

# Public Document Pack



## Health and Wellbeing Board

Wednesday, 17 January 2024 2.00 p.m.  
Karalius Suite - Halton Stadium, Widnes

S. Young

**Chief Executive**

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*The next meeting of the Committee is on Wednesday, 20 March 2024*

**ITEMS TO BE DEALT WITH  
IN THE PRESENCE OF THE PRESS AND PUBLIC**

**Part I**

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**HEALTH AND WELLBEING BOARD**

*At a meeting of the Health and Wellbeing Board on Wednesday, 11 October 2023 at the Karalius Suite - Halton Stadium, Widnes*

Present: Councillor Wright (Chair)  
Councillor J. Lowe  
Councillor T. McInerney  
Councillor Woolfall

I. Baddiley, Halton Borough Council  
K. Butler – Halton Borough Council  
A. Leo, NHS ICB – Halton Place  
D. Nolan, Adult Social Care, Halton Borough Council  
L. Olsen, Halton Housing Trust  
I. Onyia, Public Health  
K. Parker, Healthwatch Halton  
H. Patel, Citizens Advice Bureau  
S. Patel, Local Pharmacy Committee  
D. Wilson, Healthwatch Halton  
S. Yeoman, Halton & St. Helens Voluntary Action

Apologies: D. Bowan, Cheshire Fire & Rescue  
L. Gardner, Warrington & Halton Hospitals  
W. Rourke, Halton Borough Council  
L. Thompson, Mersey Care

**ITEM DEALT WITH  
UNDER DUTIES  
EXERCISABLE BY THE BOARD**

**HWB10 MINUTES OF LAST MEETING**

The Minutes of the meeting held on 5 July 2023 having been circulated were signed as a correct record.

The Chair made reference to item HWB6 on page 4 of the minutes and the recent announcement of the privatisation of Deacon Dental Practice in Widnes. Following discussions, it was noted that the Halton ICB Corporate Team would seek alternative NHS provision for the area and report back to the Board in due course.

**HWB11 JOINT WORKING AGREEMENT**

The Board considered a report of the Executive Director – Adult Services, which provided an overview of the updated two year Joint Working Agreement (JWA)

*Action*

between Halton Borough Council (HBC) and NHS Cheshire & Merseyside (CM), taking effect from 1 April 2023 to 31 March 2025. The JWA replaced the previous one year JWA which was approved by both organisations in March 2023.

It was noted that since March 2023, national guidance had been issued in respect of the Better Care Fund (BCF) Plan and discussions had also taken place between HBC and NHS CM regarding the governance arrangements in respect to the Pooled Budget. This had resulted in the establishment of a Joint Senior Leadership Team (JSLT) between HBC and NHS CM. The JSLT would be responsible for the direction, oversight and monitoring of the BCF Plan and associated Pooled Budget. The JSLT would be supported in this duty by the Better Care Commissioning Advisory Group.

The new governance arrangements along with links to the two year BCF Plan had been reflected in the new JWA.

The benefits of both organisations working together collaboratively and in partnership would mean that achievable and sustainable good health and wellbeing for the people of Halton.

RESOLVED: That the Board note the contents of the report.

### HWB12 JOINT STRATEGIC NEEDS ASSESSMENT SUMMARY

The Board were updated on the Joint Strategic Needs Assessment (JSNA) which analysed the health needs of the population to inform and guide commissioning of health, well-being and social care services within local authority areas. The JSNA underpinned the health and well-being strategy and commissioning plans. The main goal of a JSNA was to assess the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities.

Since the first executive summary of the JSNA in 2012, the approach had continued to receive good feedback from various partnerships and stakeholders. As a consequence, the revised annual summary had used broadly the same approach to provide updated data and information since the previous version.

The report set out the key changes since the previous

summary and the developments for the JSNA during 2023/24. It was noted that the process for agreeing and developing a work plan for the remainder of 2023/24 and into 2024/25 would be managed in collaboration with key stakeholders and members of the Health and Wellbeing Board.

The Board discussed the report and the following comments were noted:

- Councillor Lowe reported that the deprivation levels of Windmill Hill Ward had reduced as a result boundary changes and requested that the Ward issues not be lost;
- A&E attendance for 0-4 year olds is the worst in the country – Healthwatch Halton would be interested to get involved in a piece of work to understand the reasons for this data; and
- Concerns expressed about confusing messages for various campaigns which deterred people from coming forward, for example, the shingles vaccination campaign. The Director of Public Health agreed to feed this back to those responsible for promoting the various campaigns.

RESOLVED: That the report be noted and the draft summary document be approved for publication.

*Director of Public Health*

## HWB13 HEALTHWATCH HALTON ANNUAL REPORT

The Board received the 2022/23 Annual Report for Healthwatch Halton which described the work and achievements during the year.

This year, Healthwatch Halton celebrated its 10-year anniversary. Over the last 10 years people had shared both good and bad experiences to help improve health and social care and some of those improvements included:

- Engagement with vulnerable adults to ensure their views were listened to;
- Improved patient and visitor facilities at local hospitals;
- Major improvement plan implemented by NHS Halton CCG at the Woodview Child Development Centre;
- Improved access to GP and Out of Hours services; and
- Redesign of Musculoskeletal Services pathway.

During the past 12 months 1,204 people shared their

experiences of health and social care services and engaged with the information, advice and signposting service 43,701 times. There had been 13 reports published about the experiences of people accessing services, with the most popular being access to NHS dentistry in Halton.

The report also outlined the priorities for the coming year which were:

- Hospital Discharges – to review the discharge process and collect experiences of patients and families;
- 14+ ID Health Checks – to review the criteria for health checks and help improve access and uptake; and
- Primary Care Engagement – to gather experiences of people using the services in Halton.

The Board gave thanks to Healthwatch Halton and the good work they do to support residents of the Borough.

RESOLVED: That the Board receive the report.

#### HWB14 BETTER CARE FUND PLAN

The Board received a report from the Executive Director – Adults Services, which provided an update on the Better Care Fund (BCF) Plan 2023-25 following its submission on 28 June 2023. The update provided the Board with information on the four national conditions and the three related documents, those being the BCF Plan, BCF planning template and capacity and demand information.

RESOLVED: The BCF Plan 2023/25 be noted for information.

#### HWB15 HALTON HOUSING SUPPORT

The Board received a presentation from the Director of Customer Experience at Halton Housing Trust (HHT).

Over 32% of Halton's population are aged over 55 with a number of people over 65 rising faster than any other population group. Just under 30% of HHT homes had at least one person living there aged 65 or over. There was 93% of customers aged 65 or over who lived in general needs housing and 7% lived with support in place.

