NEGLECT STRATEGY 2014-2016

This Strategy has been developed by Halton Children's Trust in partnership with Halton Safeguarding Children Board.

Halton Children Safeguarding Children Board will be responsible for the implementation and monitoring the impact of Halton's Neglect Strategy.

Introduction: Why Does Neglect Matter?

Childhood neglect is a key feature of child protection activity in the UK. Nationally, neglect is the most common factor for children and young people subject to a child protection plan. Neglect is unacceptable because of the lasting damage that it can do to the lives and potential of children, but also because it is avoidable harm that it is within our power to do something about. The potential consequences of neglect include death or serious injury, distress, global developmental delay, mental health issues, insecure attachments, increased risk of substance misuse, increased risk of teenage pregnancy, increased risk of experiencing sexual, domestic or physical abuse, difficulties in assuming parental responsibilities later in life, and poor health, educational and social outcomes.

The Strategy aims to support professionals to guard against and also challenge each other around becoming acclimatised to the conditions of neglect. Equally, managers should challenge professionals/clinicians understanding of the impact of neglect during supervision and ensure staff are supported and challenged to avert any wish to minimise or downgrade neglect and its impact.

Neglect Definition

As defined in national guidance, Working Together to Safeguard Children, Department of Education (2013), neglect can be defined as

'the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- ***provide adequate food, clothing and shelter (including exclusion from home or abandonment)***
- ***protect a child from physical and emotional harm or danger***
- ***ensure adequate supervision (including the use of inadequate care-givers)***
- ***ensure access to appropriate medical care or treatment***

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs'.

A helpful reminder of neglect involves the failure to meet a child or young person's 'basic needs' and includes acts of "omission" (failure to recognise/act) and "commission" (deliberate/intentional):

- medical neglect
- nutritional neglect
- emotional neglect
- educational neglect
- physical neglect
- lack of supervision and guidance (Howarth, J 2007)[1].

Having an understanding of emotional abuse is important due to the overlap between emotional abuse and the many forms of child maltreatment. Being able to recognise and understand the impact of neglect is essential when working with children that are subject to neglectful situations.

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse.

Recognition of emotional abuse is usually based on observations the following may be indicators of emotional abuse:

- Developmental delay;
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment;
- Aggressive behaviour towards others;
- A child scapegoated within the family;
- Frozen watchfulness, particularly in pre-school children;
- Low self-esteem and lack of confidence;
- seek out or avoid affection;
- Withdrawn or seen as a 'loner' difficulty relating to others;
- Food refusal;
- Attention seeking.
- Risk-taking behaviour
- Low warmth from parents/carers
- Low level of parental control

Background and Context

Neglect is the most prevalent presenting issue for all contacts with Children's Social Care in Halton. This pattern is reflected in national research and evaluations; Neglect is a predominant factor in serious case reviews where a child has died or been seriously injured.[2]

[1] Howarth, J (2007) *Child Neglect: Identification and Assessment, London:* Palgrave Macmillan.

[2] Neglect and serious case reviews | NSPCC

In the first two quarters of 2013-14, 17% of all contacts were based on presenting with issues of Neglect. Of the 396 instances where Neglect was the presenting issue, 93.4% were at [3]Section 17 and 6.6% at [4]Section 47.

At the point of referral, Neglect is again the most common presenting issue in 32% of cases. In the first two quarters of 2013-14 of those cases where Neglect was the presenting issue, 12.6% was a Section 47 case and 87.4% being a Section 17 case.

For children subject to a child protection plan, Neglect is the second most common category of abuse, with 9 likely cases and 45 actual cases in the first two quarters of 2013-14.

The wards with the highest numbers of Section 17 Neglect cases are Grange, Windmill Hill and Kingsway. For Section 47 cases, the wards with the highest numbers are Grange, Halton Castle, Kingsway and Riverside.

Appendix 1 provides a snapshot to the age breakdown of cases by the category of concern for the child protection plan and cases by ward for those subject to child protection plans.

Appendix 2 provides a range of Neglect Trend Information for referrals, contacts, Child Protection Plans, Excess Weight (overweight and obese), Underweight Children, Emergency Hospital Admissions and Emergency Admissions - Injury shown by age and ward breakdown. Appendix 2 also includes 3-year trend information for Child Protection Plans and referrals overlaid on maps highlighting the top 10% of wards on the Index of Multiple Deprivation.

Data Analysis

Further analysis of the mapped data in Appendix 2 suggests that there are a number of wards with high numbers of referrals that have Neglect as the most common presenting issue however, these appear not to progress on to a Child Protection Plan in which Neglect is the category of concern. This is particularly noticeable for the following wards:

Ward	Referrals 2011-2014	Child Protection Plan 2011-2014
Halton Castle	71	23
Kingsway	63	27
Grange	54	15
Norton South	50	3
Hough Green	50	4
Halton Lea	49	14
Riverside	43	0
Mersey	34	7
Windmill Hill	44	15

[3] *Section 17 – General duty on local authorities to safeguard and promote the welfare of children within their area who are in need; and 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.*

[4] *Section 47 - Where the local authority is informed that a child who lives, or is found, in their area is the subject of an emergency protection order; or is in police protection; or have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm, the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.*

Also of interest is Halton Brook which is the only ward where the number of referrals (25) almost matches the number of Child Protection Plans (21).

Supporting Plans and Strategies

Halton Health and Wellbeing Strategy 2012-2015
Public Health Outcomes Framework – Giving all children a health start in life
Halton's Sustainable Community Strategy 2011-2026
Children & Young People's Plan
Early Help Strategy & Local Offer 2013-2015
Halton Child and Family Poverty Strategy (Currently being updated)
Young Carers Strategy
Joint Strategic Needs Assessment

Partnerships

Halton Children's Trust and Halton Safeguarding Children Board have strong and valued reputations for partnership working across all agencies – "it's in our DNA". The working together approach fosters collaboration and engagement with our partners. This has proven successful in the delivery of positive outcomes for children, young people, families and carers and provides opportunities for their active participation in decisions impacting their lives.

Understanding of neglect can be informed by our own ethical values: not all professionals experience, understand or interpret situations in the same way. By discussing and reviewing case situations professionals can improve their objective assessment skills. In rolling out the Graded Care Profile training, the importance of multi-agency participation must not be under-estimated as this is an essential element in learning to understand your own ethical values, provide a more holistic understanding of neglect and improve the collaboration between agencies for assessment, care planning and delivery of services.

Strategic Aims and Objectives

In Halton we aim to ensure early recognition of neglect and improve all agencies' responses to the children and young people affected through having clear multi-agency agreed thresholds and a common approach to working with families to engage them effectively. This strategy has three core objectives:

- To ensure the awareness and understanding of neglect both within and between agencies working in Halton, including services that primarily serve adults (i.e. mental health, substance misuse, adult social care LD services). This includes a common understanding of neglect and the thresholds for access to agencies and services.
- To ensure that children and young people living in neglectful situations receive appropriate assessment, intervention and support services.
- Developing, reviewing and improving a multi-agency response to neglect.

- Based on our analysis of the patterns of neglect that services become more focused on **Kingsway, Riverside, Grange, Windmill Hill and Halton Castle wards** to ensure that services being developed are targeted to make the most impact neglect.

Principles

This strategic framework is underpinned by a number of key principles which are endorsed by all Halton Children's Trust agencies, these include:

- A shared understanding of neglect and the safety, well-being and development of children is the over-riding priority
- Effective collaboration amongst agencies is vital to ensure timely identification, assessment and support
- Agencies must ensure that professionals are trained to recognise and tackle neglect for children and young people aged 0-25 with special needs, disabilities and acute vulnerabilities. *Professionals must be acutely sensitive when working with and supporting older young people to avoid treating them as children.*
- Children and young people should expect consistency both in the practitioners and the support offered
- That early indicators of Neglect are recognised so intervention can be made as early as possible
- The strategy will be inclusive of participation of service users and learn from the experiences of families living with Neglect
- All services must consider/research historical information to inform the present position and repeat at times of significant change as well as review at regular intervals
- Evaluating vulnerability, need, risk of harm or suffering harm requires information sharing and consideration of a multi-faceted array of indicators and outcome areas. To effectively safeguard children requires professionals to be curious about family circumstances and events and also requires professionals to challenge each other about improvement made by families and its sustainability
- Work with children and young people will be measured by its impact on outcomes. Statutory services may need to intervene if insufficient progress is achieved when other methods have been unsuccessful or the level of risk presented to the child become unacceptable.

Parents with Learning Disabilities or Mental Health Issues

Adults who have a physical or mental health condition which significantly restricts their functioning may be eligible for support with their condition from Adult Social Care Services. Where there are children in the family, and the parent's condition potentially compromises their ability to provide safe and effective parenting, then it is essential for children's and adults services to work together. The ***Joint Working on Cases between Adults and Older People's Services and Children's Social Care - Policy, Procedure and Practice*** describes how children's and adults services should work together in these circumstances.

For adults with less complex needs, there is a range of universal services which can help them – libraries, leisure centres, recreational activities, healthy living schemes etc, it is often a matter simply of signposting them to these services. Information about these services can be found on the Council's website or from Halton Direct Link.

Parents who are affected by learning disability or mental health issues may have increased difficulties in understanding child development, behaviour and stimulation. It is essential that

partners make appropriate adjustments in assessing and supporting parents with these additional needs and adapt how they deliver services in response. The Parenting Assessment Manual (PAMS) is a useful tool for working in partnership with parents to support them to be able to meet their child's needs.

Domestic Violence, Drugs and Alcohol

Drugs, alcohol and domestic violence in relationships can adversely affect parenting in all aspects of meeting a child's needs. It is not unusual for children who have been affected by neglect to have parents whose parenting is significantly compromised by domestic violence, drugs and alcohol.

