people to identify difficulties that affect their mental health and to come up with an agreed plan of how to address the problems. We see people on their own or with families and might identify other agencies that can offer input in areas that we do not feel able to be of help.

Bridgewater Community Healthcare NHS Trust –

Children’s Development Centre (CDC)

The Children’s Development Centre (CDC) provides multi-disciplinary assessments and management of pre-school children, with criteria focusing around developmental concerns. Interventions and services include speech and language therapy, a feeding clinic, audiology, physiotherapy, occupational therapy, medical assessment, specialist nursing, vision services and educational liaison. Each of these areas is coordinated by a specialist professional and individual programmes are provided.
**Breastfeeding support**

Our aim is to provide support and promote breastfeeding throughout Warrington. We strongly support new mums to breastfeed for as long as they choose. We offer help and advice on breastfeeding support, groups and out of hours help.

**The Public Health Nursing Team**

This service provides services to children, young people and families within the borough. Universal, targeted and specialist services are offered by the Bridgewater Trust to children and families Warrington-wide.

**Safeguarding advice and support**

We offer:-

- Advice and support to all members of staff employed by the Trust who are working with children and families where safeguarding issues are suspected or have been identified
- Advice and support to other professionals such as GPs and to families.
- Training to staff groups covering all aspects of safeguarding children
- Working with all agencies, statutory and voluntary, to ensure children and young people are safeguarded
- Ensure that all children and young people who are fostered or adopted have their health needs regularly assessed and provide access to appropriate health services.

**NHS Warrington and Halton Hospitals Foundation Trust**

The hospital provides specialist nursing services for respiratory, neo-natal, diabetes and epilepsy conditions for babies, children and young people up to the age of 18 years where there is a transitional and planned handover to adult services. Services provided include rapid access to hospital services, telephone contact

In addition, the hospital has an Accident & Emergency service and ensures that acute hospital staff are trained in identifying concerns, referring to social work teams or family support services as appropriate.

The hospital also offers midwifery services where staff is involved with families throughout pregnancy, child birth and post-natal up to a period of 28 days. Midwives also support women and families through foetal and neo-natal loss. Where appropriate, services are offered from GP surgeries, Children’s Centres, Hospital clinics and in the home.

A specialist midwife supports teenage parents up to their 19th birthday, giving intensive support. Another specialist midwife also supports pregnant substance users, offering maternity services focused on the welfare of the woman and her baby, working in partnership with a multidisciplinary team to offer treatment and support. Longer term outcomes are followed up by a Health Visitor to check developmental progress.
**VOLUNTARY, COMMUNITY AND PRIVATE SECTOR SERVICES**

**Footsteps Support Service for Families and Friends of Drug & Alcohol Users**

Footsteps provide a listening service, information and support service for anyone affected by someone else’s drug or alcohol misuse. Clients can talk to someone about their own situation in a friendly, confidential and non-judgmental environment. Feelings, fears and concerns can be discussed with someone trustworthy. We offer up-to-date information about drugs and alcohol and also about other local services which can benefit individuals. Footsteps provide the following services:

- Telephone help
- One-to-one sessions
- Home visits
- Training courses
- Support groups
- Structured counselling
- Bereavement counselling
- Respite opportunities
- A Helpline is available Monday to Friday, 5pm – 10 pm

**Families United (F.U.N)**

Families United (F.U.N) is a registered charity in Warrington offering support to families with disabled children. Our member families receive support and encouragement through the fortnightly Saturday F.U.N Club; monthly activities and parent support groups. We are not specific to any one disability and anyone who feels that their child would benefit from the group is eligible to participate. F.U.N aims to provide opportunities for our families to enjoy and achieve new, stimulating and challenging experiences in a safe and meaningful environment.

**Home-Start**

Home-Start is a charity and a voluntary organisation. All volunteers must be parents themselves and have completed the National Home-Start course of preparation. Home-Start offers one-to-one, home visiting support on a weekly basis. The criteria for receiving support includes mothers struggling with Post-Natal Depression, family breakdown or bereavement, feelings of isolation, parents with long-term mental health issues and young single parents.