The presentation provided an overview of how HHT

supported older people with housing and broader health needs which included:

- Aids and adaptations;
- Housing with support schemes;
- Safeguarding;
- Partnership working;
- Social/Community events;
- Welfare Benefit and Money Advice; and
- Cost of Living Support.

It was noted that HHT worked closely with Adult Social Care on many initiatives including Falls Prevention.

RESOLVED: That the report be noted.

#### HWB16 FLU AND COVID-19 VACCINATION, WINTER 2023/24

The Board considered a report which provided a summary of the flu and Covid-19 winter vaccination programme.

The UK Health Security Agency had identified a new Covid-19 Omicron variant and as a result brought forward this years' winter flu and Covid-19 vaccination programme from October to September. Although the new variant was not considered a concern, the precautionary approach was adopted to ensure that eligible population groups were protected as early as possible.

The Board discussed the report and the following comments were noted:

- Concerns were expressed about the communication and advice about vaccinations; the Director of Public Health to check if the Whatsapp service was still active;
- Public were confused about some of the campaigns; this to be fed back to those responsible for promoting the campaigns.

RESOLVED: That:

- 1) the content and process of planning for winter to protect Halton's population against additional threats that the season may bring be noted; and
- 2) each individual agency note their respective requirements in relation to the programme and use all opportunities to promote positive prevention

messages and community support as widely as possible.

*Director of Public Health*

#### HWB17 COST OF LIVING SUPPORT

The Board received a report from the Director of Public Health which outlined the work undertaken by the Public Health Team, Health Improvement Team and partners in initiatives to provide support to Halton residents as a result of the rising cost of living. The report also described details of planned initiatives to support residents during the Winter and those included:

- Food poverty initiatives;
- Affordable Warmth and Energy Efficiency initiatives;
- Winter Outreach campaign;
- Pension Credit;
- Bus Travel Support;
- Medical Equipment Energy Support;
- NHS Pre-paid Prescription Certificate; and
- Warm Space.

RESOLVED: That the report be noted.

#### HWB18 OLDER PEOPLE

The Board received a report from the Director of Public Health which contained an update on the Council's health and wellbeing offer for older adults which included:

- Preventing ill health among older people;
- Partnership working;
- Falls prevention; and
- Winter wellbeing.

The One Halton Health and Wellbeing Strategy set out a number of ageing well priorities that were aimed at enabling older adults to live full, independent and healthy lives.

It was noted that the programme of work carried out by the Health Improvement Team (HIT) to improve the health and wellbeing of older residents would inform the strategic development of One Halton workstreams moving forwards.

Halton Housing Trust agreed to get involved with some of the initiatives on offer for older adults.

RESOLVED: That the report be noted.

*Halton Housing Trust*

HWB19 TERMS OF REFERENCE REFRESH

The Board considered the final version of the Terms of Reference following feedback received from the draft document presented at the July Board meeting.

Subject to a change of a job description listed in the Membership, the Board confirmed that they were happy to accept the revised Terms of Reference.

RESOLVED: That the Board accept the refreshed Terms of Reference.

*Director of Public Health*

*Meeting ended at 4.00 p.m.*

<b>REPORT TO:</b>	Health & Wellbeing Board
<b>DATE:</b>	17 January 2024
<b>REPORTING OFFICER:</b>	Annmarie Allt, Research Engagement Officer, NIHR Clinical Research Network
<b>PORTFOLIO:</b>	Health & Wellbeing
<b>SUBJECT:</b>	Research Ready Community Project
<b>WARD(S)</b>	Boroughwide

## 1.0 **PURPOSE OF THE REPORT**

- 1.1 To deliver a presentation to members of the Board on the Research Ready Community Champion Power in Partnership Project (PIP) based in Grangeway Community Centre in Halton and PIP Alcock Street Runcorn site locations.

## 2.0 **RECOMMENDATION: That the Board note the presentation.**

## 3.0 **SUPPORTING INFORMATION**

- 3.1 The Research Ready Communities programme (RRC) aims to increase equitable access to health research amongst under-represented groups. During 2021 – 22, The network took part in a competitive funding call that resulted in three sites being selected to pilot the Research Ready Communities programme: Blackpool, Brixton, and Doncaster. After the successful completion of the pilot sites, the programme has now expanded. The National Institute for Health and Care Research Clinical Research Network (NIHR CRN) Northwest Coast (NWC) has now recruited a group of 6 young adults who are part of the Research Ready Community in Halton, they are based in Runcorn.
- 3.2 Supported by NIHR CRN NWC and Power in Partnerships (PIP) the young adults who are all care leavers, are part of a national programme to help build better relationships with communities that are currently under-served by health and care research, to increase access to health and care research opportunities.
- 3.3 Our Research Ready Community Project in Halton commenced in June 2023, we have successfully recruited 6 Research Ready Community Champions who all live locally and a NIHR Research Engagement Officer, who is the project lead. Our aim is to work together collaboratively with Power in Partnership, and a multitude of local organisations to reduce health inequalities that impact them

where they live, by making our research opportunities more accessible to their local communities. Our champions worked co – productively to identify 6 areas of health that they agreed affected them the most which we agreed to focus on, they included:

- Isolation and Loneliness
- Diabetes and its complications
- Managing Heart Conditions
- Addiction (Alcohol, drugs, gambling)
- Depression, mental health and wellbeing
- Sexual Health support.

3.4 Local partner agencies include PIP (Power in Partnership) NHS, Halton Borough Council, NIHR Northwest Coast, Local businesses in Halton, Healthwatch Halton, Warrington and Halton lived experience team to name but just a few.

3.5 Everyone who takes part in health research will learn more about their own health and will help improve care for everybody. It is important to take our research opportunities right into the heart of our underserved communities so they have the chance to make sure that the health research answers the health questions they care about. One way we can achieve this outcome is by using our Research Bus, 'Kitty' from which our team can provide information and conduct research. Using Kitty on site at Grangeway 30 members of the public took part in Liverpool Universities i Detect - AF study, members of the local community and the champions were able to access a 'Free Lifestyle' check incorporating, taking their blood pressure, measuring their heart beats, height, weight and BMI. This study was fully supported by the Research Champions, who helped in promoting the research study opportunity.

3.6 In August 2023 our PIP champions had the opportunity to go to Halton Clinical Research Unit (HCRU) and talk to the NIHR research team about working together and they had some early discussions about how they might be able to work with young care leavers in research in a more positive way. This will be explored further in future work.