Children with Disabilities

The majority of children with disabilities receive love and support from their parents and carers. However, as a recent Ofsted thematic report [5] has highlighted:

"Disabled children are more dependent than other children on their parents and carers for their day-to-day personal care; for helping them access services that they need to ensure that their health needs are met; and for ensuring that they are living in a safe environment. The impact of neglect on disabled children is therefore significant. This is not always recognised in time. In many of the child protection cases examined by inspectors, where neglect was the key risk, children had previously received support as children in need for a long time. Despite the lack of improvement for the child there were delays in recognising that the levels of neglect had met the threshold for child protection. In many of these cases the impact of poor parenting on the child was not clearly seen and the focus on the child was lost."

This Strategy aims to address the awareness and training of agencies to recognise Neglect for all children but will ensure a particular focus is given to the needs of disabled children.

Listening to Children

A key part of this strategy will be for all partners to be supported in seeking out the views and experiences of children and young people affected by Neglect. Partners must be able to listen and see the impact that Neglect has on children's overall development, and develop a strong sense of the "lived" experience for each child. This must inform the assessment and plans to support the child and the family that are developed.

[5] Ofsted | Protecting disabled children: thematic inspection

Young Carers

Young carers are children and young people under the age of 18 years providing care to a parent, sibling, another family member or a friend who has a physical illness/disability; mental ill health; sensory disability or has a problematic use of drugs or alcohol. The care given may be practical, physical and/or emotional. As the level of care they provide would usually be undertaken by an adult, caring responsibilities can have a significant impact on their normal childhood. As a result they could experience and be at risk of Neglect through:

- Reduced school attendance
- Social isolation
- Emotional difficulties as a result of trying to balance the need to help their family members but also have their own needs met.

There is a continuum of support available to young carers across Halton's Levels of Need Framework. Professionals use a holistic, 'Think Family' approach, considering the whole family (child, adults, extended family and wider community) when assessing the needs of young carers. This ensures services are agreed following full engagement of the whole family and that a smooth transition between lower level support and specialist services feels seamless to young carers and their family.

Impact of Neglect on Adolescents

It can be difficult to recognise Neglect in adolescents, and for young people themselves to recognise they are experiencing Neglect. It is important to be aware of the different stages of development and that there may be a number of factors that indicate a young person is at risk of Neglect – issues such as increasing risky behaviour coupled with low parental warmth and acknowledgment, poor parental control and involvement, may be indicators that the experiences for that young person could mean that their basic needs are not met. Neglect matters: a multi-agency guide for professionals working together on behalf of teenagers - Publications - GOV.UK provides a useful framework for thinking through the potential for neglect with young people and the NSPCC guide Neglect matters: a guide for young people about neglect is also a tool that can be used to start a conversation with a young person about what they may be experiencing.

Recognising Cultural Difference

Partners must be aware of the impact of cultural and religious beliefs and attitudes of parents where these impacts on children and young people's safety and development. Partners must be sensitive to cultural and religious needs; however this must not detract from the focus and impact on the child's basic needs and development. Each agency must ensure that their staff have had equality and diversity training to ensure they give enough weight to cultural and religious needs.

Thresholds for Social Care and links with Halton's Graded Care Profile

A key part of identifying and understanding neglect is considering where a case sits in terms of the **Halton Levels of Need Framework**, more information on this is available via: http://www.haltonchildrenstrust.co.uk/index.php/halton-levels-of-need/

The principal multi-agency assessment tool for neglect is the **Graded Care Profile (GCP)**, which includes five grades of a scale, the table below shows the links between the GCP and the Halton Levels of Need Framework:

Strengths and achievements >>>				**<<< Difficulties and problems**
1 **All needs met**	**2** **Essential needs met**	**3** **Some essential needs unmet**	**4** **Many essential needs unmet**	**5** **Most or all essential needs unmet**
Universal Services	**Level 1: Universal Plus**	**Level 2: Multi-agency Planning**		**Level 3: Multi-agency Plan to Protect from Harm**

The GCP provides a series of statements that can be related to the Halton Levels of Need Framework. The statements are indicative to what degree the child's needs are met. Each statement is graded from 1 to 5 and reflects the continuum between areas of strength and areas of difficulties.

Halton Levels of Need Framework describes the threshold between Level 2 and Level 3 as: *Complex needs requiring multi-agency support that have become abusive requiring protection or a social work led assessment when the carer's ability to parent or protect is so compromised by their own needs, lifestyle or environment that they are not meeting their children's developmental needs and this is having a significant or persistently harmful/ neglectful impact on the child.*

Level 2 - Regular indicators of Neglect but parents have the capacity and motivation to make necessary changes and maintain this with on-going support.

Level 3 - Persistent indicators of Neglect and despite support, parents lack the capacity and motivation to make the necessary changes and maintain this.

Neglect Tools

Child protection procedures help to address chronic Neglect, improving clarity and structure to the process of identifying and addressing the challenging issue of Neglect within early help and support can be a 'grey area'. Providing a structured framework to assist professional judgements and using standardised tools and measures by skilled and confident practitioners supports professional judgement for identifying and addressing neglect.

The principal multi-agency assessment tool for Neglect is the **Halton's Graded Care Profile (GCP)** and Guidance to be used when there are concerns about the care being provided for a child/young person. The trigger for undertaking a GCP is a concern about neglect. The

assessment and involves the gathering of information about a child's circumstances, analysing the information and reaching a judgement about the needs the child may have. It looks at everything from food to clothes, the condition of the house and how parents talk to the child/young person. It will show those things done well, and those that need additional support. It is a good way of being really clear about what will need to improve and what support is available to help get there.

In addition the Neglect Practice Tool developed by South Gloucestershire Council provides a range of different practical tools to help partners with the identification of potential neglect before undertaking a Graded Care Profile.

Parent Support and Development

One of the key areas of the strategy will be to focus on the learning and development of parents/'care giver' to support their children's wellbeing. Poor self-esteem can be a barrier to any change in behaviour but parents can develop the motivation, self-belief and knowledge they need to become confident caregivers. For example, this can be achieved by building parent skills in a range of areas and celebrating achievements with certificates or qualifications. It is the intention to work alongside parents to maximise the support and enjoyment they can bring to their children's learning and development whilst providing opportunities to work towards their own personal goals and ambitions.

Where professionals identify parents/caregivers that would benefit through lower level support (Levels 1 and 2), they will be encouraged to attend support/training that agencies have available. Professionals working with parents/caregivers assessed as requiring support at Level 3 will be required to attend support/training via a referral to services that are available. **Appendix 3** outlines the current programmes available to parents/caregivers.

In assessing and reviewing support provided to parents partners must be alert to how they will evidence change and impact on children. Partners should ensure their staff are training and supported in working with 'resistant parents' but also working with parents where they may be 'disguised compliance'[6]. Disguised compliance is where a parent appears to agree and engage but there is no noticeable impact on the needs of the child. Partners must be able to challenge both 'resistant parents' but also parents who appear to engage but with no change on the concerns you originally shared with them.

[6] Disguised compliance | NSPCC

Delivery Plan

Objective	Action	By Whom	Outcomes	Timescale	Measure	Progress
1) Neglect Strategy launched, fully implemented and monitored across multi-agency partners	Multi-agency group implemented to launch, implement and monitor the Neglect Strategy	Develop sub-group of Early Help-Closing the Gap Strategic Group to progress and implement	Strategy launched and implemented across multi-agency partners	Launch event June/July 2014	Review strategy in 6 months or earlier using Ofsted Neglect Thematic Inspection	
2) Roll-out Neglect Graded Care Profile training programme	• Implement robust multi-agency rolling training programme Borough-wide • Develop 'train the trainer' programme and implement • Graded Care Profile Champions implemented	Workforce Strategy Group Professionals to undertake 'Train the trainer' role - Graded Care Profile training	Neglect cases identified, needs assessed using tools and met swiftly Colleagues supported in undertaking assessments	September 2014 onwards October 2014 onwards	Improved understanding of neglect % increase in professionals using neglect tools 'Train the trainer' to deliver x number of training sessions held per year	
3) Review PAMS approach for multi-agency roll-out	If appropriate, roll-out PAMS evidence-based approach across multi-agency partners	Workforce Strategy Group	PAMS approach assists assessment of vulnerable families	November 2014 onwards	Assessment process improved	
4) Neglect Strategy reviewed to inform service development	Commissioners to develop services including Level 3 to meet identified needs balancing parental support	Commissioners across multi-agency partners	Parental support services improved	December 2015	Support services developed and put in place in timely manner	

Objective	Action	By Whom	Outcomes	Timescale	Measure	Progress
5) Shaping the services to be commissioned in targeted wards	Commissioners challenged to focus on areas of neglect as the data/trends have highlighted	Commissioners across multi-agency partners	Parental support services improved	September 2014 on-going	Support services implemented in targeted wards in a timely manner	
6) Establish Family Nurse Partnership (FNP)	Neglect Strategy to inform the FNP Advisory Group	Commissioned by Public Health. Delivered by Bridgewater	First time mums/ family supported	Service running from October 2014	Number of families receiving intensive support, who have been identified as high risk for neglect/child protection	
7) Consideration of potential neglect in delivery of Education, Health and Care Plans for children with disabilities this to be addressed in the development of EHC Plans and the training and implementation	Being alert to and actively consider likelihood of neglect in children with disabilities	Pam Beaumont	Children with disabilities are supported and safeguarded in a timely way	From September 2014	Monitoring numbers of children with disabilities where neglect is a factor in EHC Plans, Child Protection and Children in Care	
8) Agencies to ensure training to their workforce on child development and attachment is in place at the appropriate level and detail for their role	All Agencies to review and implement their revised workforce training plan	All Partners	Staff are able to recognise the appropriate levels of development and attachment and its link to the impact of neglect	From September 2014	Single Agency, CAF and multi-agency audits evidence improved assessments and plans	

Appendix 1

Child Protection Plans by age breakdown and category of concern
(Snapshot data as at 31.12.13)

