

## Response to Request for Information

Reference      FOI 001579  
Date            16 October 2017

### ***Children with a Learning Disability***

#### **Request:**

- 1) All local authorities are required by Schedule 2, 2(1) of the Children Act 1989 to hold a register of disabled children. Does your local authority have a 'Disabled Children's Register'?

If so:

- a) What is the total number of disabled children on your register in:

- i) 2013/14?
- ii) 2014/15?
- iii) 2015/16?
- iv) 2016/17?

- b) If possible, please break down the totals from question 1(a) by single year of age until 17 (inclusive)

- 2) a) What is the total number of children identified as having a learning disability, for whom you are the responsible authority, in:

- i) 2013/14?
- ii) 2014/15?
- iii) 2015/16?
- iv) 2016/17?

- b) If possible, please break down the totals from question 2(a) by single year of age until 17 (inclusive)

- c) How many of the children identified as having a learning disability in 2(a) are currently placed out of area?

[In response to questions 1 and 2 above, please see attached tables.](#)

- 3) Of the services that are listed in your Local Offer that are accessed by children with a learning disability and/or their parents:

- a) What age range is each of these services suitable for?

[In response to question 3\)a\), I can confirm that City of Wolverhampton Council holds this information. The information you have requested is exempt under Section 21 of the Freedom of Information Act \(FOIA\), because the information is accessible to you, as it is already in the public domain. Please see link supplied below:](#)

<http://www.wolverhampton.gov.uk/send>

- b) How much money was spent on each of these services in:
- i) 2013/14?
  - ii) 2014/15?
  - iii) 2015/16?
  - iv) 2016/17?

In respect of question 3)b), it has been established after careful consideration that the Council does not hold the above financial information split down to type of disability. Consequently, we are unable to provide any information relating to the above, and are informing you as required by Section 1(1) (a) of the Act, that states:

"Any person making a request for information to a public authority is entitled to be informed in writing by the public authority whether it holds information of the description specified in the request".

- c) How many children are currently on a waiting list to access each of these services?

Following careful consideration, the Council regrets to inform you that it has decided not to disclose this information.

Information you have requested has been withheld from disclosure. The exemption engaged is Section 12 of the Freedom of Information Act 2000 (FOI).

Section 12 of the FOI exempts Public Authorities from providing information where the estimated cost of compliance exceeds the appropriate limit. Any estimate must be undertaken in accordance with the limits set in fees regulations made under Section 12 (5) of the FOI.

These Fees Regulations (SI 2004/3244 Freedom of Information and Data Protection (Appropriate Limit and Fees) Regulations) allow for a refusal where the cost of compliance, for local authorities such as the Council, would exceed £450. As a guide, staff time to identify and extract this information is charged at a rate of £25 per hour.

In summary to provide the information you have requested it would take us at least three days (21 hours) to compile as we do not record this information in one central area and therefore we would have to carry out a manual trawl (to produce the detailed analysis you require).

In estimating the cost of complying with a request for information, an authority can only take into account any reasonable costs incurred in:

*“(a) determining whether it holds the information,*

*(b) locating the information, or a document which may contain the information,*

*(c) retrieving the information, or a document which may contain the information, and*

*(d) extracting the information from a document containing it”.*

- d) What is the approximate wait time from referral to access for each of these services?

In respect of question 3)d), it has been established after careful consideration that the Council does not hold the above information as we do not collect this information. Consequently, we are unable to provide any information relating to the above, and are informing you as required by Section 1(1) (a) of the Act, that states:

"Any person making a request for information to a public authority is entitled to be informed in writing by the public authority whether it holds information of the description specified in the request".

- e) What are the current routes for referral to each of these services?

In response to question 3)e), I can confirm that City of Wolverhampton Council holds this information. The information you have requested is exempt under Section 21 of the Freedom of Information Act (FOIA), because the information is accessible to you, as it is already in the public domain. Please see link supplied below:

<http://www.wolverhampton.gov.uk/send>

- 4) Does your local authority provide specific parenting programmes for parents of disabled children? For each programme:

We don't have any programmes to meet such needs but we would individually address requirements through various avenues (e.g. social care delivery, schools, etc.).

- a) What is the name of the programme? *N/A*  
b) Is it for parents of a child with a specific impairment (e.g. autism, learning disability, etc.)? *N/A*  
c) How many parents currently access the programme? *N/A*  
d) How many parents are currently on a waiting list to access the programme?  
*N/A*

- 5) As per the question in section 2.3 of Children's Services Omnibus Survey 2017, does your local authority have a function or team(s) able to:

- a) Analyse the demand for children's social care  
b) Identify unmet needs for individual children and families

If yes to any of the above, please specify the name of this function.

*Yes - Insight and Performance Team through performance management reporting suite*

- 6) How much money was spent by your local authority on out of area placements across education, health and social care for children with a learning disability in:
- 2013/14?
  - 2014/15?
  - 2015/16?
  - 2016/17?

In respect of question 6), it has been established after careful consideration that the Council does not hold the above financial information split down to type of disability. Consequently, we are unable to provide any information relating to the above, and are informing you as required by Section 1(1) (a) of the Act, that states:

"Any person making a request for information to a public authority is entitled to be informed in writing by the public authority whether it holds information of the description specified in the request".

- 7) How much money was a) allocated to the local authority through the High Needs Block; b) spent by the local authority on children with high needs; c) transferred to the Schools Block from the High Needs Block; and d) transferred to the High Needs Block from the Schools Block, in:
- 2013/14?
  - 2014/15?
  - 2015/16?
  - 2016/17?

	(a) Allocated to the Local Authority Through the High Needs Block £	(b) Spent by the Local Authority on Children with High Needs £	(c) Transferred to the Schools Block from the High Needs Block £	(d) Transferred to the High Needs Block from the Schools Block £
2013/14	26,513,131	26,312,000	0	1,450,000
2014/15	26,520,781	29,146,572	0	1,254,000
2015/16	25,842,383	28,136,757	1,650,000	1,254,000
2016/17	27,842,694	25,561,308	0	816,000

- 8) Does your local authority have an early intervention strategy?

- a) If so, please could you provide this?

Please see attached Early Help Plan attached

- 9) Does your local authority have eligibility criteria for determining access to children's social care under Section 17 of the Children Act 1989?

- a) If so, please could you provide this? Please see attached Section 17 Protocol

- b) Does your local authority have identified priorities for joint commissioning arrangements under Section 26 of the Children and Families Act 2014? If so, please could you provide this?

Individual packages of support will be jointly commissioned as required under this part of the Act.

# Children & Young People

## Social Work Assessment

**PURPOSE:**

This Policy and Procedure is built on the right of all children who may be in need as defined in the Children Act to have an up-to-date social work assessment of their needs including the views of parents/carers, other professionals and of the child(ren) or young person themselves to enable the delivery of Services as appropriate.

## Policy and Procedure

Approved by – Children & Young People Management Team (19<sup>th</sup> August 2016)

Published – August 2016

Review Date – August 2018

<b>REVIEW LOG</b>			
<b>Date</b>	<b>Version</b>	<b>Comments</b>	<b>Approved by</b>
	1.0	Policy previously part of the Tri-X Manual	
Dec 2013	1.1	Policy reviewed and amended to reflect new CareFirst Assessment Form (incorporating IA/Core) and the new 45 working day timescale.  The Looked After Children Social Care Policy has also been incorporated into this document.	Children, Young People & Families Management Team (12.12.13)
March 2015	1.2	Added to ensure consent is gained with parents to contact agencies for information they hold on the child/family.	Children & Young People Management Team (May 2016)
July 2016	1.3	Policy amended to reflect where a 15 day assessment is completed and more information is required a new full 45 day assessment must be triggered and undertaken.	Children & Young People Management Team (18.08.16)

<b>CONSULTATION</b>
<p>The following people have been consulted on this policy:</p> <ul style="list-style-type: none"> <li>- <b>Head of Child Protection/Child In Need</b></li> <li>- <b>Children &amp; Young People Management Team</b></li> </ul>

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- 2.0 Legislative Framework**
- 3.0 Social Work Assessments**
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- 5.0 Social Work Assessment for Looked After Children**
- 6.0 Sharing Assessments/Outcomes with the Family**

## **Appendices**

- A Assessment Flowchart for Social Work Assessment with and without Child Protection Enquiries (this does not apply to LAC)**
- B Assessment Agreement**

## 1.0 **INTRODUCTION**

The purpose of a Social Work Assessment is to conduct an assessment of the child/young person's needs, which will inform decisions about their care plan and the services should be provided.

This Policy is divided into the three sections Social Work Assessments (without Child Protection Enquiry), Social Work Assessments (with Child Protection Enquiry) and Social Work Assessment (for Looked After Children)

Within Wolverhampton we have two types of Assessment:

- Social Work Assessment
- Child Protection Enquiry Assessment (CPEA)

A Social Work Assessment is allocated with either a 15 or 40 day timescale depending on the apparent complexity. The assessment will assess the child's needs and inform decision about the services should be provided to meet the identified unmet needs.

A Child Protection Enquiry Assessment combines both the Section 47 enquiry and assessment. The assessment is a thorough and in depth assessment on matters where a child or young person is thought to be or has suffered significant harm which have been the subject of the enquiry.

## 2.0 **LEGISLATIVE FRAMEWORK**

The following legislation/guidance underpins this Policy:

- The Children Act 1989 Sections 17 and 47;
- The Framework for Assessment for Children in Need and their Families

## 3.0 **SOCIAL WORK) ASSESSMENT**

### 3.1 **Criteria for the Social Work Assessment**

These procedures apply to any Social Work Assessment completed for any child or young person, whose needs are of a moderate to high level, at Level 4 or above of the [Wolverhampton Threshold Policy/Model](#) but not those children thought to be suffering or likely to suffer from Significant Harm.

### 3.2 **Purpose of the Social Work Assessment(without Child Protection Enquiry)**

The purpose of the Social Work Assessment is to conduct an in depth assessment of the child's needs and to inform decisions about the services should be provided to meet the identified unmet needs.

### 3.3 **Timescales of the Social Work Assessment (without Child Protection Enquiry)**

**At the point of allocating the Social Work Assessment the Manager, depending on the apparent complexity, will indicate a timescale for completion of the assessment this will either be 15 days or 40 days.**



All Social Work Assessment must be concluded within a maximum of 45 working days from the date the referral is accepted (normally within 24 hours of a referral being received).

A Social Work Assessment must be updated/reviewed when a child/young persons circumstances change significantly or when the care plan needs to change (see Section 3.8).

### **3.4 Steps of Support Sessions**

Steps of support sessions provide continuing support to the allocated social worker whilst they are undertaking the Social Work Assessment. The steps of support sessions are in three stages as outlined below:

- **Step one**

To be undertaken within 2 working days of the referral being allocated.

Discuss the referral, action taken so far and the process for the on-going assessment. This will include:

- agreeing key issues
- sources of information and seeking the child's wishes and feelings

Discussion to be written up as a Management discussion on CareFirst.

Date for stage two discussion (12 -14 days from referral) set.

Social Care Agreement (Appendix B) to be completed and signed to agree the plan for assessing the case.

- **Step 2**

To be undertaken within 12 -14 days of the referral being received.