3.7 Annie Allt, a Research Engagement Officer for the CRN said, *“Our young volunteers have taken their first steps to become a NIHR Research Ready Community Power in Partnership Champions and meeting all our different partner organisations in real life, where they live, is a start to learning more about health research, so we can work co productively to reduce health inequalities in their community.”*

3.8 The Champions have developed further by working with the Research Ready Programme and have attended meetings with Senior Health Professionals from the local NHS. There is a lot more

work to be done but the 6 Champions have had the opportunity to share their lived experience to assist organisations to make the changes needed to improve their lives.

- 3.9 The journey so far has been captured by commissioning a short film to provide a snapshot of what our NIHR Research Ready PIP Champions have achieved since they became Champions. The young adults range from age 18 to 23. This short film will be available to view during the HWBB meeting.

### **BACKGROUND**

- 3.10 A participatory-based learning framework was designed and shared with three Local Clinical Research Networks (LCRNs) to use during a 12-month period. The framework provided the tools to start engaging with a local under-served community, with a view to building meaningful, long-term engagement that would extend beyond the pilot phase of the programme. The programme contained 4 main phases of activity:

1. Building partnerships

The Clinical Research Network Coordinating Centre supported three LCRNs to pilot the programme in 1 of their local communities. The aim of the pilot was to understand if the programme could be delivered and how it might work differently in under-served communities with diverse populations.

2. Community research

The CRN Coordinating Centre provided free training to 9 Community Champions with two 1.5 hour online sessions, and one full day face-to-face training.

3. Co-producing a plan

The CRN Coordinating Centre organised a full day workshop for Community Champions and their LCRN programme leads, to reflect on their community research activities. These findings were then used to inform the co-production of activities in each local community.

#### Community research findings

- Some people were not aware that health and care research was happening in their local area, or how to access studies.
- Overall, there was limited awareness about health research in local communities and about how participating in research can help to improve health outcomes and quality of life.
- Community members felt that research should be based on

the particular needs of the local community.

- The need to build a higher level of trust between communities and researchers was important to community members.

#### 4. Community activities

These were piloted in Blackpool, Brixton and Doncaster. Blackpool created a series of four work streams to upskill 16 young professionals in different areas of research. Brixton organised wellbeing sessions for migrant women which talked about health and care research and Doncaster set up two research awareness raising events.

#### 4.0 **POLICY IMPLICATIONS**

4.1 None identified.

#### 5.0 **FINANCIAL IMPLICATIONS**

5.1 The National Institute for Health and Care Research Clinical Research Network (NIHR CRN) provided funding for the programme to the Public Health team who worked with the Research Engagement Officer to identify the research champions.

#### 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

##### 6.1 **Children & Young People in Halton**

Commissioned services supports the Council's priorities for Children and Young People.

##### 6.2 **Employment, Learning & Skills in Halton**

None identified.

##### 6.3 **A Healthy Halton**

Commissioned services supports the Council's priorities for a Healthy Halton.

##### 6.4 **A Safer Halton**

None identified.

##### 6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 None identified.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 None identified.

10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF  
THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act.

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<b>REPORT TO:</b>	Health & Wellbeing Board
<b>DATE:</b>	17 <sup>th</sup> January 2024
<b>REPORTING OFFICER:</b>	Director of Public Health
<b>PORTFOLIO:</b>	Health and Wellbeing
<b>SUBJECT:</b>	Health and Wellbeing Board Forward Plan
<b>WARD(S)</b>	Borough-wide

## 1.0 **PURPOSE OF THE REPORT**

- 1.1 To bring the new Health and Wellbeing Board Forward Plan to the attention of all members, to provide an opportunity to consider this and discuss any implications

## 2.0 **RECOMMENDATION: That the Board:**

- i) **To note the content of the report**
- ii) **Endorse the use of a thematic forward plan by HWBB**

## 3.0 **SUPPORTING INFORMATION**

- 3.1 In 2022, the Local Government Association (LGA) supported Halton Borough Council in reviewing the role of the Health and Wellbeing Board. The recommendations included an updated Terms of reference and agenda planning aligned with One Halton/HWBB strategic objectives supported by forward planning.
- 3.2 The updated terms of reference were signed off at the October 2023 meeting
- 3.3 The review suggested that part 1 of an agenda includes the statutory functions and accountabilities of the board and part 2 being thematic; led by the priorities of the Health and Wellbeing Strategy and would involve partners from within the borough providing and sharing information on the chosen theme, showcasing where partners work together and provide a platform whereby the Board have the opportunity to meet and hear from providers and grass roots
- 3.4 As there are four themes these can be aligned with the quarterly HWBB meetings. Thematic meetings related to Ageing Well and Starting Well have already been successful. Moving forward the intention is to be more explicit about themes enabling all members early sight and opportunity to participate. An officer has been identified who will support the role.
- 3.5 Annual Forward plan. An outline plan is produced below but this will include more detail as the officer will work with members of the board to produce a more detailed content for part 1 items and thematic content for the part 2 sections.

Content	Meeting
Part 1	January meeting
Support our community in <i>Starting Well</i>	
Part 1	March meeting
Support our community in <i>Living Well</i>	
Part 1 DPH Annual Report	July meeting
Tackling the wider determinants of health	
Part 1 PNA JSNA summary	October meeting
Support our community in <i>Ageing Well</i>	

#### 4.0 **POLICY IMPLICATIONS**

- 4.1 HWBBs continue to be responsible for:
- assessing the health and wellbeing needs of their population and publishing a joint strategic needs assessment (JSNA)
  - publishing a joint local health and wellbeing strategy (JLHWS), which sets out the priorities for improving the health and wellbeing of its local population and how the identified needs will be addressed, including addressing health inequalities, and which reflects the evidence of the JSNA
  - The JLHWS should directly inform the development of joint commissioning arrangements in the place and the co-ordination of NHS and local authority commissioning, including responsibility for signing-off Better Care Fund plans
  - a separate statutory duty to develop a pharmaceutical needs assessment (PNA)

#### 5.0 **FINANCIAL IMPLICATIONS**

- 5.1 HWBBs do not commission health services themselves and do not have their own budget but play an important role in informing the allocation of local resources. An oversight role has been included in that ICBs and their partner NHS trusts, and NHS foundation trusts are required to share their joint capital resource use plan and any revisions with each relevant HWBB. The HWBB is also responsible for signing off Better Care Fund plans

#### 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

##### 6.1 **Children & Young People in Halton**

Improving the Health and Wellbeing of Children and Young People is a key priority in Halton and was identified as a priority through consultation and engagement.

##### 6.2 **Employment, Learning & Skills in Halton**

The above priority is a key determinant of health and was identified as a priority through consultation and engagement in developing the HWBB strategy. Therefore, improving outcomes in this area will have an impact on improving the health of Halton residents

### 6.3 **A Healthy Halton**

All issues outlined in this report focus directly on this priority.