	0-4 year olds	5-11 year olds	12-19 year olds	Total
Neglect	29	17	11	57
Likelihood of Neglect	7	6	2	15
Emotional Abuse	15	19	10	44
Likelihood of Emotional Abuse	9	4	1	14
Physical Abuse	1	0	1	2
Likelihood of Physical Abuse	5	0	0	5
Likelihood of Sexual Abuse	4	5	6	15

Child Protection Plans by age, population and ward breakdown
(Snapshot data as at 31.12.13)

	Population 0-19 year olds **(Total by Ward)**	**Overall** % of 0-19 year olds total population on CPP	0-4 year olds		5-11 year olds		12-19 year olds	
			No. on CPP	Population	No. on CPP	Population	No. on CPP	Population
Appleton	1590	0.4%	4 (0.8%)	490	0	510	4 (0.7%)	590
Beechwood	650	0.5%	2 (1.2%)	170	1(0.4%)	240	0	240
Broadheath	1420	0.4%	2 (0.5%)	390	2 (0.4%)	480	1 (0.2%)	550
Ditton	1680	0.2%	1 (0.2%)	480	2 (0.4%)	560	1 (0.2%)	640
Grange	1940	0.6%	4 (0.8%)	490	5 (0.7%)	660	2 (0.2%)	790
Halton Brook	1790	0.7%	7 (1.5%)	460	5 (0.8%)	590	2 (0.3%)	740
Halton Castle	1450	1.5%	7 (1.8%)	400	10 (2.2%)	460	6 (1.0%)	590
Halton Lea	1840	0.9%	8 (1.8%)	450	7 (1.1%)	630	4 (0.5%)	760
Halton View	1450	0.3%	4 (0.8%)	410	1 (0.2%)	470	0	570
Heath	1240	0.2%	2 (0.7%)	290	0	410	0	540
Hough Green	1660	0.5%	2 (0.4%)	470	4 (0.7%)	540	3 (0.5%)	650
Kingsway	1760	0.3%	3 (0.8%)	400	1 (0.2%)	590	3 (0.4%)	770
Mersey	1670	0.7%	10 (1.8%)	560	1 (0.2%)	530	0	580
Norton North	1730	0.2%	2 (0.4%)	470	1 (0.2%)	600	0	660
Norton South	2050	0.1%	1 (0.2%)	550	1 (0.1%)	750	0	750
Riverside	1500	0.5%	0	440	5 (1.0%)	500	3 (0.5%)	560
Windmill Hill	730	1.6%	8 (4.2%)	190	4 (1.7%)	230	0	310

Children with Disabilities

Contacts, Referrals & Child Protection Plans by age for 2013-14

Age	Contacts	Referrals	CPP
0-4	10	7	3
5-16	27	2	4
17+	4	19	0
Total	**41**	**28**	**7**

Trend Information by ward breakdown

	Contacts			Referrals			Child Protection Plans		
Ward	**2011-12**	**2012-13**	**2013-14**	**2011-12**	**2012-13**	**2013-14**	**2011-12**	**2012-13**	**2013-14**
Appleton	0	--	3	0	0	3	--	--	0
Beechwood	0	--	0	0	0	0	--	--	0
Birchfield	0	--	0	0	0	0	--	--	0
Broadheath	0	--	1	0	0	1	--	--	0
Daresbury	0	--	0	0	0	0	--	--	0
Ditton	0	--	3	0	0	3	--	--	1
Farnworth	0	--	0	0	0	0	--	--	0
Grange	0	--	4	1	3	3	--	--	0
Hale	0	--	0	0	0	0	--	--	0
Halton Brook	0	--	2	2	0	1	--	--	0
Halton Castle	0	--	5	0	0	4	--	--	3
Halton Lea	0	--	0	0	1	0	--	--	1
Halton View	0	--	1	0	0	1	--	--	1
Heath	0	--	0	1	0	0	--	--	0
Hough Green	0	--	3	0	5	3	--	--	0
Kingsway	0	--	5	0	0	3	--	--	0
Mersey	0	--	0	0	0	0	--	--	0
Norton North	0	--	0	1	0	0	--	--	0
Norton South	1	--	6	0	1	2	--	--	0
Riverside	0	--	2	0	1	1	--	--	0
Windmill Hill	0	--	4	0	0	3	--	--	1

Appendix 2

Trend information for Neglect for Contacts, Referrals and Child Protection

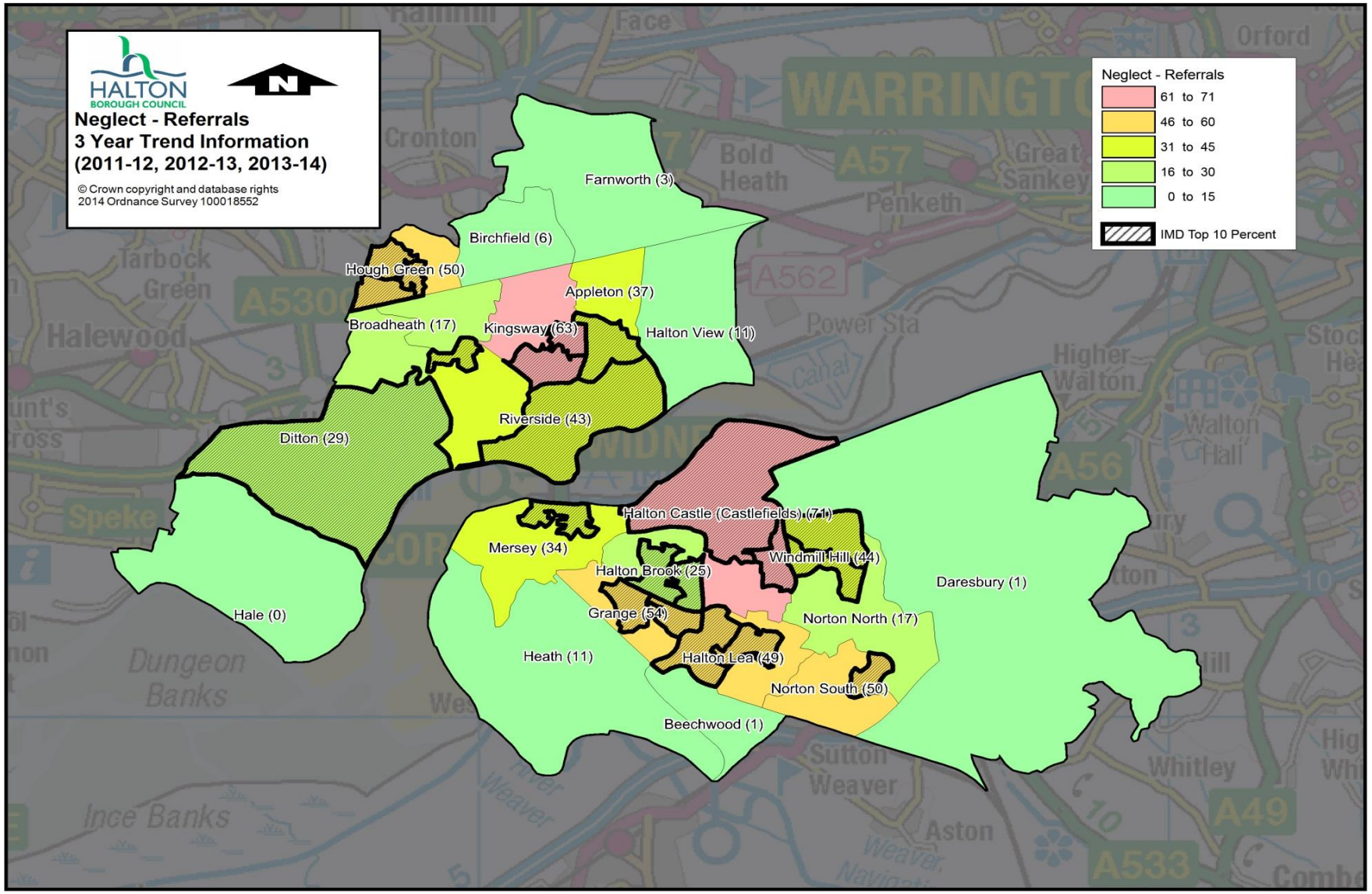
Information taken from CareFirst using CareAssess (from June 2011), prior to this point data was recorded differently and is not available for relevant comparison.

	Contacts			Referrals		
Ward	**2011-12**	**2012-13**	**2013-14**	**2011-12**	**2012-13**	**2013-14**
Appleton	2	1	39	3	6	28
Beechwood	0	0	1	0	0	1
Birchfield	0	0	11	0	2	4
Broadheath	3	0	7	5	4	8
Daresbury	1	0	1	0	0	1
Ditton	0	0	20	0	6	23
Farnworth	0	0	2	1	0	2
Grange	0	6	70	3	12	39
Hale	0	0	2	0	0	0
Halton Brook	1	7	20	13	6	6
Halton Castle	2	8	49	10	22	39
Halton Lea	0	2	25	8	16	25
Halton View	0	2	6	4	2	5
Heath	0	1	4	5	2	4
Hough Green	3	0	41	1	17	32
Kingsway	2	0	50	13	7	43
Mersey	0	3	37	0	10	24
Norton North	0	0	17	3	0	14
Norton South	1	4	43	4	16	30
Riverside	0	0	46	4	10	29
Windmill Hill	0	1	44	9	4	31