For assessment to be concluded within 15 days or a Child Protection Enquiry Assessment the following applies:

Discuss progress and outcomes of the Social Work Assessment. This will include:

- Is the genogram, ecomap and chronology completed?
- Analysis of the information
- Conclusions and agreed outcomes

Discussion to be written up as a Management decision on CareFirst.

For assessments to be concluded within 40 days the following applies:

Discuss the Social Work Assessment. This will include:

- How far is the Social Worker with completing the genogram, ecomap and chronology?
- Agree specific scales and questionnaires and research/theory to be drawn upon
- Any unexpected findings
- Whether any CP issues have been uncovered during the assessment

Discussion to be written up as Management decision on CareFirst.  
Date set for stage three discussion (35- 38 working days from referral)

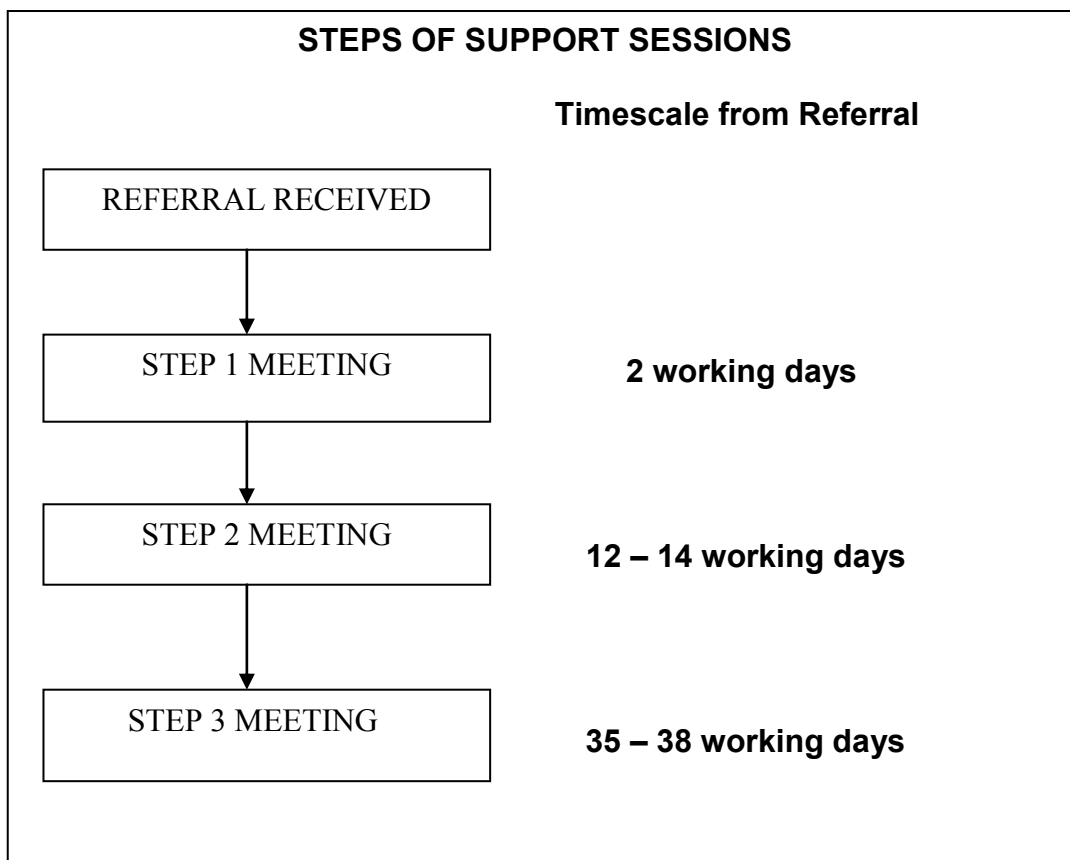
- **Step 3**

To be undertaken between 35 – 38 days from referral being received.

Discuss progress and outcomes of the Social Work Assessment. This will include:

- Is the genogram, ecomap and chronology completed?
- Analysis of the information
- Conclusions and agreed outcomes

Discussion to be written up as a Management decision on CareFirst.



### 3.5 Process of the Social Work Assessment.

At the beginning of the Social Work Assessment the parameters of the assessment work will be clarified and agreed with the child and family and put into writing. At this point consent must be gained from parents to enable us to contact other agencies involved with them to obtain information they hold on them. If parents refuse consent then the social worker must consider if any action is required to overrule the refusal of consent to safeguard the child. Consent must be gained using the Social Care Consent Form. The consent form must then be uploaded to the document hub.

See section 3.7 Recording, for details of the records that should be completed.

If the child appears to have any disabilities, the Disabled Children and Young People's Team must be consulted.

The assessment method will vary dependent on the child and family's circumstances but opportunities to work directly with the child and the child's family must be incorporated at every stage.

Any existing assessments or the views of other service providers/agencies known to the child/family should be integrated into the Social Work Assessment.

Where information has already been gathered by other agencies as part of their assessments, there is no need to duplicate the information gathering although the social worker should check with the child and family that the information gained from the other agencies is correct. The social worker will still need to complete the Social Work Assessment having regard to its specific purpose.

Where the child has previously lived overseas (outside the UK) or members of the family have been in the armed forces every reasonable effort should be made to obtain information in relation to that period.

It is possible that the obtaining of such information may take more than 45 days, but the timescales of the Assessment should not be compromised unless approved by a Manager. Under normal circumstances, the assessment should be completed within the required timescale and, if information of concern comes to light later, the manager must consider what actions to take.

During the course of the Social Work Assessment it may be necessary to provide or refer the child for services; where the need for services is clearly identified, their provision should not wait for the completion of the assessment.

If, during a Social Work Assessment, information comes to light that suggests that a child is suffering or likely to suffer Significant Harm, a Strategy Discussion/Meeting must be convened with a view to incorporating a Child Protection Enquiry into the Social Work Assessment.

Where attempts to engage the child and parent in the Social Work Assessment are unsuccessful, the social worker and manager must consider what action or approach is required to safeguard the child and take legal advice as necessary.

### **3.6 Outcome of the Social Work Assessment**

During the course and upon completion of the Social Work Assessment it will be necessary to decide the services should be provided.

The services that will be appropriate will be different for each child, depending on his/her needs.

Where the Social Work Assessment concludes that it may be appropriate for the child to be Looked After, a Care Plan and Placement Information Record will be required.

### **3.7 Recording of the Social Work Assessment**

The Social Work Assessment must be recorded on the Assessment form on CareFirst.

### **3.8 Reviewing/updating the Social Work Assessment**

The Social Work Assessment needs to be reviewed/updated when a child or young persons circumstances change significantly or when the Care Plan needs to change.

The return home of a child or young person who is accommodated under Section 20 must be on the basis of an up-to-date assessment and the establishment of a Child in Need Plan. Where a parent withdraws agreement to Section 20 Accommodation without notice but no emergency action is considered necessary, then a new Assessment should be undertaken as soon as possible and a new Child in Need Plan established.

## **4.0 CHILD PROTECTION ENQUIRY ASSESSMENT (CPEA)**

### **4.1 Criteria for the Child Protection Enquiry Assessment (CPEA)**

This procedure is for a Child Protection Enquiry Assessment combines both the Section 47 enquiry and assessment. The assessment is a thorough and in depth assessment on matters concerning risk or harm which have been the subject of the enquiry.

It is conducted upon children in need believed to be suffering or likely to suffer from Significant Harm, See Wolverhampton's Safeguarding Children's Board, Section 47 Enquiries/Assessment procedures. At this point consent should be gained from parents to enable us to contact other agencies involved with them to obtain information they hold on them. If parents refuse consent then the social worker must consider if any action is required to overrule the refusal of consent to safeguard the child. Consent must be gained using the Social Consent Form. The consent form must then be uploaded to the document hub.

### **4.2 Purpose of the Child Protection Enquiry Assessment**

The purpose of the Child Protection Enquiry Assessment is to determine whether there is a continuing risk of Significant Harm to the child.

A Child Protection Enquiry, as required by [Wolverhampton Safeguarding Children's Board Procedures](#), is incorporated into this Assessment.

### **4.3 Timescales of the Child Protection Enquiry Assessment**

It is expected the Child Protection Enquiry Assessment will be concluded in time for the Initial Child Protection Conference, which is normally convened within 15 days of the Strategy Discussion. The ability to achieve this will depend on the complexity and the urgency of the case.

If the Child Protection Enquiry does not result in a Child Protection Conference, the Assessment must be completed or ended within 15 days of the Strategy Discussion.

Where a 15 day Assessment is undertaken and then proceeds to an Initial Child Protection Conference it is expected a new full 45 day Assessment will be triggered immediately afterwards (next working day) to gather more in depth information.

A Social Work Assessment must be updated/reviewed when a child/young persons circumstances change significantly or when the care plan needs to change (see Section 4.8).

Assessments should be updated between review child protection conferences these should commence the next working day after the conference. It is the responsibility of the Social Work Unit Manager to discuss this with the Social Worker, trigger the assessment on CareFirst and initiate Steps of Support.

#### **4.4 Steps of Support**

See Section 3.4. Please note that additional steps of support sessions should be held where required.

#### **4.5 Process of the Child Protection Enquiry Assessment**

The Child Protection Enquiry Assessment will be completed by the Social Worker; enquiries may be carried out either as a single agency or jointly with a police officer. The process of gathering information is as set out in **Paragraph 2.4** for the Social Work Assessment see **Wolverhampton Safeguarding Children's Board, Section 47 Enquiries/Core Assessments Procedure**.

Detail of the procedures for Child Protection Enquiries, including the arrangements for ABE or other interviews and medical assessments are contained in the [Wolverhampton LSCB's Procedures](#). If the child appears to have any disabilities, the 0-25 Disabled Children and Young People's Team must be consulted.

Where the child has previously lived overseas (outside the UK) or members of the family have been in the armed forces information should be obtained in relation to that period. See keywords Forces Children or Overseas Children for guidance on obtaining this information.

Note re timescales: it is possible that the obtaining of such information may take more than timescales set, but the timescales should not be compromised unless the manager approves it. Under normal circumstances, the assessment should be completed within the required timescale and, if information of concern comes to light later, the manager must consider what actions to take.

Where attempts to engage the child and parent in the Assessment are unsuccessful, the social worker and manager must consider what action or approach is required to safeguard the child and take legal advice as necessary.

#### **4.6 Outcome of the Child Protection Enquiry Assessment**

All reasonable efforts should be made to obtain sufficient information to conclude the Assessment in time for the Initial Child Protection Conference, which is normally convened within 15 days of the Strategy Discussion (see **Wolverhampton Safeguarding Children's Board, Section 47 Enquiries Procedure**)Link. However, the ability to achieve this will depend on the complexity and the urgency of the case. It may be necessary for the Assessment to continue beyond the Initial Child Protection Conference. Where this is the case it is expected a new full 45 day Assessment will be triggered immediately afterward the Initial Child Protection Conference to gather more in depth assessment information.