Our service offers help and support for parents who are:-

- Lonely and isolated
- Relationship difficulties
- Coping with twins, triplets or several pre-school children
- Ill health, disability or special needs
- Lone parents
- First time parents
- Post natal depression
- Children’s behavioural problems
Refuge Warrington - Independent Domestic Violence and Abuse Service

Refuge Warrington - Independent Domestic Violence and Abuse (IDVA) Service supports men and women at risk of domestic abuse in Warrington. Our independent domestic violence advocate and outreach worker:

- Provide emotional and practical support to victims from the point of crisis
- Offer intensive support to help ensure short, medium and long term safety
- Provide information and guidance on civil and criminal court proceedings and legal options
- Empower victims to make informed decisions about their safety, and the safety of their children
- Help victims access other specialist support e.g. refuge accommodation

This is a confidential service - information is only shared with relevant agencies if there is a risk of harm to children or a high risk of serious harm to the service user.

Rape & Sexual Abuse Support Centre (Cheshire & Merseyside)

Rape & Sexual Abuse Support Centre (RASASC) offer advice, information and counselling to people aged 13 and above who have experienced rape, sexual assault or any form of sexual violence.

Independent Sexual Violence Advisors (ISVAs) provide practical and emotional support to people who have been raped or sexually assaulted, if the person wants to report this to the police then the ISVA will provide help to do this and will continue to offer support throughout any court proceedings etc. ISVAs can help with health issues, such as GUM appointments and can support people to get in touch with other agencies who may be able to provide further help.

RASASC offers a specialist counselling service to help people come to terms with what has happened to them. We also offer time limited counselling to family members.

The Information Line provides advice and information to anyone who has been affected by sexual violence, or to other professionals who require information. RASASC offer a survivors’ support group which is open to people aged 18 and over.

Pathways to Recovery CRI - Drug and Alcohol Service

Pathways is an integrated drug and alcohol treatment service providing a full range of treatment options to those affected by drug use whatever the drug that is being used. We offer a full spectrum of support from advice and information through to medical and psychological treatment and access to residential rehabilitation. Our service is confidential and our treatment tailored to meet the needs of the individual. We ensure that our service users also benefit from access to wide range of other agencies that can support them on their own personal journeys of recovery.
St. Joseph's Family Centre

St Joseph’s Family Centre offers a range of services for families and individuals including:

- Child Contact Centre – we provide a safe and neutral place where children of separated families can spend time on a regular basis with their “non-resident” parent.
- Counselling services for adults and children
- An occasional support programme for children who have suffered the loss of a parent or significant person through death, divorce or separation.
- Parenting skills course
- Anger management course
- Material help (emergency only)

Please note that for counselling, children’s support programme and anger management, a referral is required. Referrals are made by GPs, schools, health visitors and children's services.

Tim Parry Jonathan Ball Peace Centre

The Tim Parry Johnathan Ball Foundation for Peace is a charity that works nationally and internationally to promote peace and non-violent conflict resolution.

The Foundation works with people affected by political violence and acts of terror to support them in dealing with their past experiences and using them as the motivation for creating positive change. We work with people of all backgrounds to prevent violent conflict by helping them to develop the skills and understanding to be able to resolve conflict through non-violent means and ways. We provide training and guidance to leaders and managers, including those at Government level, on how to deal with past, present and future conflicts.

Your Housing Group - Vulnerable Tenant Support Scheme (VTSS)

VTSS offers support and advice to tenants and owner occupiers in Warrington, who may be vulnerable and in danger of losing their home or who need assistance with resettlement or maintaining their independence. Our fully trained staff team support service users with:

- Managing finances
- Claiming benefits and understanding welfare reform
- Understanding their rights and responsibilities as a home owner or tenant
- Maintaining their tenancy
- Dealing with the impact of anti-social behaviour
- Accessing health and community services

VTSS works in partnership with voluntary, faith and statutory organisations such as NHS Warrington, the Drug Action Team, Domestic Abuse services, Housing Options,
Adult and Children’s Social Care, the police and YMCA, making sure our service users receive a complete and comprehensive support package.

**Warrington Disability Partnership**

Warrington Disability Partnership (WDP) is an independent user-led social enterprise committed to valuing everyone's life skills, experience and individuality to enable positive change. They actively promote independent living by providing information on peer counselling, housing, equipment, personal assistance, transport, access, employment, education, training and other services. WDP is also a Hate Crime Reporting Centre and holds Monthly Open Days with Community Police.

**Multiple Sclerosis Society**

The Multiple Sclerosis Society can offer the following services:

- Arranging and fundraising respite care breaks
- Providing welfare counselling, advice and support
- Funding of physiotherapy, in particular specialist neurological physiotherapy designed to help people with MS
- Organising social events and outings
- Issuing branch newsletters to keep members informed about developments relating to MS
- Providing transport for those who need it to attend social events, respite care and other appointments

**Warrington Stammering Support Group**

There is a support group based at the Halliwell Jones Stadium. The session is therapy-based, with support from a local speech therapist. Members are welcome to discuss issues and concerns around stammering in a safe and secure environment. We're here to support each other, provide help and guidance.