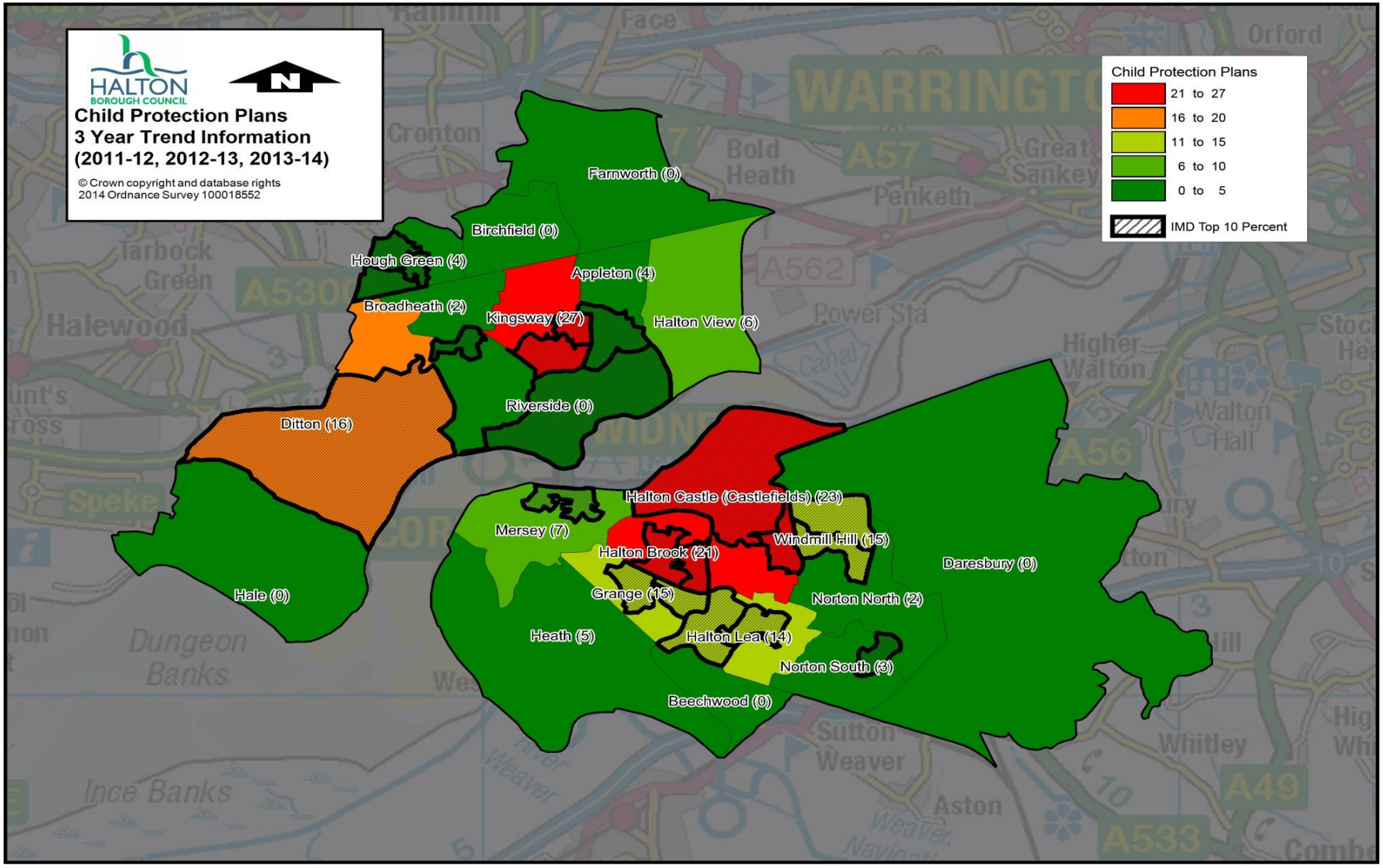
Child Protection Plans commenced with neglect as category of concern

Ward	**2011-12**	**2012-13**	**2013-14**
Appleton	0	0	4
Beechwood	0	0	0
Birchfield	0	0	0
Broadheath	0	2	0
Daresbury	0	0	0
Ditton	9	1	6
Farnworth	0	0	0
Grange	0	10	5
Hale	0	0	0
Halton Brook	4	5	12
Halton Castle	3	5	15
Halton Lea	0	7	7
Halton View	5	0	1
Heath	3	0	2
Hough Green	0	0	4
Kingsway	13	3	11
Mersey	1	2	4
Norton North	1	0	1
Norton South	0	1	2
Riverside	0	0	0
Windmill Hill	0	6	9

Referral Trend Information with the top 10% of wards on the Index of Multiple Deprivation

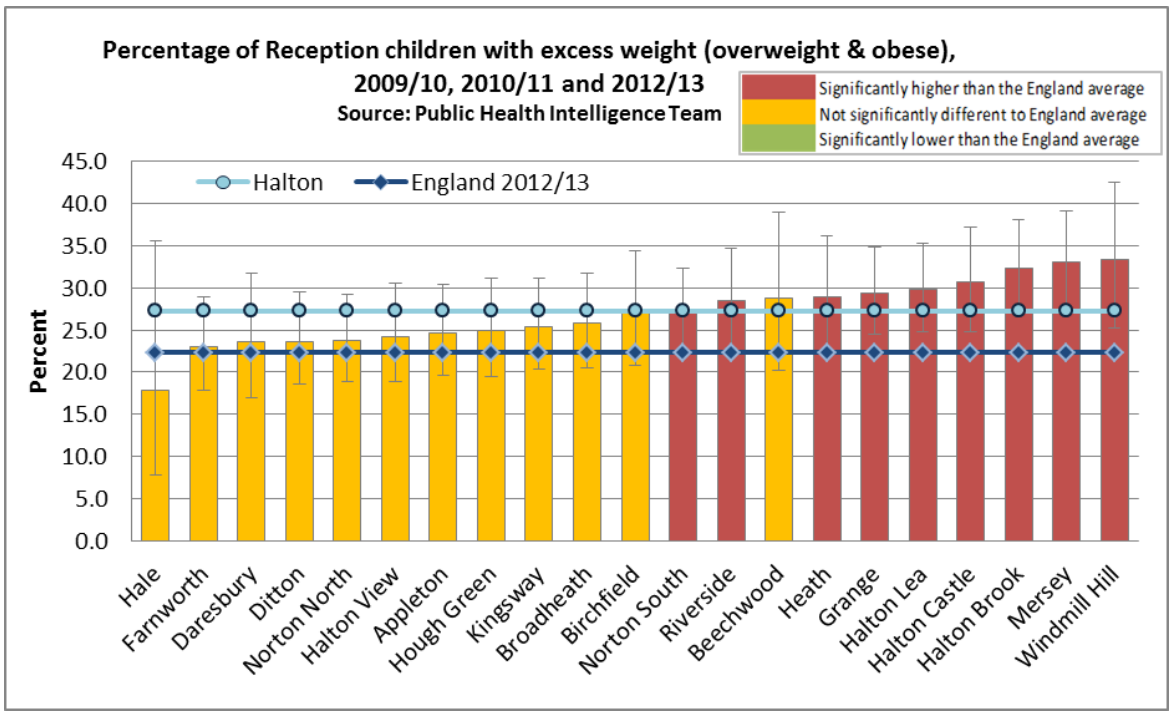


Trend Information for Child Protection Plans with the top 10% of wards on the Index of Multiple Deprivation

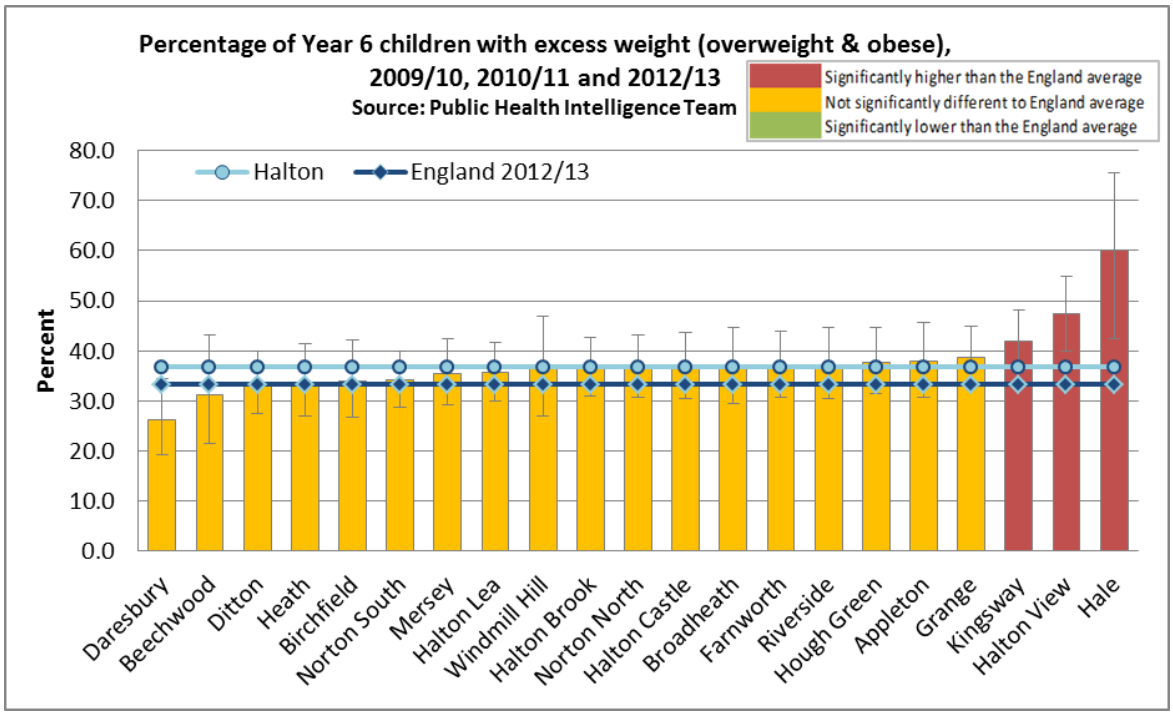


Excess weight using 3 years' worth of data (2009/10, 2010/11 and 2012/13)
2011/12 data not included due to an issue with the height measurement equipment that was used.