See the following procedures:

- [Wolverhampton Safeguarding Children Board Section 47 Enquiries](#)
- [Wolverhampton Safeguarding Children Board Strategy Discussion Procedures](#)

- [Wolverhampton Safeguarding Children Board Initial Child Protection Conferences](#)

Following a Child Protection Enquiry Assessment a number of outcomes may take place or be authorised by the manager; they are:

1. That an Initial Child Protection Conference is convened and a decision reached to make the child subject to a Child Protection Plan, in which case, a Core Group will be established (10 days from the point of conference) to formulate the Plan. In these circumstances the manager must consider whether or not sufficient information has been obtained. If not, it can continue up to a maximum of 45 days, at which point the Child Protection Plan may be amended in the light of its findings.
2. That an Initial Child Protection Conference is convened but the child is not made subject to a Child Protection Plan.
3. That there are strong indicators that Significant Harm has not taken place and is not likely to; in which case, the manager may authorise that an Initial Child Protection Conference is not convened. In these circumstances the manager must consider whether or not to further the Assessment (please note the assessment must be concluded within 45 days).

During the course and upon completion of the Child Protection Enquiry Assessment, it will be necessary to decide the services should be provided. Even where an assessment concludes that there is no need for social work involvement, the manager must consider whether the provision of other services is necessary and agree with the social worker what steps need to be taken to arrange for these to be delivered. If the child appears to have disabilities, the Disabled Children & Young People's Team must be consulted with a view to deciding whether it is necessary to transfer the case.

#### **4.7 Recording of the Child Protection Enquiry Assessment**

During the course of the Assessment, a Child Protection Enquiry Assessment on CareFirst must be completed.

Where the Social Work Assessment concludes that it may be appropriate for the child to be Looked After, a Care Plan and Placement Information Record will be required.

See Care Plans Guidance and see Placement Information Records Guidance.

Otherwise, another Relevant Children's Plan should be drawn up if services are provided.

#### **4.8 Reviewing/updating the Child Protection Enquiry Assessment**

A new or further child protection enquiry should be completed if there is another instance/even when it is deemed that the child or young person is suffering or likely to suffer significant harm.

The return home of a child or young person who is accommodated under Section 20 should be on the basis of an up-to-date assessment and the establishment of a Child in Need Plan. Where a parent withdraws agreement to Section 20 Accommodation without notice but no emergency action is considered necessary, then a new Social Work Assessment should be undertaken as soon as possible and a new Child in Need Plan established.

## **5.0 SOCIAL WORK ASSESSMENT FOR LOOKED AFTER CHILDREN**

Initially an Assessment should be concluded within a maximum of 45 working days of the child becoming looked after (where one has not already been completed prior to the child or young person becoming looked after). Dependent on the nature of the case the assessment might need to be concluded sooner.

Any further assessments undertaken must be completed within 45 working days.

Where a child is looked after and has a plan of long term fostering, permanence or is subject to placement with parents a comprehensive full assessment must be conducted annually.

In addition the assessment should be reviewed and updated in line with the LAC review schedule.

### **5.1 When should an assessment be completed for Looked After Children**

An Assessment for looked after children and young people should take place in the following circumstances:

- Prior to placement with Parents
- Prior to placement with Family & Friends (Connected Person)
- When an external therapeutic placement is considered
- A change in the Care Plan
- At 16 years in order to inform a Pathway Plan (see Pathway Plan Policy & Procedure)

All Looked After Children should have an assessment reviewed and updated annually.

### **5.2 Process of the Assessment**

At the beginning of the Assessment the parameters of the assessment work will be clarified and, if possible, agreed with the child, family and carers and put into writing.

See **section 5.4: Recording**, for details of the records that should be completed.

If the child appears to be disabled, the Disabled Children & Young People's Team must be consulted to consider any specific needs arising from this.

The assessment method will vary dependent on the child and family's situation but opportunities to work directly with the child and the child's family must be incorporated at every stage.

Any existing assessments or the views of other service providers/agencies known to the child/family should be integrated into the Assessment.

Where information has already been gathered by other agencies as part of their assessments, there is no need to duplicate the information gathering although the social worker should check with the child and family that the information gained from other agencies is correct. The social worker will still need to complete the Assessment having regard to its specific purpose.

Where the child has previously lived overseas, outside the UK or members of the family have been in the armed forces information should be obtained in relation to that period.

During the course of Assessment it may be necessary to provide or refer the child for services or to commission additional specialist assessments.

### **5.3 Steps of Support Sessions**

Steps of support sessions provide continuing support to the allocated social worker whilst they are undertaking/updating the Social Work Assessment. The steps of support sessions are in three stages as outlined below:

- **Step one**

To be undertaken within 2 working days of the referral being allocated.

Discuss the referral, action taken so far and the process for the on-going assessment. This will include:

- agreeing key issues
- sources of information and seeking the child's wishes and feelings

Discussion to be written up as a Management discussion on CareFirst.

Date for stage two discussion (12 -14 days from referral) set.

Social Care Agreement (Appendix B) to be completed and signed to agree the plan for assessing the case.

- **Step 2**

To be undertaken within 12 -14 days of the referral being received.

For assessment to be concluded within 15 days or a Child Protection Enquiry Assessment the following applies:

Discuss progress and outcomes of the Social Work Assessment. This will include:

- Is the genogram, ecomap and chronology completed?
- Analysis of the information
- Conclusions and agreed outcomes

Discussion to be written up as a Management decision on CareFirst.

For assessments to be concluded within 40 days the following applies:

Discuss how the Social Work Assessment is going. This will include:

- How far is the Social Worker with completing the genogram, ecomap and chronology?
- Agree specific scales and questionnaires and research/theory to be drawn upon
- Any unexpected findings
- Whether any CP issues have been uncovered during the assessment

Discussion to be written up as Management decision on CareFirst.

Date set for stage three discussion (35- 38 working days from referral)



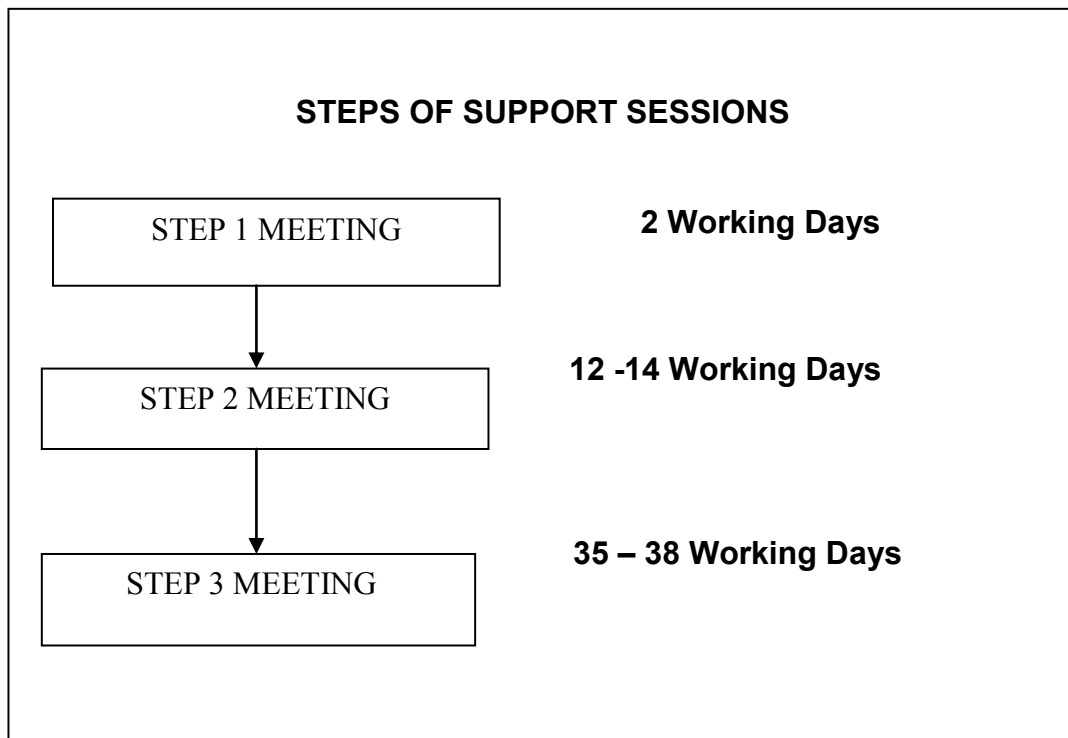
- **Step 3**

To be undertaken between 35 – 38 days from referral being received.

Discuss progress and outcomes of the Social Work Assessment. This will include:

- Is the genogram, ecomap and chronology completed?
- Analysis of the information
- Conclusions and agreed outcomes

Discussion to be written up as a Management decision on CareFirst.



### **5.3 OUTCOME OF THE ASSESSMENT**

During the course and upon completion of the Assessment it will be necessary to decide the services should be provided.

The services that will be appropriate will be different for each child or young person, depending on his/her needs.

### **5.4 RECORDING**

The Assessment must be recorded on CareFirst using the appropriate assessment form (depending on the nature of the reason for completing the assessment (e.g. where it's in relation to a CP concern it should be the Child Protection Enquiry Assessment etc).

### **5.5 REVIEWS**

The Assessment should be reviewed at a minimum, annually in order to ensure the Care Plan is continuing to meet the child's needs. This review does not require the completion of a new assessment unless any changes/significant events/concerns become evident

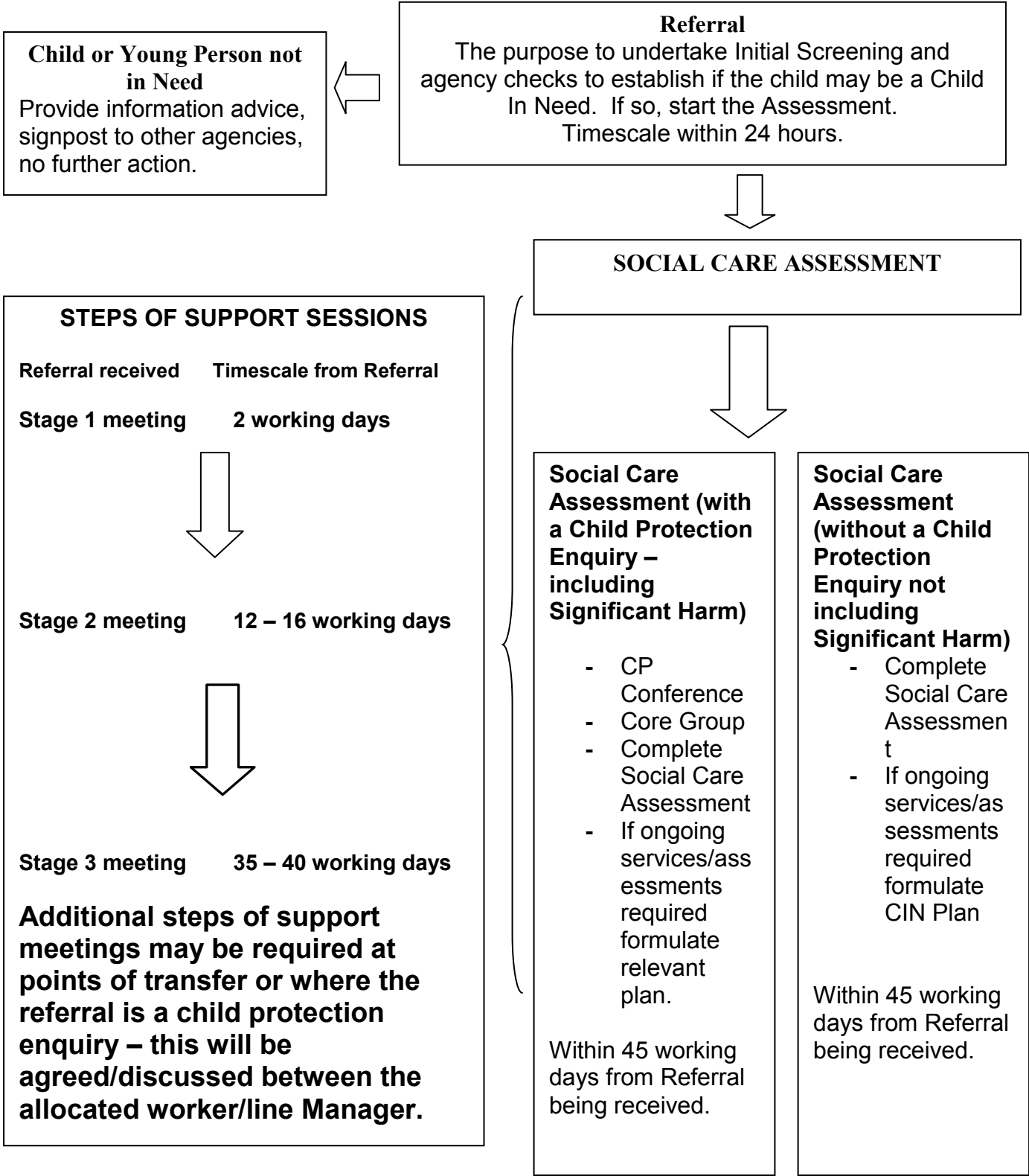
then the assessment (outlined in Section 5.1) should be reviewed immediately. The social worker should check that the most recent assessment remains relevant and should record on CareFirst that this has been done.