**Victim Support**

Victim Support can help anyone affected by crime, not only victims and witnesses, but their friends, family and any other people involved. If you've been a victim of any crime or have been affected by a crime committed against someone you know, we can help you find the strength to deal with what you've been through. Services are free and available to everyone, whether or not the crime has been reported and regardless of when it happened.

**Warrington Women's Aid Ltd**

Warrington Women's Aid exists for the benefit of women and children experiencing physical, psychological, emotional, financial or sexual abuse in their relationship, or from threats of violence/abuse from such a person, which are likely to be carried out.

It aims to provide a safe, secure environment in which women have time and space to reflect and become empowered to take responsibility for their own lives and that of
their families, enabling them to become self-sufficient and contributing members of society.

The children's service provides a welcome pack and a tour around the refuge when a child comes in. A support plan is completed with the child and their mum; this identifies the child's hobbies, what they like and what they do not like. This is then built into their individual support plan which supports the children through their stay in the refuge and helps them deal with any issues which worry them caused by their move from their home and the domestic abuse they will have encountered.

The children's worker does 6 weeks outreach when the children move out of the refuge into their own homes. Each child that presents at the refuge is always offered a CAF assessment.

**Young Carers Service Warrington**

Our definition of a Young Carer is a person aged 18 or under who cares for a family member with a physical disability, illness, mental health or addiction.

We can offer support in a number of different ways:

- Confidential one to one emotional support with a Young Carers Support Worker
- Advocacy, supporting you to ensure that your views, wishes, issues and feelings are heard and understood by other people in your life, e.g. parents, teachers, other professionals
- Inform you of your rights, ensure you understand them and how they can be used to help you and your family
- Support with CAF and Family Support Meetings
- A free Emergency Contact Card which provides a safety net for the ‘Cared For’ and peace of mind for you
- If you are over 16 caring for an adult you can access a free Leisure Pass
- Quarterly Young Carers Newsletter
- Events Calendar
- Drop-In sessions, giving you a chance to meet other Young Carers and access peer support
- Trips and activities
- Signposting to other useful agencies

We also work on other issues that affect individual families as every family is unique, and we work in a whole family approach.
WARRINGTON BOROUGH COUNCIL SERVICES

Adult Mental Health Services

Adult Mental Health Services is an integrated service made up of Warrington Borough Council Social Care and 5 Boroughs Mental Health Trust which aims to deliver statutory services in line with relevant legislation and policies. The service operates eligibility criteria for Social Care services based on Fair Access to Care Services (FACS). Interventions include Community Mental Health Teams, Assertive Outreach, Early Intervention Services and Criminal Justice Liaison. The service also includes Revolving Doors, which is an assessment service provided by qualified Social Workers who work with individuals and families who do not meet Social Care eligibility criteria.

Independent Living Services

Independent Living Services is an assessment and care management team who work for physically disabled adults aged 18 to 64 and their families. The team is able to offer assessments under the NHS Community Care Act for individuals discharged from hospital or living in the community who may be chronically sick or disabled, including those with motor neurone disease. Where service users may be parents or carers themselves, the team can assess their needs in these wider roles under the Carers Act 1995.

Community Safety Partnership

The aim of the CSP is to identify and enable partnership working opportunities to prevent crime and anti-social behaviour. Support is offered to partner agencies to enable referrals to appropriate services, offer crime prevention advice, aid with early identification of perpetrators and facilitate information sharing to prevent crime and anti-social behaviour. This is a universal service that supports people by providing advice to victims of burglary or domestic abuse, but also by making referrals for vulnerable young people and being part of the crime prevention infrastructure in Warrington.

Integrated Services for Children with Additional Needs

Integrated Services for Children with Additional Needs provides advice and family support on a preventative basis to encourage and enable the development of inclusive practices in school and in the home. In addition, the service provides direct support to children and young people with special educational needs and/or disabilities and also their families. This support includes direct one-to-one work with children and young people, outreach support for families, assessment and coordination of care plans for disabled children, and parenting advice and support.