Reception

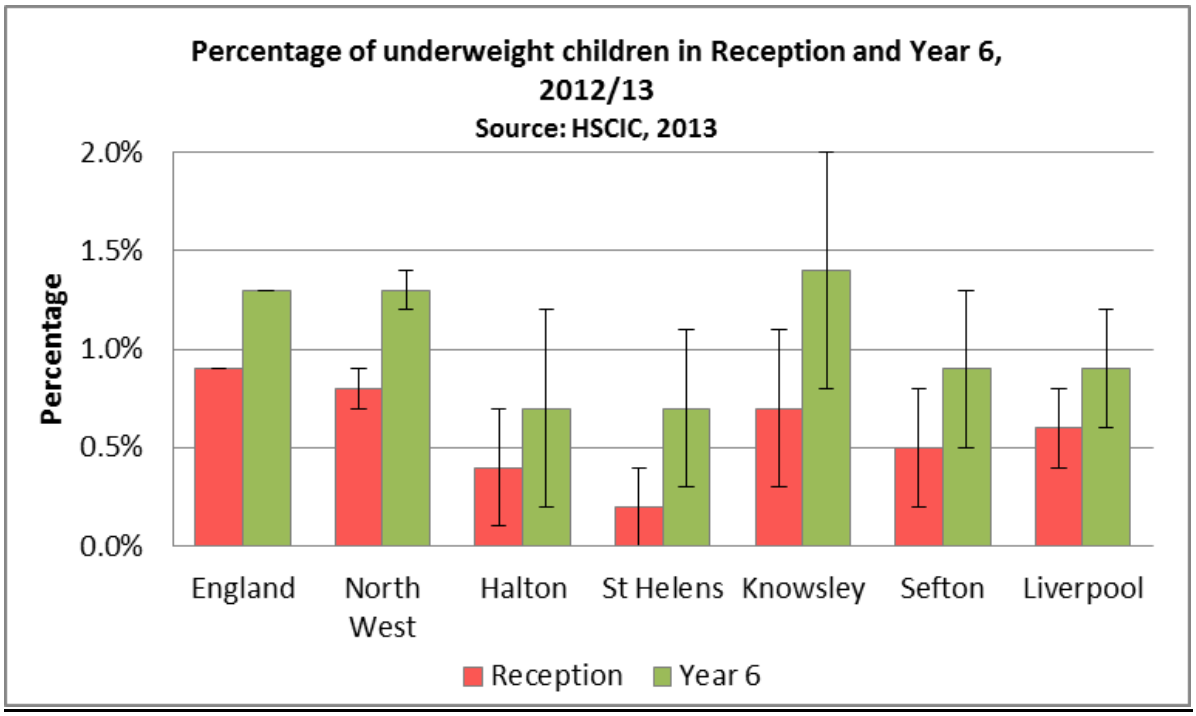


Year 6



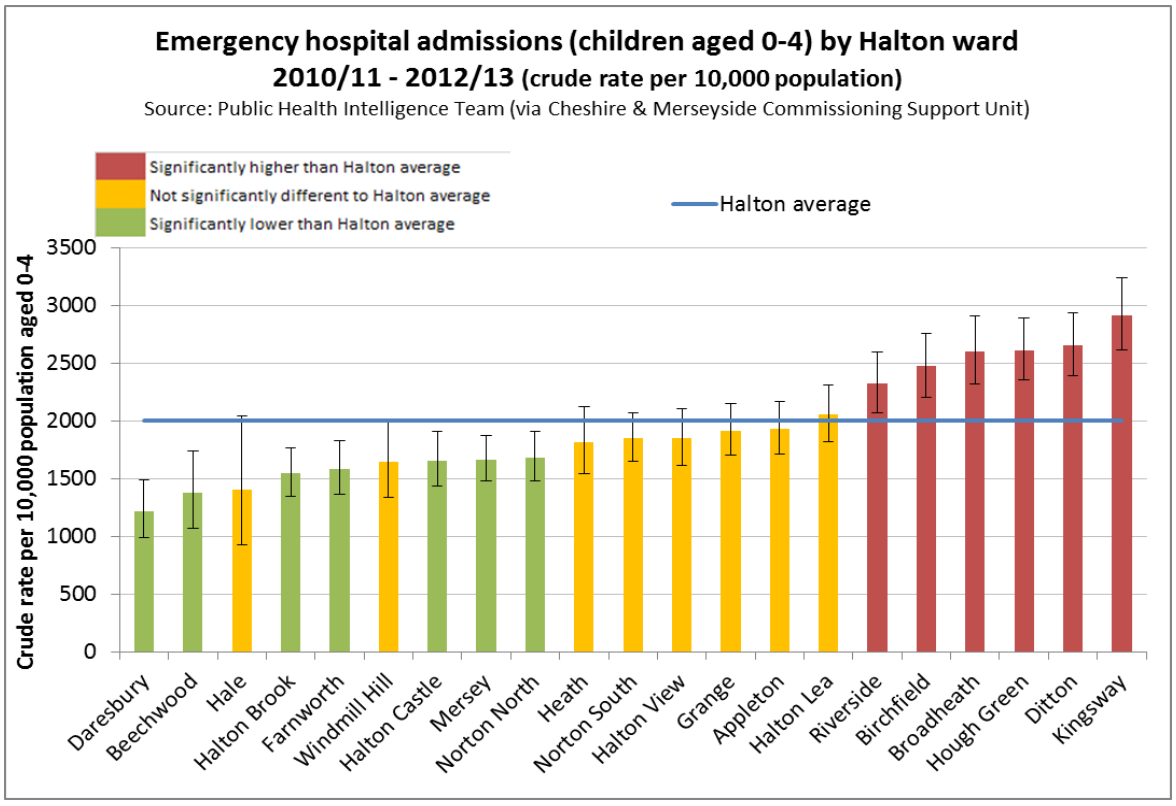
The data identifies percentages which are significantly different compared to the England average for 2012/13. None of the Halton wards had a significantly lower (better) percentage compared to England for reception or Year 6, although some had significantly higher (worse) percentages. It is worth noting that there were not many children in reception and year 6 from Hale, therefore 1 or 2 children can significantly sway the percentage for this ward.

Underweight children data (2012/13)

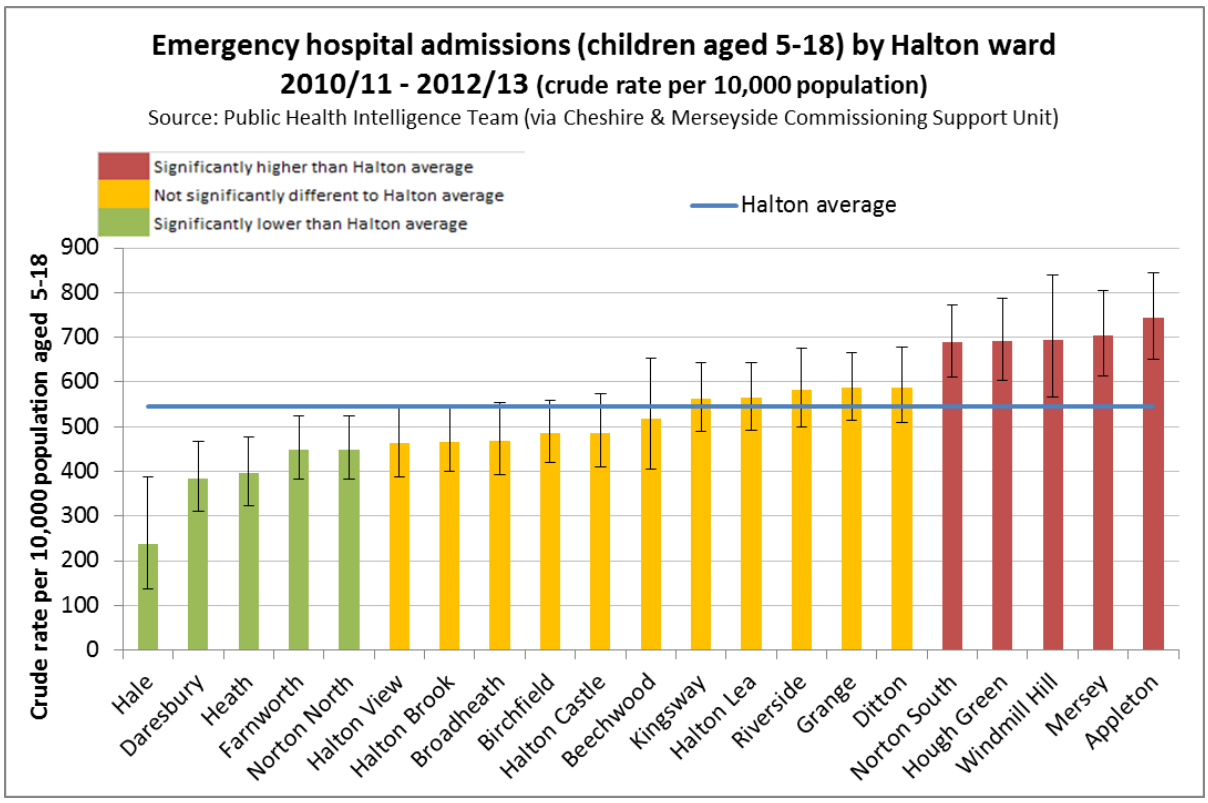


In 2012/13 Halton had a significantly lower percentage of underweight children compared to England, both in reception and year 6. The percentage was also lower than the North West average, but not significantly so. The numbers of children who are overweight are small. The total number of underweight children over a three year period (2011-2013) was 17 for Reception and 33 for Year 6.