## **6.0 SHARING ASSESSMENTS/OUTCOMES WITH THE FAMILY**

All assessments and outcomes should always be shared with the family. This is to ensure the family is clear on the outcome of the assessment and any actions/inaccuracies are identified.

This can be done either by existing planned meetings, visiting the family or inviting them into the office.

**ASSESSMENT FLOWCHART FOR SOCIAL CARE ASSESSMENT WITH AND WITHOUT CHILD PROTECTION ENQUIRIES (THIS DOES NOT APPLY TO LAC)**



## Appendix B

### Social Work Assessment Agreement/Plan in Respect of:

Name of child:

Allocated Social Worker:

Reason for Assessment/Concerns:

Start Date:

Completion Date:

Genogram  Y  N \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_

Ecomap  Y  N \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_

Chronology  Y  N \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_

Family Composition:

Name	Address	DOB	Relationship

Legal Status i.e.: CIN CP LAC ICO

Assessment Plan i.e. Assessment Framework tools to be used:

Agreed Dates of Social Work Assessment & Venue:

Agreed dates	Venue	People to Attend	Purpose of Meeting	Topic of Discussion

Expected date of Completion of Social Work Assessment:

**Expectations of Local Authority:**

**Expectations of Parents/foster carer:**

**Wishes and Views of the Children:**

**Signatures**

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Father

\_\_\_\_\_  
Social Worker

\_\_\_\_\_  
Manager

**Complaints and disagreements**

If Parents have a complaint then this will be looked at first by [name & title]

If it cannot be resolved by the manager then a Formal complaint maybe made through the formal complaint's procedure, which will be supplied upon request.

### **Contingency Arrangements**

If the assessment is not completed, or is stopped by either the family or the workers, then a meeting will be called immediately to decide what will happen.

At all times [child's name] must be protected from risk of significant harm, and action will be taken to ensure this.

### **What will happen to the Social Work Assessment?**

The Completed Social Work Assessment will be discussed with the parents after the contents have been discussed they will be given a copy within \_\_\_\_\_ days. Any disagreements they have will be recorded at the end of the assessment.

# Children & Young People

## Section 17 Funding to support Children, Young People & Families

### Policy & Procedure

**Purpose:**

The purpose of this policy is to outline how and under what circumstances we will utilise the Section 17 budget to support children, young people & families in the City.

For families with No Recourse to Public Funds (NRPF) see NRPF Policy.

Approved by – Children & Young People Management Team (24.11.16)

Published – December 2016

Review Date – December 2018

<b>REVIEW LOG</b>			
<b>Date</b>	<b>Version</b>	<b>Comments</b>	<b>Approved by</b>
Nov 2016	1.0	New Policy Produced.	Children & Young People Management Team (24.11.16)
<p>This system of recording review dates is designed to ensure staff at all times use the correct version of the up to date Policy. This system is used on all Wolverhampton City Council – Children, Young People and Families Policies and Procedures.</p>			

<b>CONSULTATION</b>
<p>The following people have been consulted on this policy:</p> <ul style="list-style-type: none"> <li>- Business Manager- CIN/CP &amp; LAC</li> <li>- Business Manager – MASH</li> <li>- Head of Service – CIN/CP</li> <li>- Audit Services</li> <li>- Children &amp; Young People Management Team</li> </ul>



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## **Appendices**

- A Section 17 Funding – What can we use it for?
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## 1.0 **STATUTORY FRAMEWORK**

'It shall be the general duty of every local authority, including The City of Wolverhampton Council:

- a. To safeguard and promote the welfare of children within their area who are in need; and
- b. So far as is consistent with that duty, to promote the upbringing of such children by their families.

By providing a range and level of services appropriate to those children's needs."

**Section 17 (3)** The service provided by an authority in the exercise of function conferred on them by this section may be provided for the family of a particular child in need or for any member of his family, if it is provided with a view to safeguard or promoting the child's welfare.

**Section 17(6)** The services provided by a local authority in the exercise of functions conferred on them by this section may include giving assistance in kind or, in exceptional circumstances, in cash (max £200)

**Section 17(8)** Before giving any assistance or imposing any conditions, a local authority shall have regard to the means of the child concerned and of each of his parents.

**Section 17(9)** No person shall be liable to make any repayment of assistance or of its value at any time when he is in receipt of income support or family credit under the Social Security Act 1986.

**Section 17(10)** For the purposes of this part of the Act, a child shall be taken to be in need if:

- a. He is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this part;
- b. His health or development is likely to be significantly impaired, without the provision for him of such services; or
- c. He is disabled.

and 'family', in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom he has been living.

**Section 17(11)** For the purposes of this part, a child is disabled if he is blind, deaf, or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed; and in this part;

'Development' means physical, intellectual, emotional, social or behavioural development, and 'health' means physical or mental health.

## **2.0 WHAT IS SECTION 17 FUNDING?**

The Child Protection and Child In Need Service is not intended to provide income support, but in exceptional cases, where assessed as being 'In Need' and financial assistance is identified to enable to birth parents or carers to support their children we will consider providing financial assistance.

Payments should be considered under Section 17 of Children Act 1989 broadly according to the following categories:

1. Planned payments made in order to carry through a Child in Need/Child Protection Plan;
2. Payments for accommodation and subsistence for an unaccompanied minor over 16 (see Unaccompanied Asylum Seeking Children Policy)
3. Accommodation or subsistence for families without access to public funds (see No Recourse to Public Funds Policy)

## **3.0 IN WHAT CASES SHOULD WE PROVIDE SECTION 17 FUNDING?**

For Section 17(6) assistance to be appropriate a child must be assessed as 'in need'.

### **Levels of Need**

The City Council and partner agencies provide a range of services for children and their families from Universal Services available to all, through to targeted services for those requiring extra support, and specialist and rehabilitative services where crisis or urgent intervention is required.

Section 17 (6) is not a form of income support and therefore should usually be used on a 'one off' basis, though there will be some exceptions to this.

Where financial support is required on a more on-going basis e.g. rent for accommodation this must be underpinned by the Child In Need/Child Protection Plan and be approved by the Resource Panel (see Resource Panel Policy & Procedure).

## **3.1 WHAT NEEDS TO BE CONSIDERED PRIOR TO PROVIDING SECTION 17 FUNDING**

### **Assistance from other agencies**

Before assistance is offered under Section 17 (6) consideration must always be given to the possibility of obtaining assistance - or part assistance – from other agencies such as the Department of Works and Pensions or charitable agencies. Social Work Unit Managers must ensure all avenues have been explored prior to authorising any payments. See appendix A for more information. Where a one of payment of more than £200 is required this must be authorised via the Resource Panel.

Grants from charities may only be spent for the purposes specified in the initial request. The social worker is required to verify that the money has been spent in the way originally specified, any remaining balance may be spent on other kinds of assistance to the same

family only with written agreement from the charity concerned: otherwise, the balance must be repaid immediately it is known that it will not be needed.

### **Loan or Grant**

Section 17 (7) says assistance may be unconditional or subject to conditions as to the repayment of the assistance or its value (in whole or part) – e.g. it can be a grant or a loan.

No person shall be liable to make any repayment of assistance provided through Section 17 (6) if that person is in receipt of income support or family credit (Section 17 (9)). Thus any payments or assistance to people in this position will constitute a grant, although it would be appropriate to reclaim equipment when it is no longer needed.

For people not in receipt of income support or family credit, Section 17 (6) assistance should normally be given in the form of a loan unless there are exceptional circumstances making this inappropriate. When assistance is given on a loan basis, this should be made clear to the recipient and steps taken to see that the money is repaid or equipment returned when no longer needed. Written agreement must be obtained and witnessed.

### **Ongoing Payments**

All regular weekly payments must be authorised via the Resource Panel (see Resource Panel Policy). The Panel will ensure that a review period is agreed and identified at the outset. Many circumstances will have a natural review period e.g. processing of benefits claim expected to take 4 weeks. The maximum time for which payments can be made without being reviewed is 3 months. However in most circumstances it should be less.

## **4.0 HOW DO WE PROVIDE FUNDING – KEY PRINCIPLES**

### **4.1 Assessment**

Payments under Section 17 need to be made on the basis of an Assessment no matter how brief and must state clearly the need that is to be met and how the payment will meet that need. This must then be evidenced on appendix B and presented to a Social Work Unit Manager to authorise or the Resource Panel where payments are over £200 or on-going.

It is not possible to specify every situation in which the use of Section 17 (6) money might be appropriate. It must be remembered that Section 17 (6) is a limited budget and with the exceptions listed at the beginning is intended for emergency or serious situations in which there are no alternative or more appropriate sources of help.

There may be situations not mentioned where exceptional circumstances prevail and assistance is given. These guidelines are not aimed at preventing us assisting where appropriate but at ensuring that a similar standard is applied across the City.

See table (Appendix A) on the types of situations where Section 17 might be appropriate and the avenues that should be exhausted prior to funding being requested.

## **4.2 Approval**

All one of payments can be agreed by a Social Work Unit Manager unless they are one off payments over £200 and on-going payments lasting longer than a month must be agreed by the Resource Panel (see Resource Panel Policy & Procedure). Emergency decisions can be made outside of Panel by a Head of Service but must then retrospectively go to the next Resource Panel.