Social Work Teams within Targeted Services

The Social Work Teams within Targeted Services provide a wide range of services for children and families who are identified as in need at level 4a, 4b or 4c. The Social Work teams are managed through two main strands.
Children in Need

This division is comprised of the following teams:

- Duty and Assessment
- Three Children in Need Teams
- Children with Disabilities Team

These teams provide the immediate response to referrals to social work teams. They undertake initial assessments, Child Protection enquiries, and complete Combined Assessments. They work with children who are subject to Child in need Plans, and Child Protection Plans. They also work with children who become looked after in the initial stages of this process. The Children with Disabilities Team also work with children who have significant and long term needs and may require complex packages of support services including overnight stays.

Children in Care

This division provides services to children who are in care and to those children who are the subject of care proceedings. It is comprised of social work teams who work directly with children and families and also teams who provide resources to meet the needs of children in care. The Warrington service comprises of:

- Two children in care teams
- Fostering Team

In addition, Warrington has joined with two neighbouring authorities in Wigan and St Helens to provide a shared Adoption Service. This service is hosted by Wigan Borough Council.

Youth Offending Service (YOS)

The aim of the Youth Offending Service (YOT) is to reduce re-offending by children and young people and to reduce the number of first time entrants into the Criminal Justice System. Interventions include one-to-one and group work which focuses on specific areas including anger management, general offending and substance misuse.

Early Help Division

The Early Help Division works with a range of partners in delivering its support to children, young people and families. Specifically, the division includes two main sections which are responsible for partnership working and which support professionals to:

- Share information
- Develop skills in multi-agency working
- Negotiate and resolve difficulties
- Understand the difference early help services can make.
**Families Information Service (FIS)**

The Families Information Service (FIS) provides a wide range of information for all families, carers and young people in Warrington including information on:

- Childcare and early years education
- Funding and financial information
- Clubs and activities in the local area
- Youth services
- Teenage services including teenage pregnancy and sexual health
- Children's Centres
- Family Outreach Service
- Local Offer

The aim of the FIS is to provide a free, impartial advice and guidance service, covering all aspects of family life. The FIS team also runs Warrington’s Family Services Directory, a local directory of services for children, young people, families and practitioners who live, play or work in Warrington.

**Play Team**

The Play Team offers a range of childcare services such as:

- Callands before and after school club
- Callands holiday club (depending on demand)
- Mobile crèche service
- Summer play schemes

**Early Years Special Educational Needs and Disabilities (SEND)**

Support plus is a set of initiatives that childcare providers can apply for if they are supporting a child with special educational needs and disabilities (SEND). Through support plus the early year's team can signpost practitioners onto relevant training and offer advice and funding. Support plus should be considered as part of the graduated approach to the early identification of SEND. Applications for support plus require parental consent and will be considered when settings can demonstrate that they have followed the early years SEN

**Special Educational Needs and Disability Information and Advice Support Service (SEND IASS)**

SEND IASS is a service that supports parents whose child/ren have diagnosed or suspected special educational needs. Support is offered for parents of children and young people aged 0-19 years. Work is carried out closely with Warrington Borough Council, but SEND IASS is an impartial service. Support offered includes advice on choosing a school, the Statement of Special Educational Needs process and changing schools (including transition from primary to secondary schools). This support is offered via telephone, home visits, an independent website and drop-in sessions.
Family Outreach Team

The Family Outreach Team (FOT) is a dedicated team of workers who support families, providing early help to improve the life chances of children and young people. The FOT (previously known as the Family Support Service) continues to offer high quality support to families, assessing their needs and co-ordinating interventions designed to help families. A key aspect of the help provided to families includes:

- Focusing on children under 5 years of age and families with children and young people 0-19 years old who are presenting with complex needs and who are requiring high levels of support and intervention.
- Remaining child and young person focused.
- Offering an early identification of needs through assessment of engagement.
- Working together to support families to build a safer and stronger future offering information, advice and support
- Co-ordinating services
- Identifying appropriate services
- Supporting parenting strategies
- Being a positive role model
- Being an advocate for children and young people; and
- Improving confidence and self-esteem of children, young people and parents/carers

Children’s Centres

Children’s Centres are well placed across communities of Warrington to offer services that will improve outcomes for families. All families have access to universal services (level 1). Families identified as needing additional support can access targeted services (level 2).