### 6.4 **A Safer Halton**

The environment in which we live, and the safety of our communities has a direct impact on our health and wellbeing.

### 6.5 **Halton's Urban Renewal**

The environment in which we live, and the physical infrastructure of our communities has a direct impact on our health and wellbeing.

## 7.0 **RISK ANALYSIS**

7.1 This report content does not present any obvious risk. Any risks linked to implementation will be identified as they arise and recorded.

## 8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 This is in line with all equality and diversity issues in Halton and supports a reduction in inequalities.

## 9.0 **CLIMATE CHANGE IMPLICATIONS**

There are no obvious impacts on climate change.

## 10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

Document	Place of Inspection	Contact Officer
<a href="#">Health and wellbeing boards – guidance</a>	Runcorn Town Hall	Ifeoma Onyia Director of Public Health
<a href="#">The Health and Care Act 2022</a>	Runcorn Town Hall	Ifeoma Onyia Director of Public Health
<a href="#">the NHS Long Term Plan</a>	Runcorn Town Hall	Ifeoma Onyia Director of Public Health
the DHSC's <a href="#">integration white paper (Health and social care integration: joining up care for people, places and populations)</a>	Runcorn Town Hall	Ifeoma Onyia Director of Public Health
the DHSC's <a href="#">adult social care reform vision</a>	Runcorn Town Hall	Ifeoma Onyia Director of Public Health

<b>REPORT TO:</b>	Health & Wellbeing Board
<b>DATE:</b>	17 <sup>th</sup> January 2023
<b>REPORTING OFFICER:</b>	Divisional Manager, Early Help & Intervention / Early Help Transformation Lead
<b>PORTFOLIO:</b>	Children & Young People
<b>SUBJECT:</b>	Halton Family Hubs
<b>WARD(S)</b>	Boroughwide

## 1.0 **PURPOSE OF THE REPORT**

1.1 To present an update of the progress of Halton Family Hubs and next steps

2.0 **RECOMMENDATION: That the Board note the presentation.**

## 3.0 **SUPPORTING INFORMATION**

3.1 The Government's 2019 Manifesto pledged to champion Family Hubs across England. In December 2020 the Minister for Children, Vicky Ford, outlined plans to create a National Centre of Excellence for Family Hubs, funded by the Department for Education (DfE).

3.2 The Best Start for Life Review: A Vision for the 1,001 Critical Days outlined a programme of work to ensure the best support during those crucial first 1001 days, setting babies up to maximise their potential for lifelong emotional and physical wellbeing.

3.3 The DfE and DHSC announced in April 2022 the 75 local authorities who would become pilot areas for the Family Hubs and best start in life scheme.

3.4 Halton was part of this selection and since December 22 we have been working hard to develop the family hub Model.

3.5 The presentation will give an outline of the journey so far in this development looking at the achievements and challenges of the past year.

## 4.0 **POLICY IMPLICATIONS**

4.1 The family hub model works alongside policies such as the supporting families agenda, reducing parental conflict and the start for life offer.

5.0 **FINANCIAL IMPLICATIONS**

5.1 The money is DfE allocated and is 2.4 million over a 2.5 year period.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

The model will contribute to all aims and objectives in improving outcomes for all children and young people and families in Halton.

6.2 **Employment, Learning & Skills in Halton**

None identified.

6.3 **A Healthy Halton**

None identified.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 None identified.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 None identified

10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act.

<b>REPORT TO:</b>	Health & Wellbeing Board
<b>DATE:</b>	17 <sup>th</sup> January 2024
<b>REPORTING OFFICER:</b>	Operational Director, Social Care and Early Help
<b>PORTFOLIO:</b>	Children & Young People
<b>SUBJECT:</b>	Corporate Parenting
<b>WARD(S)</b>	Boroughwide

## 1.0 PURPOSE OF THE REPORT

1.1 To update the Health and Wellbeing Board on the role it plays in supporting and delivering on their part of Halton's corporate parenting responsibilities and delivering on the 7 key principles as laid out in guidance that sets out how the Corporate Parenting Board (CPB), can deliver on the robust assurance of how the wellbeing partnership dovetails in to the corporate parenting system, ensures children Halton receive outstanding corporate parenting; and that all looked after children and care leavers can achieve their potential.

## 2.0 RECOMMENDATION: That the Board:

- 1) **Adopts the principles of the corporate parenting strategy and the defining of the seven key priorities, to support the improvement journey of Halton care experienced young people and care leavers;**
- 2) **Ensure senior management representation across the place within Halton and affirm the corporate commitment to develop stronger partnership working to ensure the needs of care experienced young people and care leavers are galvanised and prioritised by all stakeholders, ensuring 'our children are our future.'**
- 3) **The Board of cross-party members, senior managers, and key stakeholders, to meet bi-monthly, receiving reports, including performance reports, undertaking strategic and thematic enquiry into specific elements of the strategy, and seeking ways of resolving barriers to support the success of our people place and practice.**

## 3.0 SUPPORTING INFORMATION

3.1 The report is supported by a detailed presentation setting out the corporate parenting principles and the below wider statutory

guidance.

3.2 <https://www.gov.uk/government/publications/applying-corporate-parenting-principles-to-looked-after-children-and-care-leavers>

#### 4.0 **POLICY IMPLICATIONS**

4.1 There may need to be changes to local policy and procedure if the statutory guidance has not been set in policy to adopt the seven key principles.

4.2 Training and sharing of the implications of changes to systems and process may require reviewing.

#### 5.0 **FINANCIAL IMPLICATIONS**

5.1 If there the place has not adopted the share of corporate responsibility this may impact financially on service delivery and provision where we are failing to address need in this cohort of our place.

#### 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

##### 6.1 **Children & Young People in Halton**

In adopting the principles and focussing the delivery of the corporate parenting strategy Halton is ensuring the care experienced of the region are in receipt of the correct service at the correct time and not negating on the protective characteristics that are in place for the protection of children and young people.

##### 6.2 **Employment, Learning & Skills in Halton**

The presentation emphasises the notion of improving outcomes for the children of Halton and supporting their contribution to becoming the citizens of the future therefore working to improve better outcomes.

##### 6.3 **A Healthy Halton**

The adopting of the corporate principles and the refreshed corporate strategy enables the starting well, living well and aging well agenda to be achieved in its commitment to care experienced and care leavers and their wider vulnerabilities as a result of added ACE.

##### 6.4 **A Safer Halton**

The presentation works to supporting the wider agenda of a safer and sustainable community where we each are engaged in the protection and promotion of the needs of the community to form One Halton.