## **4.3 Making a request**

A social worker must complete an application form (appendix B) providing details of the user, reason for the financial assistance, avenues exhausted and amount required and the Plan this is evidenced in.

If the amount is within the permitted approval level the Social Work Unit Manager can authorise payment. If not the request should be forwarded to the next Resource Panel. If the request is urgent then a Head of Service can approve this however, it should retrospectively go to the Resource Panel.



The Social Work Unit Manager will consider the following:

- Is the payment legal and within the guidelines
- Which payment method is the safest/appropriate (cash/cheque/voucher etc)
- Is it the most economical option
- Is the Sc17 budget the correct one to use?
- Role of Authorising Officer (Social Work Unit Manager)
- To agree that the assistance is valid and is correct approach for meeting the service users needs and to confirm that there is money

## SECTION 17 FUNDING –WHAT CAN WE USE IT FOR?

CATEGORY	OPTIONS TO BE EXHAUSTED PRIOR TO USING SECTION 17	HOW SHOULD IT BE PROVIDED?	MAXIMUM AMOUNT/TIME SCALE	AUTHORISATION
<b>Clothing &amp; Laundry</b>	<p>Provision of appropriate clothing for children (including coat/jacket, shoes/boots, seasonal)</p> <p>Use of Clothing Banks, Charity Shops, school clothing via school lost property etc.</p> <p>Laundry can include clothing, bedding and towels. Purchase of a washing machine/payment of Laundrette bills, provision of washing powder etc.</p>	<p><b>Vouchers, P Card loaded to restrict spend in appropriate shops; SW takes family shopping with cash.</b></p> <p><b>Payment direct to shop, loaded P Card</b></p>	<p><b>Clothing = One off payment £100 6 monthly</b></p> <p><b>One off payment for equipment £200 max.</b></p> <p><b>Laundry bills in an emergency – one off payment £20</b></p>	<b>SWUM</b>
<b>Utilities</b>	<p>Payment of gas/electric. SW to contact the Benefits Office to determine date when next benefit payment is due.</p>	<p><b>Tokens/Load on electricity or gas card/SW pays by cash</b></p>	<p><b>Max amount £20 per week in total – no more than 2 weeks at a time whilst awaiting benefits payment.</b></p>	<b>SWUM</b>

<b>Travel/Visits/ Contact</b>	<p>- Volunteer Drivers – contact Lisa Sidaway at LAC (Beldray) – tele. ext. 6951</p> <p>Bus fares</p> <ul style="list-style-type: none"> <li>- taxi fares only in exceptional circumstances where public transport is not appropriate (i.e.; moving belongings into new accommodation)– otherwise use other travel options</li> </ul> <p>Coach fare</p> <p>Rail fare</p> <p>Wolverhampton Community Transport</p>	<p><b>Via Lisa Sidaway</b></p> <p><b>Scratch card for day use/purchase of travel card by SW/SWUA via cash/P Card.</b></p> <p><b>Coach ticket via P Card</b></p> <p><b>Rail ticket via P Card</b></p>	<p><b>Payment via Cost Centre Code to allow Lisa Sidaway to recover any charges</b></p> <p><b>Cheapest option available</b></p> <p><b>Each case to be considered independently – could be daily/weekly/fort nightly/monthly – use discretion dependant on the circumstances.</b></p>	<b>SWUM</b>
<b>Passports</b>	<p>Is it needed?</p> <p>Consideration needs to be given to the individual circumstances</p>	<p><b>SW/SWUA purchase using P Card at Post Office</b></p>	<p><b>One-off payment limited to the cost of the Passport</b></p>	<b>SWUM</b>
<b>Postage</b>	<p>Consideration needs to be given to the individual circumstances</p>	<p><b>SW/SWUA to provide</b></p>	<p><b>One-off payment.</b></p>	<b>SWUM</b>

		stamp/postage and take to Post Office (letters and parcels)	Limit determined by current postal charges	
<b>Food Provisions</b>	<p>Food Banks and Soup Kitchens as per information website: <a href="http://www.wolverhampton.gov.uk/article/3802/Food-banks-and-soup-kitchens">http://www.wolverhampton.gov.uk/article/3802/Food-banks-and-soup-kitchens</a></p> <p> Information - Wolverhampton Food  Map of Food Banks &amp; Soup Kitchens 20.02.</p> <p>Hostel Food Package provisions</p> <p>Check the accommodation has kitchen/cooking facilities (i.e.; if in bed and breakfast then breakfast cost is already included)</p>	<p><b>Direct the client to the provisions available</b></p> <p><b>Booked via Hostel</b></p> <p><b>Use of vouchers/ pre-loaded P Cards limited to appropriate shops or SW takes shopping with cash</b></p>	<p><b>£50 per week max. for no more than 2 weeks at a time</b></p>	<p><b>SW</b></p> <p><b>SW</b></p> <p><b>SWUM</b></p>
<b>Rent/Accommodation</b>	<b>Homeless Services provision Refer to the Single Accommodation Model – hyperlink below.</b>	<b>See Single Accommodation Model for</b>	<b>As per Single Accommodation model</b>	<b>SW – contact Housing</b>



	<p><a href="#"><u>Single Accommodation Model (2) Draft (2).pdf</u></a></p> <p>If families have been housed by another Authority in the Wolverhampton area, consideration should be given to a joint visit by Housing Environmental Health Officers and SW's to ensure accommodation is fit for purpose. If concerns are raised, contact Anthony Walker – Homeless Strategy and External Relationships Manager (tele. ext. 1631)</p>	guidance		Services
Photographs	For Passport photos – dependant on individual circumstances – production of photos required to progress Passport Application	Cash – receipt required	£5 per person One-off payment	SWUM
NRPF	<p><b>As detailed in NRPF Policy</b></p> <p><b>No recourse to Public Funds is defined as:</b></p> <ul style="list-style-type: none"> <li>• A person who is subject to immigration control</li> <li>• Has no entitlement to welfare benefits, public housing or Home Office asylum support</li> </ul> <p>Most often does not have the right to work*</p> <p>*people granted leave as spouses or civic partners are permitted to take up work</p>	see policy	see policy	see policy

<b>Legal Costs</b>	<p>I.e.; SGO/ Child Arrangements Order/ Parental Responsibility Order/DNA Testing/Age Assessments</p> <p>Legal Advice or representation. Court Issue Fees</p> <p>Negotiate via Legal Services - Always contact Ian Twinberrow for advice and guidance – tele. ext. 1491</p>	<b>Invoice/cash direct to the Service via Ian Twinberrow</b>	<b>Contact Ian Twinberrow for advice, guidance and costs</b>	<b>SWUM/if over £500 Resource Panel approval required</b>
<b>In lieu of Benefits</b>	<p><b>Depending on the reason for not receiving benefit due:</b></p> <ul style="list-style-type: none"> <li>• <b>Short-term Benefit Advance from DWP; or</b></li> <li>• <b>Hardship Payment from DWP; or</b></li> <li>• <b>Benefit Dispute action</b></li> </ul> <p><b>SW to contact the Benefit Office to ascertain the situation before agreeing to any financial help</b></p>	<b>See individual items in table</b>	<b>See individual items in table</b>	<b>See individual items in table</b>
<b>Birth Certificates</b>	<p>Consideration needs to be given to the individual circumstances</p>	<b>SW to order and pay for at Registrar's Office in Wolverhampton. Other applications will depend on</b>	<b>Cost of provision of Birth certificate – can vary</b>	<b>SWUM</b>

		<p><b>individual circumstances.</b></p> <p><b>If SWUA required to progress then this should be at a predetermined time and day.</b></p>		
<b>Cash Support</b>	<p><b>Credit Union Crisis Loan</b>  <b>Only in exceptional circumstances as agreed with the Senior Social Work Manager</b></p> <p>Most instances will be covered by the other entries in this Table.</p>	cash	Max. £50 one off payment.	<b>SSWM</b>
<b>Childcare</b>	<p>Early Help 0-5 years provide a service to determine childcare availability within Wolverhampton.</p> <p>Terrific for Two's</p> <p>Nursery Education Funding – for 3 year olds</p> <p>SW to contact Children's Centres to determine if they can provide emergency respite childcare</p>	<p><b>Contact setting</b></p> <p><b>Contact setting</b></p> <p><b>Contact local Children's' Centre</b></p>	<p><b>Free – any top up fees paid direct to Provider</b></p> <p><b>Free/current charges</b></p>	<b>SW/SWUM</b>

	<p>HomeStart (possible provision of childcare prior to crisis point) – link below  <a href="http://home-start.org.uk">home-start.org.uk</a></p> <p>Holiday Clubs/ Breakfast Clubs/ After School Provision/local child minder – contact Early Help 0-5</p> <p>Use of family and friends</p>	<p><b>Contact HomeStart – see link</b></p> <p><b>Contact Setting</b></p> <p><b>Discuss with parent</b></p>	<p><b>Current charges will apply – payment direct to Provider</b></p> <p><b>No charge</b></p>	
<b>Medical Fees</b>	<p>Consideration needs to be given to the individual circumstances</p>	<p><b>Payment direct to Doctor via P card or Invoice</b></p>	<p><b>varies</b></p>	<p><b>SWUM – if over £500 refer to Resources Panel</b></p>
<b>Household Repairs</b>	<p><b>Credit Union Welfare Assistance or Crisis Loan</b></p> <p><b>Contact Citizens Advice to determine if support is available through any Home Improvement Grants</b></p> <p>National Phone Service 0344 411 1444</p> <p><b>Boilers, loft insulation and cavity Wall –</b></p>	<p><b>Payments via Invoice or P Card to Contractor etc.</b></p>	<p><b>Varies – costs could be covered by the landlord/Housing Association etc.</b></p>	<p><b>SWUM – if over £500 refer to Resources Panel</b></p>

	<p><b>contact energy provider</b></p> <p><b>Contact the Landlord/Housing Association/ Wolverhampton Homes</b></p> <p><b>Does the property/landlord have insurance to cover this eventuality</b></p>			
<b>Household Goods/Furniture</b>	<p><b>Credit Union Welfare Assistance Loan</b></p> <p><b>Charity Shops/Second-hand Shops</b></p> <p><b>Wolverhampton Community Transport – see link below</b></p> <p><a href="#"><u>Community Transport Furniture</u></a></p>	<p><b>SW to take family shopping and pay via cash/P Card/ Invoice.</b></p> <p><b>?by invoice via Agresso or P Card</b></p>	<p><b>One-off payment max. £1000</b></p>	<p><b>SWUM – if over £500 refer to Resources Panel</b></p>

**PLEASE NOTE:**

All payments need to be supported by a receipt – in the case of any petty cash requested by SW’s then the SW should ensure that an appropriate receipt is provided to the Unit Administrator within 2 days, together with the return of any unspent amount £.

If cash is given direct to the Client then the SW should ensure that the client signs for any monies received and that the client provides a receipt.