Emergency Hospital Admissions children aged 0-4

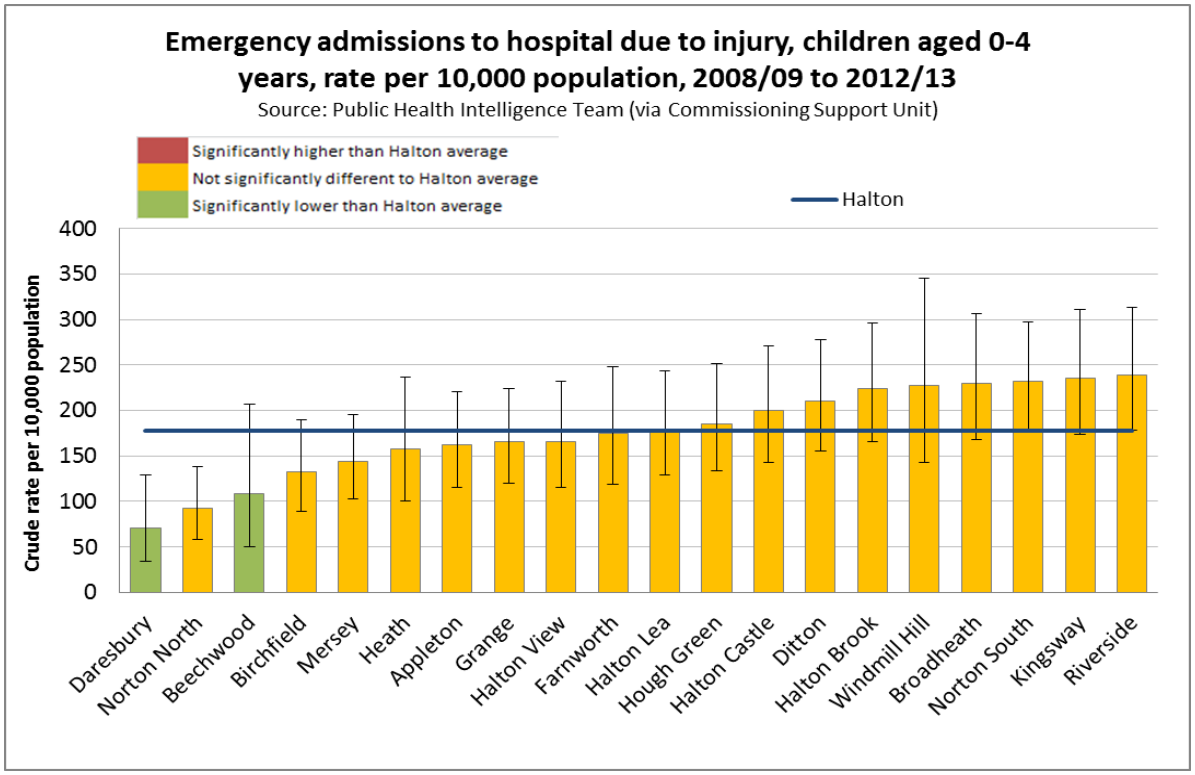


Emergency Hospital Admissions children aged 5-18



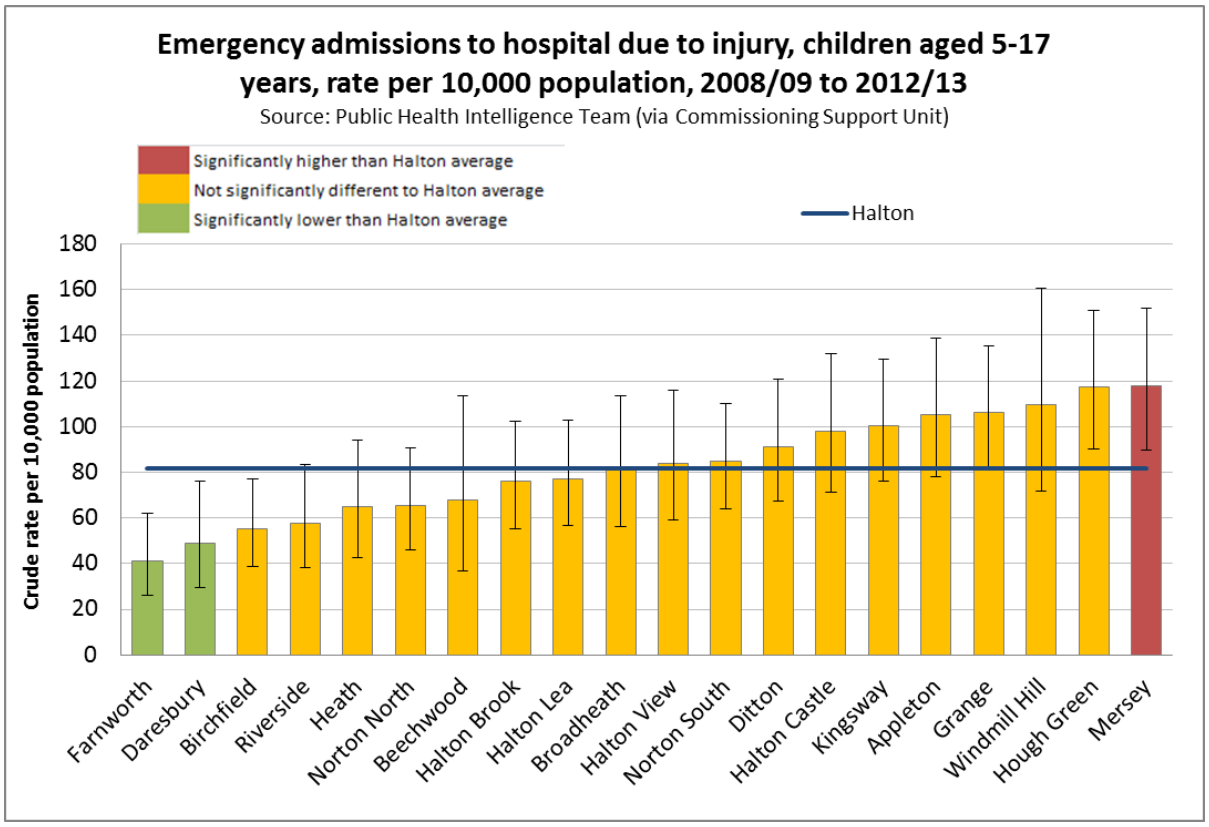
Emergency Admissions – Injury (children aged 0-4)

Injury admission data for Hale ward not included as it was less than 5 for both age groups.



Emergency Admissions – Injury (children aged 5-17)

Injury admission data is only available up to age 17 also the data for Hale ward not included as it was less than 5 for both age groups.



Appendix 3

Programmes for Parents and Caregivers to support the Learning and Development of Children and Young People

UNIVERSAL							
Programme	**Age of children & young people**	**Who is eligible/targeted Referral pathway**	**Methods used Evidence Programme details**	**Outcomes and how they are measured**	**Venues**	**Commissioned by: Provider**	**Programme Schedule Capacity**
Parent Craft **Runcorn**	Antenatal only	All pregnant women from 30 weeks gestation. Focuses more on birth than on supporting children's learning and development. Voluntary attendance. Referral: via Midwifery	Classroom based – three x 1 hour sessions. Programme focuses on increased awareness of pregnancy, delivery and having a new born baby. Emotional and physical health also discussed.	Women and partners have increased knowledge of pregnancy, labour, pain relief, delivery, postnatal health, care of new born, parenting skills and emotions following childbirth.	Halton Lodge Children's Centre: the first Tuesday in the month and subsequent two Tuesdays. Brookvale Children's Centre: the first Thursday in the month and subsequent two Thursdays.	Commissioned by Halton CCG (Clinical Commissioning Group). Provider: Community Midwifery Service, Bridgewater Community Healthcare NHS Trust.	Information available from service.
Parent Craft **Runcorn -** Dads only session. This is included in the first session of Parent Craft.	As above	As above. Midwifery led.	1 hour session in a classroom. How Dads can support their partner in last part of pregnancy, during labour and in the days following delivery.	Dads receive information tailored to their needs to enable them to support their partner during pregnancy, childbirth and beyond. To enhance their	Halton Lodge and Brookvale Children's Centres – the first session.	Commissioned by Halton CCG (Clinical Commissioning Group). Provider: Community Midwifery Service, Bridgewater	Information available from service.

UNIVERSAL							
Programme	**Age of children & young people**	**Who is eligible/targeted Referral pathway**	**Methods used Evidence Programme details**	**Outcomes and how they are measured**	**Venues**	**Commissioned by: Provider**	**Programme Schedule Capacity**
				parenting capacity.		Community Healthcare NHS Trust.	
Parent Craft **Widnes**	Antenatal only	All pregnant women from 30 weeks gestation. Focuses more on birth than on supporting children's learning and development. Voluntary attendance. Referral: via Midwifery	Two sessions of one and a half hours each. Classroom based, uses learning aids, group discussion and activities.	Women and partners have increased knowledge of pregnancy, labour, pain relief, delivery, postnatal health, care of newborn, parenting skills and emotions following childbirth.	Health Care Resource Centre in Widnes, first two Tuesdays in the month. Kingsway Children's Centre, third and fourth Thursdays in the month.	Commissioned by Halton CCG (Clinical Commissioning Group). Provider: Community Midwifery Service, Bridgewater Community Healthcare NHS Trust.	Information available from service.
Parent Craft **Widnes -** Dads only session. This is included in the first session of Parent Craft.	As above	As above. Midwifery led.	1 hour session in a classroom. How Dads can support their partner in last part of pregnancy, during labour and in the days following delivery.	Dads receive information tailored to their needs to enable them to support their partner during pregnancy, childbirth and beyond. To enhance their parenting	As above.	Commissioned by Halton CCG (Clinical Commissioning Group). Provider: Community Midwifery Service, Bridgewater Community	Information available from service.