6.5 **Halton's Urban Renewal**

The supporting of place and the need for a greener and healthier environment for children and families to grow up in supports the wider ambition of the presentation in meeting the corporate duties.

7.0 **RISK ANALYSIS**

7.1 In failing to adopt the principles we are at risk of not being compliant with regulatory and statutory duties and preventing the needs of care experience and care leavers from being the corporate parenting priority.

7.2 The risk of not adopting these principles is a failure to comply with statutory duties.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 Halton has a commitment to deliver to promote equality and diversity and ensure good and effective corporate parenting for children and young people looked after by the local authority, as well as those young people leaving local authority care. The primary aim the adopting of the Corporate Parenting principles and Strategy is to ensure that appropriate services are in place to safeguard and promote the welfare of all looked after children and care leavers and enable this group of children and young people to make positive choices and achieve the best possible outcomes during their time in care and into adulthood.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 There are no implications on climate change on this proposal.

10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act.

<b>REPORT TO:</b>	Health & Wellbeing Board
<b>DATE:</b>	17 <sup>th</sup> January 2024
<b>REPORTING OFFICER:</b>	Operational Director, Education, Inclusion and Provision
<b>PORTFOLIO:</b>	Children & Young People
<b>SUBJECT:</b>	Inspection of SEND Local Area Partnership
<b>WARD(S)</b>	Boroughwide

## 1.0 **PURPOSE OF THE REPORT**

1.1 To update the health and wellbeing Board on the SEND Local Area Partnership Board inspection process and recent SEND inspection learning. The outcomes and report are embargoed until publication of the report, therefore the presentation will outline learning as a partnership from the process. The report will share the responsibilities of the Local Area Partnership and help to inform Health and Wellbeing Board of priorities which the board will use to inform strategic planning and support the partnership on delivering the right support at the right time in the right way for our children and young people with SEND.

2.0 **RECOMMENDATION:** That the health wellbeing board use the learning gained to inform priorities and ensure stakeholders are all supported and held to account to deliver on our collective ambition, influencing stakeholders as appropriate and feeding into our Joint Strategic Needs Analysis.

2.1 **RECOMMENDED: That the report be noted.**

2.2 1. The board understands who the SEND Local area partnership are and what are the key priorities of the partnership

2.3 2. Ensure senior management representation across the place within Halton and affirm the corporate commitment to develop stronger partnership working to ensure the needs of children and young people with SEND are met, with an inclusive, ambitious community for our children and young people with SEND

2.4 3. The Board understand the inspection process, cycle and are aware of the publishing of an imminent inspection report and keep abreast of any communications regarding findings and priorities.

2.5 4. The Board of cross-party members, senior managers, and key

stakeholders, to meet bi-monthly, receiving plans, strategy and reports, including performance reports; undertaking strategic and thematic enquiry into specific elements of the SEND strategy and partnership planning, and seeking ways of resolving barriers to support the success of our children and young people with SEND

### 3.0 **SUPPORTING INFORMATION**

3.1 The report is supported by a presentation outlining the SEND Local Area Partnership inspection process and next steps.

3.2 <https://www.gov.uk/.../area-send-inspections-framework-and-handbook>

### 4.0 **POLICY IMPLICATIONS**

4.1 There may need to be updates to local policy and procedure once the inspection report is published.

4.2 Sharing of the inspection report and findings once published will need to feed into future policy, planning and procedures across the system.

### 5.0 **FINANCIAL IMPLICATIONS**

5.1 Findings of the inspection report may lead to impact financially on service delivery and provision where we are failing to address need in this cohort of CYP with SEND.

### 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

#### 6.1 **Children & Young People in Halton**

Children and Young People in Halton need to receive the right support at the right time, in the right way. Once the inspection findings are published plans will be reviewed in line with priorities identified.

#### 6.2 **Employment, Learning & Skills in Halton**

Children and Young People with SEND need support in order to develop independence, prepare for adulthood and become contributing citizens of the future therefore working to improve better outcomes.

#### 6.3 **A Healthy Halton**

Ensuring CYP with SEND receive support at the right time, in the right way is crucial to improving health and well being of these young people. Early identification, early support and access to services as appropriate to need will be a priority for all.

#### 6.4 **A Safer Halton**

The presentation works to supporting the wider agenda of a safer

and sustainable community.

**6.5 Halton's Urban Renewal**

The supporting of place and the need for a greener and healthier environment for children and families to grow up in supports the emotional health and well being of all.

**7.0 RISK ANALYSIS**

7.1 If found to be failing to meet need as a system for CYP with SEND, we are at risk of not being compliant with regulatory and statutory duties. If not meeting needs early, this can impact on longer term outcomes and health of our young people with SEND.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 Halton has a duty to deliver, to promote equality, diversity and a commitment to ensuring Halton is an inclusive and accessible community for all.

**9.0 CLIMATE CHANGE IMPLICATIONS**

9.1 There are no implications on climate change on this proposal.

**10.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act.

**REPORT TO:** Health & Wellbeing Board

**DATE:** 17 January 2024

**REPORTING OFFICER:** Executive Director, Adult Services

**PORTFOLIO:** Adult Social Care

**SUBJECT:** Update on the Transition Team

**WARD(S)** Borough wide

## 1.0 PURPOSE OF THE REPORT

1.1 To present a brief overview of the Transition Team.

## 2.0 RECOMMENDED: That

**1) the report be noted;**

## 3.0 SUPPORTING INFORMATION

### 3.1 Background

3.1.1 The Transition Team was established in 2017, with a remit to work with young people with Severe Learning Disabilities/Physical and Sensory Disabilities (SLD/PSD), to ensure they had a smooth transition from Children to Adult services. The expected numbers were very small, with a focus on intensive work with the young person and their parents. Initially this worked very well with positive relationships developed with Preparing for Adulthood (PFA) colleagues in the Voluntary sector, health, Education & Social Care, parents & Carer groups, all within the Preparing for Adulthood framework.

3.1.2 The Transition Team has adopted a Named Social Work Approach and has supported young people to return into Halton from out of area placements to live independently or with families with a package of support that had been inexpensive or prevented young people from going out of area. Improving the life opportunities of young people, we are supporting.

3.1.3 The Transition Team have experienced an increase in the referral rate since its inception, leading to a revised Eligibility Criteria, to ensure that the young people with the most complex needs receive a joined up social work assessment and a support plan that is in place prior to their 18<sup>th</sup> birthday (**see Appendix 1**). The Team are presently working with 293 young people.