**REQUEST FOR SECTION 17 PAYMENT(S)**

**Child/Young Person's Details:**

**Name:**

**PNumber:**

**Social Worker making the request:**

**Reason the financial assistance is required:**

**How much is required:**

**What method will the payment be made in:**

**Please detail any other options explored:**

**What is the financial assistance for:**

**AUTHORISATION**

<p><b>One off Payments under £200</b></p> <p><b>Authorisation by Social Work Unit Manager</b></p> <p><b>Name:</b></p> <p><b>Signature:</b></p> <p><b>Date:</b></p>	<p><b>One off Payments over £200 or Payments On-going for longer than one month</b></p> <p><b>Authorisation by Resource Panel</b></p> <p><b>Date agreed:</b></p> <p><b>Signature of Chair of Panel:</b></p>
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	<b>Review Date:</b>
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## Wolverhampton Children Young People & Families Early Help Plan 2015 - 2018

### 1.0 BACKGROUND

- 1.1 The Children's Trust in Wolverhampton wants children, young people and families to be healthy and happy. The purpose of this plan is to set out what Children's Trust partners<sup>1</sup> will do so that children, young people and families receive the early help they need to live healthy and happy lives. When 'we' is used in this plan, it means the Early Help Board which is a sub-group of the Children's Trust Board focussing on Early Help.
- 1.2 This plan contributes to the overall delivery of the outcomes in 'Healthy, Happy Families' the overarching ten year plan for children, young people and families in Wolverhampton. These are:
- Reduce the harm caused by child poverty
  - Increase achievement and involvement in Education, Training and Employment
  - Increase the number of families that are strong
  - Improve the health of children, young people and families

### 2.0 EARLY HELP

- 2.1 Early Help is about getting additional, timely and effective support to families and children who need it – enabling them to flourish and preventing costly, long-term and damaging outcomes from conception to young adulthood.
- 2.2 National and international evidence makes impressive claims on savings as a result of intervening earlier and has encouraged many local authorities to move from a '**find and fix**' towards a '**predict and prevent**' approach. Wolverhampton is committed in principle to building resilience in families where there are difficulties.
- 2.3 The following definition of Early Intervention was adopted by the Children's Trust Board in January 2013;

***'In Wolverhampton early intervention is the process of identifying individuals or families where there is risk of poor outcomes through the presence of a number of known vulnerability factors. Where these factors are present early support can be offered to build resilience within the***

<sup>1</sup> Wolverhampton City Council, Royal Wolverhampton Hospital Trust, Wolverhampton Clinical Commissioning Group, Wolverhampton School Improvement Partnership Board, Black Country Partnership Foundation Trust, Wolverhampton Voluntary Sector Council, West Midlands Police, City of Wolverhampton College.



***family and either halt or slow down any deterioration in their circumstances. This early support may also actively seek to improve the families' situation and avoid the need to access high cost services or reduce the number of incidents where services are called in.'***

2.4 The Children, Young People and Families Plan and other service specific strategies in relation to Children, Young people and Families will all include priorities/ actions in relation to Early Help. The Early Help plan will include the high level and service specific priorities/ actions already identified in existing strategies and plans and monitor and measure them together as a group so that overall impact in relation to Early Intervention initiatives can be more easily measured.

### **3.0 INTEGRATED EARLY HELP OFFER**

3.1 Emphasis is on 'predict and prevent' rather than 'find and fix.' In delivering Early Help Services we pledge to:

- support families to live safely together
- do our best to protect the children of the City from harm
- provide right help at the right place at the right time
- create services that are flexible and responsive to the needs of individual children, young people and families
- share information so that families have to tell their story only once
- work together to better understand the early help needs of children, young people and families across the city
- respect and value the input of children, young people and families

### **4.0 NEEDS ASSESSMENT KEY MESSAGES**

4.1 The needs analysis took into account;

- Wolverhampton in profile, [www.wolverhamptoninprofile.org.uk](http://www.wolverhamptoninprofile.org.uk)
- Joint strategic Needs Assessment, (2012)
- Child Poverty Needs Assessment (2012),
- Children and Young People's Plan assessment (2013/14)
- Child and Mental Health Strategic assessment (2014),
- Safer Wolverhampton Partnership strategic assessment (2014/15)
- Young People's Substance Misuse Treatment Needs Assessment 2013/14.

4.2 The broader information on population, deprivation, health and wellbeing of families, education attainment and looked after children is contained in the children & young people and families plan.

A snap shot shows;

1. **Deprivation.** Wolverhampton is the 20<sup>th</sup> most deprived local authority and has shown a relative decline between 2007 and 2010.
2. **Child poverty** in Wolverhampton has increased at a time where the national trend saw a reduction. The proportion of children experiencing poverty in the City is 31.1% against a regional figure of 23% and a national figure of 20%. In some areas of the City more than 50% of children and young people are living in poverty.
3. The highest concentrations of children living in poverty are in the inner city and northern and eastern wards, in particular St Peters, Bushbury South and Low Hill, Fallings Park, Heath Town, East Park, Ettingshall and Bilston East, mirroring the anticipated impact of Welfare Reform.
4. 82% of children in poverty live in households where no one is working.
5. **Lone parents** and black and mixed race communities are most vulnerable to child poverty
6. **Unemployment** rate in the City is 6.8%, compared to 3% nationally and as at November 2013, Wolverhampton has the highest youth unemployment rate (16-24) out of the 326 Local Authority areas.
7. **Income**, the median annual pay of Wolverhampton residents (£24,930) is 8.9% less than the England average and 8.9% higher than the Black Country average.
8. **Infant mortality** remains above average, around 22 infant deaths a year against a national average of 16.
9. **Childhood obesity** is rising: 13% in Reception and 24% in Year 6.
10. **Teenage pregnancy** remains above regional and national average. This is despite significant reductions since the baseline year 1998. Local data shows that a high proportion of teenage conceptions are amongst mothers from deprived areas of the city.
11. **Early Years Foundation** Stage Profile is improving, but behind national average. The gap between the lowest 20% and the rest is wider than the national average and comparator authorities.
12. **Educational attainment.** There is an improvement in the number of children who achieve 5 A\* - C GCSEs (including English and Maths). 2012/13 = 60.1% which is above the England average.
13. **Social care** cases continue to increase. The numbers of children with a Child Protection Plan, identified as a Child in Need or Looked After by the local authority are rising (with LAC rising by 49% from 2009/10) the prevalence rate for Children in Need children is 3.51% and for Children with a Child Protection plan being 1.6%.

14. **Private sector housing** makes up 24% (24,500 properties, an increase of 10% since the 2001 census) of all housing in Wolverhampton meaning that Wolverhampton has vast and increasing private sector market.

#### 4.3 Risks and Vulnerabilities identified in Wolverhampton Families

Local intelligence tell us that in the last 18 months

- **Child Protection Plan:** 230 children and young people were the subject of a Child Protection Plan. This is a decrease from 245 at 31 March 2013.
- **Looked after Children** at March 2014 was 783 (a rate of 139 per 10,000 children). This is an increase from 660 (119 per 10,000 children in 2013); equivalent to an 18.6% increase.
- **Early Help Assessments** (previously known as CAFs) has risen year on year from 453 in 2010/11 to 948 in 2012/13 and decreased slightly to 909 in 2013/14.
- Early Help Assessments closed due to needs being met was 50.7% in 2011/12; and 55.6% in 2012/13.
- **Families in Focus**, 48.3% (236) of families have less than £15,000 income, 84.7% are in rented accommodation.
- **Family Group Conferencing.** The targets for 2013/14 were for 60 referrals to be managed by the service; which actually received a total of 88 referrals - equivalent to 180 children receiving a service; of which 10 were looked after children.
- **Anti-Social Behaviour** reported to both West Midlands Police and Anti-Social Behaviour Team (ASBT) increased in summer 2013 compared to the previous year. In 2012 1883 reports to WMP and 798 reports to the ASBT. This increased in 2013 to 2514 (WMP) and 1013 (ASBT) Bilston East and Ettingshall wards (both in the South East of the city) have recorded the highest amount of ASB over the summer months. Unsurprisingly, both these wards reported ASB as the top priority within their neighbourhood during the Resident's Opinion Survey 2013. 12 out of the 20 wards reported ASB as one of their top three neighbourhood priorities.
- **Asylum seekers** are between 400- 450, the third highest in the region after Birmingham and Stoke
- **Domestic Abuse (DA)** recorded by the police has risen by 5% in the year to December 2013. From 3706 to 3892
- **Substance misuse** - it is estimated that nearly a quarter of the drinking

population in Wolverhampton are deemed 'increasing risk or higher risk' and that there are more than 5,000 dependent drinkers in the city. The city is also estimated to have a higher prevalence of opiate/crack user than both the regional and national average.

- **Wolverhampton Food Bank, The Well'** reveal that more than 5,500 people received food packages in 2012/13 and this has already been surpassed in 2013/14
- **Wolverhampton Residents' Opinion Survey 2013**, a quarter of residents have difficulties affording food and 41% experienced difficulties paying energy bills.
- **Obesity** is 28%, this is over a quarter of adults who are recorded as obese.
- **Bullying** was a concern for young people. 25% of primary school pupils worried 'quite often' or 'very often' about being bullied, 27% about their looks (Health Related Behaviour Survey 2012)
- **Alcohol:** 36% of Pupils in secondary schools aged 12-15 got drunk on at least one day in the last week. (Health Related Behaviour Survey, 2012). 12% of pupils aged 8-11 reported getting drunk.
- **Pupils with statements** have steadily been increasing in numbers over the years. However, in term of percentage, this has not significantly increased. The increase in numbers reflects the overall increase in population. In 2012, the number of children with statements was 1363, in 2013 = 1404 in 2014 = 1413.

#### 4.4 Achievements to date

The challenges have been highlighted. This section shows some of achievements already made in relation to Early Help.

A snap shot shows;

- **Early Years Foundation Stage Profile.** In 2014 pupils at the end of reception year in 2014 there was a 12% increase in the percentage assessed as reaching a "good level of development." The percentage of pupils at a "good level of development" is nearly 57%. Early indications of national outcomes have the gap between Wolverhampton and national results narrowing from -8% to -3.5. 74% of Year 1 pupils are "working at or above" the required Phonics standard (32) in 2014, up 8% year-on-year, with Wolverhampton pupils on a par with their peers nationally. Wolverhampton is ranked 74 nationally and is in 2nd place when compared to our Children's Services Statistical Neighbours.
- **Free School Meals (FSM).** The gap between FSM pupil's and non FSM pupils has narrowed to 7%; the national "gap" is 5%. Wolverhampton is ranked 40 nationally and is in the upper quartile of Authorities.
- **Key Stage 1-** there have been improvements in all subjects, although outcomes are still below National, (• Reading is up by 3% to 87% (National

90%) the gap between Wolverhampton and national outcomes has narrowed from 6% in 2013 to 3%. Outcomes are in the lower quartile with reading ranked at 128. Writing is up by 4% to 82%, 4% below national outcomes, narrowing the gap from 6% in 2013. Wolverhampton's national ranking is 135. Maths is up by 2% to 89%, 3% below national outcomes (92%), in the lower quartile of authorities ranking Wolverhampton 138.)