- Healthcare – such as ante and post natal midwifery, health visitor clinics, breastfeeding support, developmental checks.
- School Readiness activities – such as Fun with Stories, Chatterbox, All Kinds of Play, and Ready Steady Nursery.
- Family Learning – such as First Aid, English and Maths, Healthy Eating Cooking activities.
- Information and Advice – such as information about benefits, home safety equipment, volunteering and work ready programmes.
- Early help home visiting – such as targeted new birth visits, joint visits with professionals, 18 month visits to promote 2 year funded placement opportunities, young parent’s visits and to families with English as additional language.
Youth Service

Youth Service Warrington Youth Service offers a range of activities to support the personal and social development of young people aged 13-19. All projects are based on listening to young people and working with them so that they get the best from the activity. Activities can include sessions based on music, art, dance, sports and discussion and may be offered from any of the Youth Service venues:

- Orford Youth Base
- Mobile Youth Base at various places in the community.
- Community Settings

In addition to targeted activities for young people, the Youth Service also offers one-to-one support. Young people can ask for additional support or professionals may refer a young person to the service. One-to-one support will enable young people to overcome specific difficulties as they work with a dedicated youth worker to set targets and achieve goals. One-to-one work may focus on:

- Building self-esteem and confidence
- Tackling substance misuse
- Offering sexual health advice and support
- Overcoming social, emotional and behavioural difficulties.
- Access to one-to-one support is via referral.

Free Early Years Entitlement (FEYE)

Children who are 3 and 4 years old are entitled to free early education places at local pre-schools, private nurseries, and maintained school nurseries and child minders. Each child is entitled to receive up to 15 hours of free early year’s education per week with a local provider.

Free Childcare for 2 year olds

Free childcare for 2 year olds in Warrington can help young children to make new friends, learn through play and have lots of fun. Access to the free places is limited and children must eligible based on a range of factors such as:

- Parents/Carers are receiving specific benefits
- Child has a current statement of Special Educational Needs or an Education Health and Care Plan Level 2 and
- Child attracts Disability Living Allowance
- Child is under the care of the Local Authority or other care arrangements are in place (e.g. special guardianship)
- Child has been adopted or is going through the adoption process.
- Children can also be nominated to receive a funded place.
2 year old Outreach

To support children and families who are eligible for a free 2 year old funded nursery place, there is a dedicated Outreach Worker who can support families by:

- Helping families to complete the application form.
- Providing support to choose a suitable setting
- Building strong links between settings and home
- Monitoring the progress of funded children
- Signposting to other early help services.

Brighter Futures Team

This team can help individuals looking to gain new skills and experience. They work with both young people and adults supporting them to:

- Access a range of training opportunities
- Find employment.
- Gain qualifications.
- Develop new skills through volunteering
- Learn from each other through mentoring projects

Complex Families

This team is part of a national programme called ‘Troubled Families’ that aims to improve how, as partners, we work together to support families as a whole. It will support and encourage partners to work differently. The Complex Families team evaluates these approaches, offers support to identify and resolve barriers, promotes best practice and shapes future service delivery. Programme outcomes will also be monitored by various central government departments to support and shape national agendas.

Schools and Colleges

Schools and colleges across Warrington are very active in providing family support services. All schools and further education colleges have been trained in ‘family support’ procedures and work to support their pupils according to these principles.

The type of support available to pupils and their families can include:

- Bespoke support from school-based Family Support Workers
- Bespoke support from Learning Mentors or other members of staff with an enhanced role which focuses on family support
- School-specific supports to ensure pupils reach their full potential.

School staff regularly acts as lead professionals and co-ordinate support through multi-agency family support meetings. Where appropriate, these multi-agency meetings are incorporated into pupil reviews as part of regular Special Educational Needs (SEN) procedures. Where a school may not be equipped to address the
needs of the family, there are strong links with other services such as Children’s Centres and Family Support and Parenting Services, so that staff can confidently refer families to other appropriate agencies.

14-19 Partnership and Vulnerable Pupils Division

The service is responsible for providing information; advice and guidance to young people aged 14-19 who are at risk of the poorest outcomes. This will include children in care, children with a child protection order, young people from families on low income, young people at risk of not participating in education or training post 16, travellers, electively home educated, young carers, young offenders, teenage parents and excluded pupils etc.

The service is also responsible for ensuring that the local authority is aware of what activity young people aged 16-19 are participating in and what they achieve. Therefore, the team works closely in partnership with Warrington schools and colleges to assist them in their duty to provide information, advice and guidance to pupils. Through their work with schools and colleges, the team also reviews the current offer to young people aged 16-19 to ensure that there is appropriate education and training provision available. In addition, support is provided in partnership with schools and colleges to ensure young people leave with the appropriate qualifications, skills and experience to enable them to progress to employment or higher education.

The Virtual School for Vulnerable Pupils will track the progress of vulnerable young people through their education from age 3 - 19 and support schools with interventions to improve their attainment. This includes ensuring young people excluded from mainstream school continue to receive appropriate education.