- 3.1.4 On-going work is underway, alongside the SEND practitioners from Education/Health/CSC in preparing young people without a severe learning disability, but do have an Enhanced Personal Health Care (EPHC) and a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), Pathological Demand Avoidance (PDA), Attention Deficit Disorder (ADD), Autistic Spectrum Condition (ASC), anxiety, depression etc., and do have some needs as a vulnerable adult and a significant number engaging in drug, alcohol, risk taking behaviour to support them in preparing for Adulthood, by signposting to meaningful Education/employment/social opportunities.
- 3.1.5 As part of our commitment to engage with young people and families, The Transition Team have developed an information pamphlet (**see Appendix 2**) and team member profile and photo's (**see Appendix 3**); included also is a case study (**as at Appendix 4**). Due to the increased referral rate and the shared management support impacting across The Transition Team/Complex Care Runcorn Team, funding has been agreed for a Practice Manager, who has been recruited in the Transition Team. This additional management is supporting with the day-to-day team manager responsibilities, as well as the wider strategic capacity around the direction of travel within the 'Preparing for Adulthood Agenda' Budget Recovery Work within Adult Social Care, roll out of the Strengths Based Training, as well as supporting The Transformation Programme, Special Educational Needs and Disabilities/Care Quality Commission (SEND/CQC) Inspection preparation.
- 3.1.6 Within the Transition Team, there is a Paediatric Occupational Therapist who works with children and young people from birth to 25 years\* to provide specialist equipment and adaptations to the home to support the individual and their family/carers.
- 3.1.7 In June 2022, the post holder was successful in securing a place on the Adult Social Care Practitioner Researcher Internship facilitated and supported by NHS Research & Development Northwest. It is a six-month programme commencing August 2022.
- 3.1.8 The research project to be completed is looking at how the provision of early occupational therapy, assessment and intervention of appropriate equipment can lead to a reduction in hospital admission, carer breakdown, high-cost care packages, safeguarding concerns, and the need for long-term residential care (**see Appendix 5**).
- 3.1.9 The recommendations from this piece of research have been taken forward by the Transformation Team and the SEND strategic Group.

#### 4.0 **POLICY IMPLICATIONS**

- 4.1 None.

**5.0 FINANCIAL IMPLICATIONS**

5.1 None identified.

**6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

**6.1 Children & Young People in Halton**

The Transition Team will continue to work with younger people in high-cost care packages and Out of Area placements to return to live in Halton and supported by local providers and closer to family.

To support young people transitioning from Children to adult services to access all community services available, within universal, Education and Employment services.

**6.2 Employment, Learning & Skills in Halton**

The Transition Team will be engaged in the Strengths based training roll out, as well as linking into the prevention panel which is supporting all young adults to receive support to access employment, voluntary and Learning opportunities. Avoiding further long-term financial impact to the Community Care Budget.

**6.3 A Healthy Halton**

The delivery of Strengths based social work provision and the implementation of new documentation, will contribute to the development of the skills social workers require to promote the wellbeing of Halton residents who require services from Adult Social Care.

**6.4 A Safer Halton**

None identified.

**6.5 Halton's Urban Renewal**

None identified.

**7.0 RISK ANALYSIS**

7.1 Recommendations following the SEND Inspection and Research Project are not carried out.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 Supporting people to access universal services promotes equality and diversity.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 None identified.

10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the 'Act'.



# **Transition Protocol**

**For children and young people with  
disabilities**

**December 2022**

**Policy, Performance and Customer Care Team  
Adults Directorate**

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## Policy Summary

<b>Document name</b>	Transition Protocol for children and young people with disabilities
<b>Version</b>	2.0
<b>Publication date</b>	December 2022 TBC
<b>Review due date</b>	December 2025 TBC
<b>Approved by</b>	Adult Social Care Senior Management Team: 30.11.22 Management Team: 20.12.22 TBC
<b>Status</b>	Mandatory (all named staff must adhere to guidance)
<b>Author</b>	Natalie Johnson, Service Development Officer, Halton Borough Council
<b>Contributors</b>	Debbie O'Connor, Principal Manager, Transition Team, Halton Borough Council
<b>Service area</b>	Adult Social Care
<b>Target audience</b>	All professionals/agencies in Halton supporting young people with disabilities/complex needs in their transition to adulthood
<b>Distribution</b>	As above
<b>Related document(s)</b>	As referenced throughout the document
<b>Superseded document(s)</b>	Transition Protocol for children and young people with disabilities and/or complex needs (2017-2020)
<b>Equality Impact Assessment</b>	Completed 2017, reviewed 2022

## Section 1.0: Introduction

**Transition** is a process or period of change. The term can be applied to all young people to describe the stage in their lives when they move from adolescence to adulthood. However, for the purposes of this protocol it refers to children and young people with moderate/severe learning disabilities and/or physical/sensory disabilities and their journey from children's to adults' health, education and social care services.

It can be a time of excitement and opportunity with young people perhaps leaving school and considering their plans for the future in terms of employment, training or further education. But it can also be a challenging time with feelings of anxiousness particularly for those who rely on support from health and/or social care services.

This protocol sets out Halton's commitment to supporting those young people who may have a need for care and support in adulthood. It describes how the Council will fulfil its duties and responsibilities under current legislation and guidance relating to transition.

In order for transition to be effective, it is vital that a multi-agency approach is taken rather than being restricted to services provided by the Council. It is equally important that young people and their families/carers are fully informed and involved in the process and enabled to have as much choice and control as possible. It is also essential that transition is seen as an evolving process and not a single event.

This protocol is set within the context of the following vision from [Halton's Special Educational Needs and/or Disabilities \(SEND\) Strategy 2021-2025](#) (published by Halton Children's Trust):

*“Halton Children's Trust recognises the right for all children and young people with Special Educational Needs and/or a Disability (SEND) in Halton to lead an ordinary life free of stigma or labels with access to the same opportunities as their peers. This will mean that all children and young people in Halton are always:*

- *Valued and inspired;*
- *Included;*
- *Active, physically and mentally healthy;*
- *Safe;*
- *Empowered to make choices that shape their lives;*
- *Appropriately supported.”*

### 1.1 Eligibility criteria and scope

This protocol applies to children and young people between the ages of 16 and 25 who have moderate/severe learning disabilities and/or physical/sensory disabilities, specifically:

- Those who have an Education, Health & Care Plan (EHCP) and are likely to meet the eligibility criteria for adult social care services in line with the Care Act 2014 (young people will be triaged to determine the likelihood of eligibility for adult services); and
- Carers of young people preparing for adulthood and young carers who are themselves preparing for adulthood (who also meet the Care Act eligibility criteria).

This protocol does not apply to those with mental health conditions. Young people with a diagnosed mental health condition as their primary need who meet the criteria for a Care Act assessment will instead be referred to the Mental Health Social Work Team (this can be done by email to [MHTRuncorn@halton.gov.uk](mailto:MHTRuncorn@halton.gov.uk) or via the Council's Contact Centre).