UNIVERSAL							
Programme	**Age of children & young people**	**Who is eligible/targeted Referral pathway**	**Methods used Evidence Programme details**	**Outcomes and how they are measured**	**Venues**	**Commissioned by: Provider**	**Programme Schedule Capacity**
				capacity.		Healthcare NHS Trust.	
Family Literacy / Family Numeracy (Adult Learning)	Found-ation Stage to Year 11	Universal provision – parents and caregivers may be targeted/encouraged to attend by school staff.	10 week group programme looking at what children learn at school and how parents/caregivers can support children's learning, including basic parenting techniques.	School feedback Parent / Caregiver evaluations Pupil Attainment data Parent / Caregiver qualifications	Various schools in Halton. Headteachers can request free programme.	Funded by the Skills Funding Agency – delivered by Halton Borough Council's Adult Learning Team.	Capacity for approx. 12 12 programmes per term.
Baby Massage	8 weeks to 1 year	Universal provision. Referral: via Midwifery and Health Visitors or self-referral by parents.	International Association Infant Massage (IAIM) programme, delivered by qualified Children's Centres' staff. Parents or primary caregivers are supported in using oils to give babies soothing, nurturing holds and rhythmic strokes in accordance with established techniques.	Improves both verbal and non-verbal communication between babies and parents with the aim of supporting good attachment. Feedback form or impact statement.	Halton Children's Centres.	Funded and delivered by Halton Borough Council Children's Centres.	5 weekly sessions, delivered on a rolling programme subject to demand.

UNIVERSAL							
Programme	**Age of children & young people**	**Who is eligible/targeted Referral pathway**	**Methods used Evidence Programme details**	**Outcomes and how they are measured**	**Venues**	**Commissioned by: Provider**	**Programme Schedule Capacity**
Range of structured play activities for parent and child – e.g. Play Days, Stay and Play groups.	0–5 years	Universal provision. Referral: self-referral by parents/caregivers or referral via professionals.	Weekly sessions. Weekly session plans and evaluations on the impact of sessions upon families, linked to EYFS (Early Years Foundation Stage) outcomes.	Progress in children's achievement of EYFS outcomes. Parent and child feedback questionnaire.	Halton Children's Centres.	Funded and delivered by Halton Borough Council Children's Centres.	Weekly sessions. Capacity met. Restriction on numbers in some open-access groups due to Health & Safety guidelines.
Sparkle and Bounce	Babies and young children.	Parents and caregivers with specific needs, i.e. learning needs; postnatal depression; social isolation; involvement with Children's Social Care.	Uses Solihull and Brazelton approaches/ strategies, Listening techniques. Singing and play activities. Weekly sessions. Currently delivered by a Nursery Nurse within Health Visitor service.	Improve parent-child relationships. Support children's physical and emotional health. Social support for local families. Networking. Signposting to other groups and activities.	Murdishaw Health Centre.	Commissioned by NHS England. Provider: Health Visitor Service, Bridgewater Community Healthcare NHS Trust.	Information available from service.

UNIVERSAL							
Programme	**Age of children & young people**	**Who is eligible/targeted Referral pathway**	**Methods used Evidence Programme details**	**Outcomes and how they are measured**	**Venues**	**Commissioned by: Provider**	**Programme Schedule Capacity**
Supporting Your Child's Learning & Develop-ment (Adult learning)	Found-ation Stage and KS1	Universal provision although targeting of 'vulnerable' parents.	Delivery of Entry Level / Level 1 qualification. Group programme. Includes early learning, basic parenting, health, safety & care, child development.	Number of qualifications achieved. Parent / Caregiver evaluations.	All Children's Centres.	Commissioned by Halton Borough Council. Provider: Halton Borough Council's Adult Learning Team.	Usually running termly at each Children's Centre.
Range of targeted play sessions – e.g. Terrific Twos	2 years – 3 years	Universal and targeted provision. Referral: self-referral by parents/caregivers or referral via professionals – contact Children's Centres direct.	Weekly sessions. Weekly session plans and evaluations on the impact of sessions upon families. EYFS (Early Years Foundation Stage) Profiles for children attending.	Progress in children's achievement of EYFS Early Learning Goals. Children's EYFS Profiles and session evaluations.	Halton Children's Centres.	Funded and delivered by Halton Borough Council Children's Centres.	Rolling programme, subject to demand.

LEVEL 1: UNIVERSAL PLUS							
Programme	**Age of children & young people**	**Who is eligible/targeted** **Referral pathway**	**Methods used Evidence Programme details**	**Outcomes and how they are measured**	**Venues**	**Commissioned by:** **Provider**	**Programme Schedule** **Capacity**
Supporting Your Child's Learning & Develop-ment (Adult learning)	Found-ation Stage and KS1	Universal provision although targeting of 'vulnerable' parents.	Delivery of Entry Level / Level 1 qualification. Group programme. Includes early learning, basic parenting, health, safety & care, child development.	Number of qualifications achieved. Parent / Caregiver evaluations.	All Children's Centres.	Commissioned by Halton Borough Council. Provider: Halton Borough Council's Adult Learning Team.	Usually running termly at each Children's Centre.
Range of targeted play sessions – e.g. Terrific Twos	2 years – 3 years	Universal and targeted provision. Referral: self-referral by parents/caregivers or referral via professionals – contact Children's Centres direct.	Weekly sessions. Weekly session plans and evaluations on the impact of sessions upon families. EYFS (Early Years Foundation Stage) Profiles for children attending.	Progress in children's achievement of EYFS Early Learning Goals. Children's EYFS Profiles and session evaluations.	Halton Children's Centres.	Funded and delivered by Halton Borough Council Children's Centres.	Rolling programme, subject to demand.

LEVEL 1: UNIVERSAL PLUS							
Programme	**Age of children & young people**	**Who is eligible/targeted** **Referral pathway**	**Methods used** **Evidence** **Programme details**	**Outcomes and how they are measured**	**Venues**	**Commissioned by:** **Provider**	**Programme Schedule** **Capacity**
Community Parents (Service delivered by volunteers)	Targeted primarily at parents and caregivers with children aged 0-5 years but may also work with families with older children.	Parents/caregivers with low level needs that do not require more intensive or specialist intervention. Referral: directly to the service via email or telephone. Parents/caregivers can self-refer. Consent from parents/caregivers must be gained prior to referral by partner services.	1:1 individual support. Trained and supervised local community volunteers deliver peer support via a home visiting 'buddying' service, including accompanying parents/caregivers to access universal services such as Children's Centres. Provides a point of contact for families to discuss their difficulties and concerns in their own home, helping to identify and discuss potential solutions including sources of information and help. All volunteers undertake a	Improvements in parents' and caregivers': understanding of effective parenting skills & confidence in using these; understanding of children's development & behaviour; problem-solving skills and resilience; knowledge of and use of local services. Reduced isolation. Feedback from parents and caregivers.	Parents' and caregivers' homes. Local community venues including Children's Centres.	Commissioned by Halton Borough Council. Provider: Health Improvement, Bridgewater Community Healthcare NHS Trust.	Currently 13 volunteers providing support for 13 parents/ caregivers. At present, programme is meeting referral demands. Next wave of new volunteer training to begin in March 2014.

LEVEL 1: UNIVERSAL PLUS							
Programme	**Age of children & young people**	**Who is eligible/targeted** **Referral pathway**	**Methods used** **Evidence** **Programme details**	**Outcomes and how they are measured**	**Venues**	**Commissioned by:** **Provider**	**Programme Schedule** **Capacity**
			comprehensive training package encompassing all aspects of the role. Service often delivered as part of Step Down process from Levels 2 and 3.				
Triple P Level 3.	All ages.	Parents and caregivers experiencing a specific issue. Referral: currently only available if practitioners working with the family have previously received training.	Short 1:1 interventions delivered over a period of 4 weeks. Evidence based (recommended in Allen Report).	Parents and caregivers supported in identifying and dealing with a specific, defined parenting or behavioural issue. Feedback from parents and caregivers.	Parents' and caregivers' homes. Local community venues.	Not currently commissioned.	Limited delivery by practitioners who have previously received training.
Play Partners	0-5 years	Parents and caregivers with identified additional needs. Referral: self-referral by parents/caregivers or	Targeted and structured home play sessions. Focus is upon individual children's	Improvement in identified additional needs. Questionnaire at	Families' homes.	Funded and delivered by Halton Borough Council Children's Centres.	5 weekly sessions on a rolling programme, subject to demand.

LEVEL 1: UNIVERSAL PLUS							
Programme	**Age of children & young people**	**Who is eligible/targeted** **Referral pathway**	**Methods used** **Evidence** **Programme details**	**Outcomes and how they are measured**	**Venues**	**Commissioned by:** **Provider**	**Programme Schedule** **Capacity**
		referral via professionals – contact Children's Centres direct.	play-related interests, with the aim of supporting parents and caregivers to engage with child-led play.	the start and end of sessions.			
Time for Me	Postnatal.	Women with low mood postnatally, high risk. EPDS (Edinburgh Postnatal Depression Score) less than 12, clinical assessment.	6 sessions. Arts for health group. Use of a number of mediums. Facilitated by Health Visitor and Arts worker.	Improved emotional health and attachment. Address separation anxiety with use of Crèche facility. Support women in social isolation.	Local Children's Centres.	Provider: Bridgewater Community Healthcare NHS Trust.	Information available from Children's Centres.

LEVEL 2: MULTI-AGENCY PLANNING

Programme	Age of children & young people	Who is eligible/targeted Referral pathway	Methods used Evidence Programme details	Outcomes and how they are measured	Venues	Commissioned by: Provider	Programme Schedule Capacity
Time for Me	Postnatal.	Women with low mood postnatally, high risk. EPDS (Edinburgh Postnatal Depression Score) less than 12, clinical assessment.	6 sessions. Arts for health group. Use of a number of mediums. Facilitated by Health Visitor and Arts worker.	Improved emotional health and attachment. Address separation anxiety with use of Crèche facility. Support women in social isolation.	Local Children's Centres.	Provider: Bridgewater Community Healthcare NHS Trust.	Information available from Children's Centres.
Family Links Nurture Programme	All ages.	Parents/carers and other caregivers (e.g. grandparents) who are open to HBC TAF (Team around the Family) Family Work service. On occasion, parents/carers whose children are open to Children's Social Care. Typically voluntary, but	10 x 2 hour group sessions. Nurture principles can also be delivered on a 1:1 basis in the family home. Evidence based (University of Warwick). Highly interactive, focus upon empathic	Focus upon improvements in emotional health and wellbeing of parents/ caregivers and children, and embedding this within parenting approach and skills.	Children's Centres / community venues.	Delivered by Halton Borough Council TAF (Team around the Family) Family Work service.	Information available from service.