- **Key Stage 2** - the percentage of pupils at level 4+ in reading improved by 4%, in writing by 2%, maths by 2% and all three by 3%. Wolverhampton Schools are now at the national average ranked 70, with 78% of pupils gaining a level 4 plus (ranked 104 last year).
- **LAC.** The number of looked after children is stabilising but the challenge remains for a reduction. Edge of Care panels, Admission to care panels and placement review panels all provide more focussed oversight of why children are coming into care. This helps towards establishing a settled care plan with a view to safe exiting.
- **Families in Focus.** More than 800 families were identified as requiring the help and support through Families in Focus – part of the Government's three-year Troubled Families programme – and figures (30 October 2014) show 617 families have been successfully “turned around”, with children back in school, levels of youth crime and anti-social behaviour cut and adults from troubled households on the path back to employment. In total, more than 90 families have achieved continuous employment as a result of the help they have received, with many more on track to secure work in the near future. This is a massive achievement and recognition needs to go to both Council and partner agency ‘key workers’ who provide the intensive help and support to these families.
- **Targeted Youth Support Panels** were introduced to increase targeted early intervention work with young people aged 8 -17 (but with particular attention to those aged 13 – 19). 272 young people have been supported to date.
- **Crime prevention and awareness.** West Midlands Police Educational Engagement programme delivered sessions to over 30,000 pupils in the academic year Sept 2013 – July 2014. This included sessions on bullying, anti-social behaviour, drugs and alcohol, internet safety, gangs and knives.
- **Positive activities** such as KICKS engages with young people both male and female (12-18 years) in a range of constructive activities. The aim is to break down barriers between the police and young people and have an impact on crime reduction in target neighbourhood's (Whitmore Reans and Bilston). Kicks deliver every evening, 48 weeks a year delivered not only sports but also workshops on guns, gangs, substance misuse and domestic violence. In the last year over 1500 young people attended KICKS. WMP also have a Princes Trust Programme which is aimed at 16-25 years who are offenders/ ex-offenders, unemployed, LAC and anyone that wants to improve their confidence and improve qualifications.

- **16-18 NEET** has reduced year on year from over 10% to 6% in 2014. Wolverhampton currently has the 3<sup>rd</sup> lowest NEET outcome within our statistical neighbours group.
- **Obesity.** The Public Health Annual Report 2013/14 is a Call to Action to tackle obesity across the City. The council hosted an unprecedented Obesity Summit to try to tackle the problem. Over 250 representatives from local businesses, public and private sector organisations, health and social care, voluntary and community organisations and faith groups took part in the forum. Work has begun on developing pledges to address the issue at city and local level.
- **Teenage pregnancy** rates continue to reduce. A reduction from 63.8 baseline to 43.9. However, this is still higher than the average national rate of 30.7. In the drive to tackle this and in response to the national sexual health framework, Public Health undertook a review of all its sexual health services, from education to service delivery. As a result, Public Health will be re-modelling provision to increase access to services making every contact count and reduce sexual health inequalities.

## 5.0 PRIORITIES

- 5.1 Key themes have emerged through our understanding of needs, current service provision, services performance and the outcomes experienced by children and young people in Wolverhampton. We have identified the following areas where we believe that Early Help will have the greatest impact on outcomes.
- 5.2 This section summarises the actions that will contribute to one of the four priorities of 'Healthy, happy families' – Wolverhampton's overarching plan for children, young people and families services.

### STRONGER FAMILIES

#### Priorities for Action

- Promotion of Early Help assessments. – **because** national research (Munroe report, Graham Allen) and evidence shows that effective identification leads to the appropriate level of intervention to prevent escalation of need. The statutory guidance *Working Together to Safeguard Children 2013* means that all partners working with children and families are now required to work together at an early stage when concerns are identified for families. The Common Assessment tool is now known as the Early Help Assessment to reflect the Working Together guidance. The guidance supports many of the recommendations made in the Munro Report 2011 which proposed reforms in social care – aimed at preventing the neglect and abuse of children and young people through better integrated early intervention services.
- Implementation of evidence based parenting programmes such as Family Nurse Partnership – **because** data shows teenage mothers are three times more likely to have mental health issues, higher infant mortality rates, more likely to leave school without any qualifications
- Implementation of Intensive family support to work with families of children aged 0-4 years who have been identified as being on a trajectory towards being taken into the care of the local authority- **because** data shows that by providing support earlier on families can be supported in order to reduce the likelihood of this occurring by halting further escalation/achieving de-escalation
- Focus on vulnerable groups such as lone parents, unemployed parents, new arrivals and teenage parents – **because** data shows that they are more vulnerable to child poverty, poor health and poor housing. Wolverhampton has higher than average NINO registrants, asylum seekers, a rising number of Central and East European Roma families and is one of four LAs in the West Midlands with a higher prevalence of diagnosed HIV (at least 2/1000 population). Attempting to respond to their complex and diverse needs has placed huge pressures on all public services. New Arrivals are more likely to face the effects of poverty, dependence and lack of cohesive social support and that these factors can undermine both physical and mental health (Burnett, A. 2001 BMJ).
- Reduced number of young people homeless – **because** Wolverhampton has an increasing number of young people presenting as homeless.

## HEALTH OF CHILDREN, YOUNG PEOPLE AND FAMILIES

### Priorities for Action

- Focus on parental mental health – **because** No Health without Mental Health' (2011) identifies that good or improved mental health and wellbeing is associated with a number of better outcomes for people of all ages, including improved physical health and life expectancy, better educational achievement, reduced health risk behaviours such as smoking and alcohol misuse, reduced risk of suicide, improved employment rates and productivity and reduced anti-social and criminal behaviour.
- Focus on children's' mental health – **because** the CAMHS strategy needs assessment (2013) showed that children and young people and their parents and carers have worries and concerns that focus upon schools and families particularly and especially in terms of bullying, exam grades, their future, falling out with friends, their parents' wellbeing and family conflict. Research tells us that “between 1 in every 12 and 1 in every 15, children and young people deliberately self – harm”<sup>2</sup>. Data in the needs analysis tells us that the number of young people presenting within emergency services in Wolverhampton, with a corresponding 25% increase in referrals. Standard Nine of the National Service Framework (NSF) for children <sup>3</sup> requires that “all children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective assessment, treatment and support, for them and their families”
- Focus on obesity – **because** Wolverhampton has consistently higher obesity rates than the national average for Reception Year and Year 6 children. The gap is wider for Year 6 children at 23.8%- nearly 5% higher than the national average. The rate of obesity doubles between Reception Year and Year 6 and the largest acceleration is in Asian children. Unlike other indicators, the link with deprivation is not so apparent. Overweight and obesity and unhealthy eating in young people is a risk factor for adult obesity and the resulting health problems associated with obesity such as diabetes, heart disease and some cancers.
- Focus on healthy lifestyles – **because** what happens to children before they are born and in their early years can affect their health and opportunities later in life. For example, babies that are breastfed have less chance of getting infections or of becoming obese and therefore developing type 2 diabetes and other illnesses when they get older. And those who grow up in a safe environment and have a healthy relationship with their parents are more likely to do better as they go through life.
- Targeting young people at risk to engage in positive activities and promote pro-social engagement with their community – **because**, young people today have more opportunities and choice than ever before; they also face considerable obstacles. Today's world presents teenagers with much insecurity. Young people have to deal regularly with intense media saturation and negative portrayal of

<sup>2</sup> Mental Health Foundation (2006) Truth Hurts: report of the National Inquiry into self-harm among young people.

<sup>3</sup> Standard 9 National Service Framework for Children DoH 2004



teenagers, fear of terrorism, financial insecurities, family breakdowns, drugs and alcohol, peer pressure etc. These are all risk factors for a young emotional well-being.

## EDUCATION, TRAINING AND EMPLOYMENT

### Priorities for Action

- Increase number of families accessing Children Centres – **because** evidence shows (NICE) by adopt a 'life course perspective', recognising that disadvantage before birth and in a child's early years can have life-long, negative effects on their health and wellbeing. The focus on the social and emotional wellbeing of vulnerable children as the foundation for their healthy development and to offset the risks relating to disadvantage. The Children's Centre City average engagement rate in 2013 was 48.5. To receive a 'good' OFSTED rating, this rate needs to be 67%. This makes it challenging for areas that have a high transient population (high student population, high numbers of rental properties).
- Implementation of Troubled Families – **because** we know families have multiple problems and many are already know to a number of agencies. The DCLG Troubled Families Programme will provide a platform within which the range of health, education, social care, employment and community based agencies that work with families with multiple problems can build on the opportunities for pooling of budgets and re-alignment of services. It will avoid duplication and reduce fragmentation to maximise the effectiveness of the interventions. Wolverhampton is improving on its Payment by Results (PBR) rate. In April 2014, this was 18%, in August 2014 this increased to 41%. The target is to have 100% of PBR claims.
- Responding to early indicators to reduce the likelihood of continuing anti-social behaviour and criminal activity- **because**, those offending are more likely to be a NEET. It is reassuring that the rate of first time entrants in the criminal justice system is reducing. For this downward trend to continue, focus needs to be on working with those young people on the cusps of criminal behaviour.
- Responding to early indicators to reduce the number of young people at risk of becoming NEET- **because** of the negative impact on the wider family of economic deprivation and poverty. Young people who are NEET also have low self-esteem and self-confidence causing them to become engaged in a negative downward spiral at risk to a number of additional pressures and consequences which often leads to long term economic inactivity.
- Focus on supporting children to attend and achieve in school – **because** as at June 2014, Wolverhampton has the highest youth unemployment claimant rate, at 9.1%, of all 326 English local authorities.

## **6.0 HOW WILL SUCCESS BE CAPTURED?**

We believe that our success should be directly measured against the outcomes experienced by children, young and families. We will expect to see that more families are supported to take control of their lives, and they are supported in their local communities avoiding the need for statutory intervention. We will use the following measures as proxy indicators of success, and will agree key performance indicators against each measure. We will set targets for improvement for 2015-16, 2016-17 and 2017-18. These measures will be reported on an Early Help Scorecard.

## **7.0 GOVERNANCE**

The Children's Trust Board has overarching responsibility. Performance will be managed through the Early Help Board which is accountable to the Children's Trust Board. Individual agencies will be responsible for meeting their own performance management arrangements which the Partnership expects will incorporate targets for delivering the wider strategy and meeting shared key performance indicators and outcomes.