It is intended that this protocol will provide professionals from all agencies involved in supporting young people through the transition process with information about what should happen and when, who has responsibility and how agencies should work together. It is aimed at professionals from across education, health and social care, including the following services/organisations:

- Halton Borough Council – Children's and Adults' Social Care and Education Services and other internal colleagues/departments as necessary;
- NHS organisations;
- Schools, colleges and other education providers;
- Government / partner agencies, e.g. Department for Work and Pensions (DWP), housing providers, information and advice providers and advocacy services.

## 1.2 Aims and outcomes

Against the backdrop of relevant legislation and guidance outlined in subsequent sections (in particular, the Mental Capacity Act that underpins our approach to ensuring that young people are fully involved in decisions about their care and support), this protocol aims to ensure that in Halton all young people and their families/carers have a positive transition experience.

Success will be evidenced by the following outcomes of good transition:

- Young people making decisions and taking the lead or being supported by people who can advocate for them;
- Young people being supported to plan what they want to do and achieve;
- Young people with care and support needs being able to access the same opportunities as other young people;
- Young people being able to access services that help them;
- Young people being able to try things out and being free to change their mind;
- Young people and their carers telling their story only once;

- Young people and their carers being listened to and fully involved in planning and decision-making;
- Young people and their carers having one key point of contact through the transition process and receiving consistent messages;
- Young people and their carers feeling supported;
- Young people and their carers having access to understandable information;
- Professionals pursuing agreed plans but being flexible to accommodate change as required.

## Section 2.0: Local processes and procedures

### 2.1 Transition Team

In order to fulfil the obligations placed on local authorities under the legislation and guidance outlined in Section 3.0, Halton Borough Council has a small Transition Team.

→ **See Appendix 1 for the Transition Team Structure.**

The Team facilitates a joined-up approach to transition across education, health and social care with increased and targeted co-ordination and communication from all agencies starting from age 16 up to the age of 25 years or until appropriate to transfer into generic adult services.

Referrals into the Transition Team will usually be made by schools in preparation for involvement in the annual review process. Other referral routes will include the SEND Service, children's early intervention services, Complex Needs Panel and family members. Referrals should usually be directed via the Council's Contact Centre.

→ **See Appendix 2 for the CareFirst Transition Recording Process.**

### 2.2 Education

As per the Children & Families Act 2014, the annual EHCP review meetings from year 9 onwards must have a focus on preparing for adulthood. Transition planning for those young people with SEND takes place as part of the statutory annual review process, which is arranged by both mainstream and special schools (both in and out of borough) and is monitored by the Council's SEND Service. The purpose of the review meeting is:

- To discuss progress made by the young person;
- To look at the different options available and discuss the plan for transition;
- To review the Education, Health and Care Plan and the outcomes.

The Transition Team will usually become involved in the annual review process from year 12/age 16 (unless individual needs/circumstances dictate otherwise) and will determine if the young person is likely to meet the criteria for support under the Care Act once they reach adulthood.

Annual review meetings are called by the educational setting and will include the following people:

- The young person and their family/carers or chosen representative;
- School staff;
- A member of the Transition Team (usually from year 12 or at another suitable designated transition event);
- SEND Team representative;
- Health professionals as relevant (e.g. CAMHS, school nurse and any therapists involved);
- Careers advisor (provided through school), if relevant;
- Person centred facilitator, if relevant.

School staff will ensure that the young person/their family are fully prepared in advance of the meeting and they will also ensure that all required information (relating to the young person's experience and aspirations plus any previous reviews) is gathered and distributed to those invited to the meeting.

As well as the EHCP, young people may also have a Health Action Plan, which is initiated by the school nurse at year 9, as necessary and some young people may also have an 'All About Me' book, which is produced by schools from year 7 onwards. Each of these documents will be considered within the review meetings and updated by the relevant professional as appropriate following the meeting.

There are some additional considerations in year 11 and year 14, as at these times it is possible that the young person may change education provider or finish education. Schools have a statutory responsibility to ensure that young people have access to careers education, information, advice and guidance from year 9 onwards. In years 10 to 14 it is focussed on firming up the options when leaving statutory education. There should be taster sessions offered from the educational setting that the young person is looking to attend post-16 and these will be explored and confirmed by the current setting.

If leaving school or college (year 11/14), the young person's final School Health Review (to incorporate the Health Action Plan) should be completed by the school nurse or paediatrician and a copy given to the young person/their family and shared with their GP (if consent given). It should also be made available to adult services to inform future health needs.

## 2.3 Health

Young people with a learning disability may be eligible for services from the Council's Adult Learning Disability Nursing Team from age 18 (in line with the eligibility criteria at Appendix 3). The Transition Social Worker should make a referral at the appropriate time; the LD Nurses will then complete an eligibility assessment, Health Action Plan or an alternative piece of work, if required.

The Adult Community Learning Disability Nurse will liaise with child health and paediatric therapy services to establish if there are ongoing interventions that are likely

to need to be transferred to adult health services' nursing and therapists. Where necessary, referrals will be made to the appropriate adult health service provider so that any joint working and phased transfer of ongoing intervention required can be facilitated.

Referrals may also be made to Mersey Care NHS Foundation Trust's Community Learning Disability Team for Halton, in line with the eligibility guidance outlined at Appendix 4. The Transition Social Worker should make a referral at the appropriate time.

### 2.3.1 NHS Continuing Healthcare (CHC)

Some people with long-term complex health needs qualify for free social care arranged and funded solely by the NHS. This is known as NHS Continuing Healthcare (CHC) and it is for adults.

Continuing Healthcare assessments will be conducted in accordance with the National Framework.

## 2.4 Social Care

In line with the Care Act, a transition assessment will be conducted for young people with care and support needs if they are likely to have needs when they reach age 18. Adult carers of young people preparing for adulthood and young carers who are themselves preparing for adulthood are also entitled to a carer's transition assessment.

The assessment should be carried out when there is an identified transition event\* for the individual, which will differ according to personal circumstances; there is no set time when the assessment should be done and it can be done before the age of 18.

*\*Transition events may include things such as leaving an educational setting, a change in accommodation arrangements and entering employment.*

The assessment looks at levels of need and eligibility for services and must be person-centred and outcome-focussed. It must also be strengths-based and focus on what the individual **can** do and achieve, which includes consideration of what support is available through support networks. An individual Support Plan will be produced.