LEVEL 2: MULTI-AGENCY PLANNING							
Programme	**Age of children & young people**	**Who is eligible/targeted** **Referral pathway**	**Methods used** **Evidence** **Programme details**	**Outcomes and how they are measured**	**Venues**	**Commissioned by:** **Provider**	**Programme Schedule** **Capacity**
		may be mandatory requirement (i.e. child is subject to a child protection plan)	skills and the link between how parents were parented and their own parenting style. Skills and strategies applied at home between sessions.				
Birth and Beyond	Antenatal.	Pregnant women and Dads.	Solihull, Brazelton. Motivational Interviewing techniques. Evidence based antenatal educational methods from Department of Health. Four weekly sessions during pregnancy delivered by Health Visitors and Midwives.	Focus on emotional transition to parenthood. Improve parent-child relationship & attachment.	Children's Centres.	Commissioned by NHS England. Provider: Health Visitor Service, Bridgewater Community Healthcare NHS Trust.	Delivered as a pilot and not currently part of the Health Visitor offer.

LEVEL 2: MULTI-AGENCY PLANNING							
Programme	**Age of children & young people**	**Who is eligible/targeted** **Referral pathway**	**Methods used** **Evidence** **Programme details**	**Outcomes and how they are measured**	**Venues**	**Commissioned by:** **Provider**	**Programme Schedule** **Capacity**
Vulnerable women are offered one to one Parent Craft in their own home **(Runcorn & Widnes)**	Antenatal only	Vulnerable women – targeted high risk group. Referral: women are identified by Midwifery	1:1 teaching and discussion as required – with women and partner/family.	Women and partners have increased knowledge of pregnancy, labour, pain relief, delivery, postnatal health, care of newborn, parenting skills and emotions following childbirth.	Women's homes.	Commissioned by Halton CCG (Clinical Commissioning Group). Provider: Community Midwifery Service, Bridgewater Community Healthcare NHS Trust.	Information available from service.
Triple P Level 4	All ages and levels of need.	Targeted, high risk group. Parents/carers referred must have demonstrated a willingness to engage with the programme. There must be no underlying factors affecting current family life which are not	Three specific group programmes for: i Parents and caregivers of children aged 0-12 years; ii Parents and caregivers of teenagers; iii Parents and caregivers of children and	Help for parents and caregivers to: deal effectively with children's behavioural issues; be confident in their parenting role; have realistic expectations about their	Local community settings such as Children's Centres.	Commissioned by Halton Borough Council. Provider: Health Improvement, Bridgewater Community Healthcare NHS Trust.	Delivered quarterly except during school summer holidays. In the last quarter, 22 parents completed the

LEVEL 2: MULTI-AGENCY PLANNING							
Programme	**Age of children & young people**	**Who is eligible/targeted** **Referral pathway**	**Methods used** **Evidence** **Programme details**	**Outcomes and how they are measured**	**Venues**	**Commissioned by:** **Provider**	**Programme Schedule** **Capacity**
		receiving specific support – i.e. domestic violence, substance misuse, significant financial issues etc. This criteria is assessed at point of referral through IWST. Referral: via IWST or directly from the Attendance and Behaviour service only.	young people with additional needs. 5 x group sessions plus 3 x telephone support sessions. Use of multi-media including DVDs to model strategies. Parents are given strategies and suggestions to suit their needs and provided with workbooks which contain tools and information for use at home. No more than 12 parents in a group session. Each session lasts no more than two hours.	parenting role. A range of parent and caregiver assessment and outcome questionnaires including SDQs, DASS, Parenting Scale.			programme and 3 parents dropped out.

LEVEL 2: MULTI-AGENCY PLANNING							
Programme	**Age of children & young people**	**Who is eligible/targeted** **Referral pathway**	**Methods used** **Evidence** **Programme details**	**Outcomes and how they are measured**	**Venues**	**Commissioned by:** **Provider**	**Programme Schedule** **Capacity**
			Evidence based – Allen Report recommendation.				
Family Nurse Partnership (FNP) – to commence in October 2014	From conception to age 2	High risk first-time mothers (i.e. low resource mothers, teens) who are aged under 19 years, and referred within 16 weeks of their pregnancy. Eligibility criteria are set out by the FNP National Unit.	A structured programme, meeting with mum every 1 to 2 weeks to deliver the FNP programme. Evidence demonstrates that FNP improves the mothers' prospects, relationships with their children, confidence etc. Evidence based – Allen Report recommendation.	Includes improved pregnancy outcomes, reduced child abuse and neglect, improved school readiness, improved employment for mothers and fewer subsequent pregnancies with bigger gaps between births Evaluation is built into the process.	Will be delivered in family homes.	Commissioned by NHS England to October 2015, when it moves to Halton Borough Council. Provider: Bridgewater Community Healthcare NHS Trust.	Capacity of 100 places in Halton. (Each child has a placement of 2.5 years).

LEVEL 3: MULTI-AGENCY PLAN TO PROTECT FROM HARM							
Programme	**Age of children & young people**	**Who is eligible/targeted** **Referral pathway**	**Methods used** **Evidence** **Programme details**	**Outcomes and how they are measured**	**Venues**	**Commissioned by:** **Provider**	**Programme Schedule** **Capacity**
Triple P Level 4	All ages and levels of need.	Targeted, high risk group. Parents/carers referred must have demonstrated a willingness to engage with the programme. There must be no underlying factors affecting current family life which are not receiving specific support – i.e. domestic violence, substance misuse, significant financial issues etc. This criteria is assessed at point of referral through IWST. Referral: via IWST or directly from the Attendance and Behaviour service only.	Three specific group programmes for: i Parents and caregivers of children aged 0-12 years; ii Parents and caregivers of teenagers; iii Parents and caregivers of children and young people with additional needs. 5 x group sessions plus 3 x telephone support sessions. Use of multi-media including DVDs to model strategies. Parents are given strategies and suggestions to suit their needs and provided with workbooks which	Help for parents and caregivers to: deal effectively with children's behavioural issues; be confident in their parenting role; have realistic expectations about their parenting role. A range of parent and caregiver assessment and outcome questionnaires including SDQs, DASS, Parenting Scale.	Local community settings such as Children's Centres.	Commissioned by Halton Borough Council. Provider: Health Improvement, Bridgewater Community Healthcare NHS Trust.	Delivered quarterly except during school summer holidays. In the last quarter, 22 parents completed the programme and 3 parents dropped out.

LEVEL 3: MULTI-AGENCY PLAN TO PROTECT FROM HARM							
Programme	**Age of children & young people**	**Who is eligible/targeted** **Referral pathway**	**Methods used** **Evidence** **Programme details**	**Outcomes and how they are measured**	**Venues**	**Commissioned by:** **Provider**	**Programme Schedule** **Capacity**
			contain tools and information for use at home. No more than 12 parents in a group session. Each session lasts no more than two hours. Evidence based – Allen Report recommendation.				
Family Nurse Partnership (FNP) – to commence in October 2014	From con-ception to age 2	High risk first-time mothers (i.e. low resource mothers, teens) who are aged under 19 years, and referred within 16 weeks of their pregnancy. Eligibility criteria are set out by the FNP National Unit.	A structured programme, meeting with mum every 1 to 2 weeks to deliver the FNP programme. Evidence demonstrates that FNP improves the mothers' prospects, relationships with their children, confidence etc. Evidence based – Allen Report recommendation.	Includes improved pregnancy outcomes, reduced child abuse and neglect, improved school readiness, improved employment for mothers and fewer subsequent pregnancies	Will be delivered in family homes.	Commissioned by NHS England to October 2015, when it moves to Halton Borough Council. Provider: Bridgewater Community Healthcare NHS Trust.	Capacity of 100 places in Halton. (Each child has a placement of 2.5 years).

LEVEL 3: MULTI-AGENCY PLAN TO PROTECT FROM HARM							
Programme	**Age of children & young people**	**Who is eligible/targeted** **Referral pathway**	**Methods used** **Evidence** **Programme details**	**Outcomes and how they are measured**	**Venues**	**Commissioned by:** **Provider**	**Programme Schedule** **Capacity**
				with bigger gaps between births Evaluation is built into the process.			
Vulnerable women are offered one to one Parent Craft in their own home **(Runcorn & Widnes)**	Antenatal only	Vulnerable women – targeted high risk group. Referral: women are identified by Midwifery	1:1 teaching and discussion as required – with women and partner/family.	Women and partners have increased knowledge of pregnancy, labour, pain relief, delivery, postnatal health, care of new born, parenting skills and emotions following childbirth.	Women's homes.	Commissioned by Halton CCG (Clinical Commissioning Group). Provider: Community Midwifery Service, Bridgewater Community Healthcare NHS Trust.	Information available from service.

There is an identified gap in provision regarding parenting programmes that are specifically designed for families at Level 3 only, as these have not been developed by providers and made available. Evidence-based parenting programmes that have been developed for use across both Level 2 and Level 3, with appropriate options and adaptations to meet the needs of individual families and/or cohorts, are delivered in Halton on a rolling programme.

Enquiries to providers of evidence-based parenting provision have not identified any plans to develop specific Level 3 programmes in the near future. Early negotiations are in progress with a provider regarding a 'train the trainer' option for an attachment/emotional health-based programme that could potentially address this gap; further information will be circulated as soon as it becomes available.