**Action Plan****Early Help Outcomes Measures**

*Information about each of the measures will be collected and reported quarterly to Early Help Board and other relevant groups. The priority measures below are included in the broader suite of measures in relation to the Children & Young People's Plan. The reference relates to the Children and Young People's Plan outcomes.*

**CYPFP Priority : FAMILY STRENGTH**

- ❖ Increase parenting skills & resilience
- ❖ Reduce domestic violence
- ❖ Reduce neglect
- ❖ Support parents with mental health
- ❖ Reduce parental substance misuse

Ref	Measure	Information Source
FS1	Embedding the Early Help approach across the workforce. <ul style="list-style-type: none"> <li>- Number of practitioners trained in Share care (Early Assessment)</li> <li>- To establish a baseline for the number of Early Assessment completed</li> <li>- To establish a baseline for the number of organisations completing early help assessments</li> </ul>	Early Help (0-5) (5-18)
FS2	To establish a baseline for the number of early assessments escalated to CIN/CP	Early Help (0-5) (5-18)
FS3	To establish a baseline for CIN/CP de-escalated to Early Help	Early Help (0-5) (5-18)
FS4	Number of children 0-4 who live in the area that are registered with a children centre <ul style="list-style-type: none"> <li>- Tracker of new registrations</li> </ul> Engagement with priority groups <ul style="list-style-type: none"> <li>- Teenage parent</li> <li>- Lone Parents</li> <li>- Unemployed Parents</li> <li>- BME groups</li> <li>- Ante Natal and New Birth engagement</li> </ul>	Early Help (0-5)
FS5	Achieve the targets set out in the national DCLG Troubled Families programme locally known as 'Families in Focus' (details to follow)	Early Help (5-18)

FS6	<p><b>NEW PROJECT</b></p> <p>No of people accessing 'New Arrivals Health and Social Care Support' programme (Public Health Transformation funding)</p> <ul style="list-style-type: none"> <li>- Fewer families living in sub-standard overcrowded private rental properties</li> <li>- A reduction in interpretation costs and less pressure on section 17 funding (221)</li> <li>- The numbers accessing schools, housing, health and social care services in timely manner is increased</li> <li>- The numbers in inappropriate accommodation is reduced</li> <li>- The numbers accessing mainstream education services is increased</li> <li>- As more register with GPs/dentists, they will be able to access advice/support at an early stage improving health outcomes.</li> <li>- Caseworkers and volunteers are trained in the assessment, guidance and support of clients with health issues.</li> </ul>	Public Health / Education & Enterprise (Homelessness Strategy & External provider)
FS7	<p><b>NEW PROJECT</b></p> <p>Number of parents engaged with Family Nurse Partnership (target group under 19's who are first time mothers).</p> <ul style="list-style-type: none"> <li>- improvements in antenatal health</li> <li>- reductions in children's injuries, neglect and abuse</li> <li>- improved parenting practices and behaviour</li> <li>- fewer subsequent pregnancies and greater intervals between births</li> <li>- improved early language development, school readiness</li> <li>- increased maternal employment and reduced welfare use</li> <li>- increases in fathers' involvement</li> <li>- Increase uptake in long acting contraception</li> </ul>	Public Health/ RWT
FS8	<b>NEW PROJECT</b>	Public Health

	To establish baseline for long acting contraception in vulnerable women Focus on women who have had child/ children taken into care.	
FS9	<b>NEW PROJECT</b> Number of families engaged with Intensive Family Support Teams - Number successfully achieving outcomes identified in the social care plan - Number of vulnerable women given sexual health and contraception advice - Number of women taking up long acting contraception	Public Health
FS10	Number of young people where homelessness is prevented through family mediation	Housing
FS11	Number of young people where homelessness is prevented though Joint Protocol	Housing Options

**Current activity in place to impact:**

- ❖ Implementation of troubled families programme, locally known as families in focus. Project team in place to oversee PbR (payment by result)
- ❖ Implementation of Family Nurse Partnership. FNP is a voluntary, preventive programme for vulnerable young first time mothers. It offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until age two. Staff has been appointed and training is due to start. Referrals to the project will commence in Nov 2014.
- ❖ Intensive family support team in place.
- ❖ Re-structure of Children Centres and MASTs into Children & Families Support Centres/ Early Help Teams
- ❖ Launch of Share-care & workforce training
- ❖ Continuation of Night stop – This provides safe, emergency accommodation for homeless young people aged 16-25 in the homes of approved volunteer hosts.
- ❖ Family mediation service provides family mediation to young people aged 16 – 25 and their families to enable them to remain or return to the family home where it is safe

## CYPFP Priority : Improve the health of children, young people and families

- ❖ Fewer children are obese
- ❖ More children survive infancy
- ❖ More children and young people are resilient.
- ❖ Fewer children and young people misuse substances
- ❖

Ref	Measure	Information Source
H1	Number of Children referred from CAMHS into Tier 2	Adult Commissioning (Mental Health)
H2	Number of Children referred from Tier 2 into CAMHS	Adult Commissioning (Mental Health)
H3	Decrease in the length of time in accessing CAMHS support - Triage system to go live October 2014	Adult Commissioning (Mental Health)
H4	<b>NEW PROJECT – HEAD START</b> <ul style="list-style-type: none"> <li>• Numbers of children and young people aged 10-14 years and their mentors, staff, peer mentors, parents and parent mentors accessing resilience training to support whole system change (in schools, special schools and alternative provision).</li> <li>• Numbers of children and young people aged 10-14 years and their mentors, staff, peer mentors, parents and parent mentors reporting increased use of coping skills and strategies, achievement motivation, and self-efficacy.</li> <li>• Numbers of children and young people aged 10-14 years and their mentors, parents, staff and parent mentors reporting increased ability to access early intervention, prevention and support.</li> <li>• Numbers of children and young people aged 10-14 years who have received the resilience training accessing community resilience clubs, groups and activities</li> <li>• Numbers of children and young people aged 10-14 years, and their parents, carers, peers and mentors and teachers accessing on-line and APP based resources (Mi-Life).</li> </ul>	Head Start Adult Commissioning (Mental Health)
H5	No of assessments completed where Adult services in accepting referrals ask about the children (Ofsted, What about the children)	Adult Commissioning (Mental Health)

H6	Number of young people in drug treatment Number of young people exiting Number of young people re-admitted within 12 months Number of young people identified in early help assessment with a substance misuse issue	Public Health
H7	The rate of alcohol specific hospital admissions for under-18s was 28.4 per 100,000 under 18 populations.	Public Health
H8	Reduce the number of people obese in Wolverhampton % of children overweight/ obese at reception age - Families supported with exercise and nutrition - Increase uptake of the Healthy Start scheme  Number of families part of the Hearty Lives programme - Families supported with cooking healthy meals - Families supported with food and physical activity budgeting - Families increasing time on physical activities	Public Health
H9	Reduction in the rate of under 18 teenage pregnancies	Public Health

**Current activity in place to impact:**

- ❖ Successful bid to National Lottery for phase 2 of Head start
- ❖ Re-design/ commissioning of CAMHS
- ❖ Continued funding to support Hospital youth team
- ❖ In tackling obesity, the implementation of the Hearty Lives Programme, an innovative 3 year scheme to support around 380 of Wolverhampton's most vulnerable families. Hearty Lives will target parents with a child who is subject to either a Child in Need or Child Protection Plan and also has weight management issues after it was found that children on the child protection register generally have worse health than the wider population.
- ❖ The Healthy Start scheme provides a nutritional safety net for pregnant mothers, new mothers and young children (under 4 years) living on low incomes across the UK and aims to improve access to a healthy diet for these vulnerable families. It does this by giving families

food vouchers and access to Healthy Start-branded vitamins. Food vouchers can be used in neighbourhood shops to buy fresh cow's milk, infant formula milk, and plain fruit and vegetables (fresh or frozen). Each voucher is worth £3.10, and families receive two vouchers each week for babies less than 1 year old, and one voucher each week for pregnant women and 1-4 year olds. Vitamin coupons entitle families to free vitamins for children and new mothers, usually accessed from health or Children's Centres. The Department of Health is legally responsible for the Healthy Start scheme in Great Britain, but it is the statutory responsibility of the local trust or board to make Healthy Start vitamins available.



## CYPFP Outcome : Increase achievement and involvement in education, training and employment

- ❖ Improve attainment
- ❖ Improve school attendance
- ❖ Increase participation of 16-18 year olds in EET

Ref	Measure	Information Source
EET1	<p>To increase participation in learning of young people aged 16-20 (up to 25 years for those with learning difficulties and/or disabilities)</p> <ul style="list-style-type: none"> <li>- September Offer is communicated to all young people in the year they reach compulsory education age</li> <li>- All young people in schools at risk of being NEET likely to enter the labour market are identified by the end of April</li> <li>- Provide retention support for young people in post 16 learning at more risk of dropping out</li> </ul>	Education & Enterprise (Tony O'Callaghan)
EET2	<p>To prevent disengagement and support retention in learning</p> <ul style="list-style-type: none"> <li>- The number of targeted young people provided with information, advice, guidance and support</li> <li>- 100% of targeted young people have an identified lead Personal Adviser</li> <li>- To increase the engagement of parents/carers of targeted NEET young people in supporting them to participate in learning</li> </ul>	Education and Enterprise (Tony O'Callaghan)
EET3	<p>To decrease the number of young people not in education, training, employment (NEET) Reduction in Not Known 16-18</p> <ul style="list-style-type: none"> <li>- Identify NEET hotspots and focus PA resources on young people in these locations</li> <li>- Deliver a programme of impartial independent guidance to targeted young people who are NEET focussing on advocacy and successful progression, increasing participation and raising aspirations specifically prioritising those who have SEN but also targeting: LAC, young offenders, teenage parents, homeless, substance misuse, new arrivals, asylum seekers and those at risk of gang related behaviour.</li> </ul>	Education and Enterprise (Tony O'Callaghan)

### Current activity in place to impact:

- ❖ consistent & appropriate career Information, advice and guidance for young people
- ❖ intensive and focussed support e.g. to support the development of speech, language and communication skills, demonstrated through provision management for SEN pupils

**CYPFP Priority : Increase achievement and involvement in education, training and employment  
Youth crime prevention**

<b>Ref</b>	<b>Measure</b>	<b>Information Source</b>
CP1	Reduction in the number of first time entrants to the Youth Justice System <ul style="list-style-type: none"> <li>- Improve services for out of court disposals particularly community resolution</li> <li>- The number of families supported through the Youth Inclusion Support Programme (YISP)</li> </ul>	YOT
CP2	Reduce re-offending by young people	YOT
CP3	Reduction in the number of young people known to anti- social behaviour team <ul style="list-style-type: none"> <li>- To establish a baseline for number of young people supported via the School and Police Panels</li> <li>- No of acceptable behaviour contracts (abc)</li> <li>- No families complying with abc</li> </ul>	SWP WMP
CP4	Reduction in young people involved in gangs and youth violence. No of commissioned services	SWP

**Current activity in place to impact:**  
Targeted support for vulnerable groups such as those involved in crime, ASB, substance misuse, risky behaviour.

All children during the stated statutory year that had an active Registered Disabled Classification during the year, and their ages at statutory year end

Age	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Total
2013/14	<5	17	17	22	46	55	75	53	58	76	77	71	69	64	80	76	69	88	1013
2014/15	<5	10	23	25	36	57	63	78	61	64	83	80	73	75	69	86	81	72	1036
2015/16	<5	9	14	28	37	47	63	72	83	67	68	88	86	76	80	69	91	85	1063
2016/17	<5	<5	13	18	33	48	52	68	75	88	73	73	90	90	80	81	69	93	1044

All children during the stated statutory year that had an active Registered Learning Disability during the year, and their ages at statutory year end

Age	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Total
2013/14	<5	<5	9	7	29	40	52	34	33	55	52	50	56	41	57	45	51	57	668
2014/15	<5	<5	5	15	20	38	48	54	40	39	60	54	52	61	44	61	48	53	692
2015/16	<5	<5	<5	5	25	29	43	53	58	41	40	61	58	54	64	44	62	51	688
2016/17	<5	<5	<5	5	10	34	33	47	56	63	45	44	62	60	56	65	44	64	688

All children with an active Registered Learning Disability as at the specified date, that were looked after and placed out of area

26/10/2017	16
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