As part of the assessment, there will be consideration of the following that may be required to support the transition to adulthood:

- Support with budgets and resources;
- Access to leisure and social activities;
- Work experience, training, supported employment;
- Housing, supported housing, housing advice, adaptations;
- Transport, including independent travel training;
- Assistance with personal care and independent living skills;
- Short breaks;

- Referral to welfare rights (at age 16 for support claiming own benefits);

At age 16, there needs to be a full assessment of social care needs to determine the appropriate package of support into adulthood; work may need to take place with commissioners to ensure appropriate services are available.

Eligibility for community care services within adult social care will be in accordance with Care Act assessment and eligibility criteria. Adults who are assessed as eligible for services will also have a financial assessment to determine whether the person will need to make a financial contribution to the services they will receive.

For more information about the assessment, eligibility and care planning process please see the [Social Work Practice Guidance \(updated December 2021\)](#).

In relation to financial assessment, the [ASC Charging Policy \(2022-23\)](#) sets out how Halton Borough Council charge for care and support and follows the Care and Support Regulations and Statutory Guidance issued by the Government under the Care Act 2014.

Both of the policy documents above are available on the [ASC Policy Portal](#) – please ensure that the most up-to-date policies are consulted.

As part of the transition process, particularly in relation to financial assessment and charging for services, it will be necessary for the Transition Team, school or other professional (as appropriate) to make a referral to the Welfare Rights Service in order to ensure that the young person is in receipt of the correct benefits. A young person's financial position may be likely to change at age 16 and, particularly, age 18 as this is the point at which they may be required to make a financial contribution to the services they receive from adult social care.

Throughout the transition process, funding applications will need to be submitted to the relevant funding panel according to the age of the young person (i.e. under 18 or 18+). If the young person has complex health needs, consideration should be given to NHS Continuing Healthcare (CHC) funding.

#### **2.4.1 Specialist equipment**

For those young people who use specialist and adaptive equipment to enhance their function, independence or quality of life, child health services will review that equipment in preparation for early adulthood. This is crucial, as some specialist equipment that was funded for their needs as children is not subsequently funded in adult life.

There is a Paediatric Occupational Therapist based within the Transition Team who works with children and young people from birth to 18 years to provide specialist equipment and adaptations to the home to support the individual and their family/carers.

## 2.5 Personal Budgets / Personal Health Budgets

As per the SEND Code of Practice, young people and parents of children who have an EHCP have the right to request a Personal Budget, which may contain elements of education, social care and health funding. A Personal Budget is an amount of money identified by the local authority to deliver provision set out in an EHCP where the parent or young person is involved in securing that provision.

The [Children's & Young People's \(0-25\) Personalisation & Personal Budgets Policy \(including Personal Health Budgets and Direct Payments\) SEND Policy \(2018\)](#) is available via [Halton's Local Offer](#) website.

The Care Act states that councils need to assign a personal budget to all people who are eligible for support so they can have more control over their support. The personal budget is the amount of money needed to cover the cost of the support for which a person is eligible.

The [Personal Budgets via Direct Payments \(Adult Social Care & Health\) Policy & Procedure \(2020-2023\)](#) is available on the [ASC Policy Portal](#) on the Council's Intranet.

## 2.6 Safeguarding

Safeguarding is everyone's business. If there are any concerns that a young person is at risk of harm or abuse, a report should be made to Child Safeguarding if the person is under the age of 18 or Adult Safeguarding if they are aged 18 plus. More information, including how to report a safeguarding concern, is available via the following websites:

- [Halton Children and Young People Safeguarding Partnership](#)
- [Halton Safeguarding Adults Board](#)

## 2.7 Operational and strategic oversight

The Principal Manager of the Transition Team is a member of the Preparing for Adulthood Group, which has a focus on the process of transition into adult life for young people who receive care and support. This group is able to feed recommendations through to the SEND Strategic Partnership in order to effect change at a strategic level.

Strategic and decision-making responsibility with regards to the Transition Team sits with Adult Social Care Senior Management Team (SMT), which meets on a weekly basis.

### Section 3.0: Legislation and guidance

Together, the **Children & Families Act 2014** and the **Care Act 2014** provide a single, comprehensive legislative framework for the transition from children's to adults' services for those with care and support needs.

It is important to note that the Children & Families Act introduced a system of support from birth to 25 years and the Care Act is concerned with those aged 18 or over; therefore, there is a group of young people aged 18-25 who are entitled to support through both pieces of legislation.

The duties from both acts are placed on local authorities, not children's and adults' services separately; therefore, joint working is vital to ensuring smooth transition. Both acts have a shared focus on person-centred and outcome-focussed approaches that involve young people and their carers, recognising that transition is a process experienced as a family rather than an individual. It is also essential that transition is seen as a gradual process as opposed to a 'cliff-edge' at age 18.

It is also important to note that, with regards to safeguarding, although the Children & Families Act gives rights to young people from the end of compulsory school age, child safeguarding law still applies up to the age of 18. Similarly, the Care Act guidance states that if someone is 18 or over but still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding but with involvement of children's safeguarding and other organisations as appropriate (e.g. NHS, police).

Displayed below is summary information on the legislation and associated guidance plus links to the full information. There is also a range of good practice and guidance resources provided which will be of assistance to professionals in supporting effective transition from children's to adults' services.

### 3.1 Children & Families Act and the SEND Code of Practice

#### Legislation:

<http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

Part 3 of the **Children & Families Act** relates to children and young people with special educational needs or disabilities (SEND); it creates a comprehensive 0 to 25 years SEND system with the aim of joining up education, health and care (through EHC Plans) so that services support the best outcomes for children and young people.

#### Associated guidance:

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

The **SEND Code of Practice** provides statutory guidance on duties, policies and procedures relating to Part 3 of the Children & Families Act 2014. It relates to the SEND system for children and young people aged 0 to 25 years. Chapter 8 of the Code of Practice is concerned with 'Preparing for adulthood from the earliest years.'

### 3.2 Care Act 2014 and the Care & Support Statutory Guidance

#### Legislation:

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

The **Care Act** creates a new modern framework for care and support legislation with the central principle of wellbeing. Sections 58-66 of Part 1 of the Care Act deal with 'Transition for children to adult care and support, etc.'

#### Associated guidance:

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

Chapter 16 of the **Care & Support Statutory Guidance** covers 'Transition to adult care and support' (guidance on sections 58-66 of the Care Act).

### 3.3 Mental Capacity Act 2005 and the Code of Practice

#### Legislation:

<http://www.legislation.gov.uk/ukpga/2005/9/contents>

The **Mental Capacity Act (MCA)** applies to people aged 16 and over who may lack the mental capacity to make decisions about their care /treatment/ support.

#### Associated guidance:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/497253/Mental-capacity-act-code-of-practice.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf)

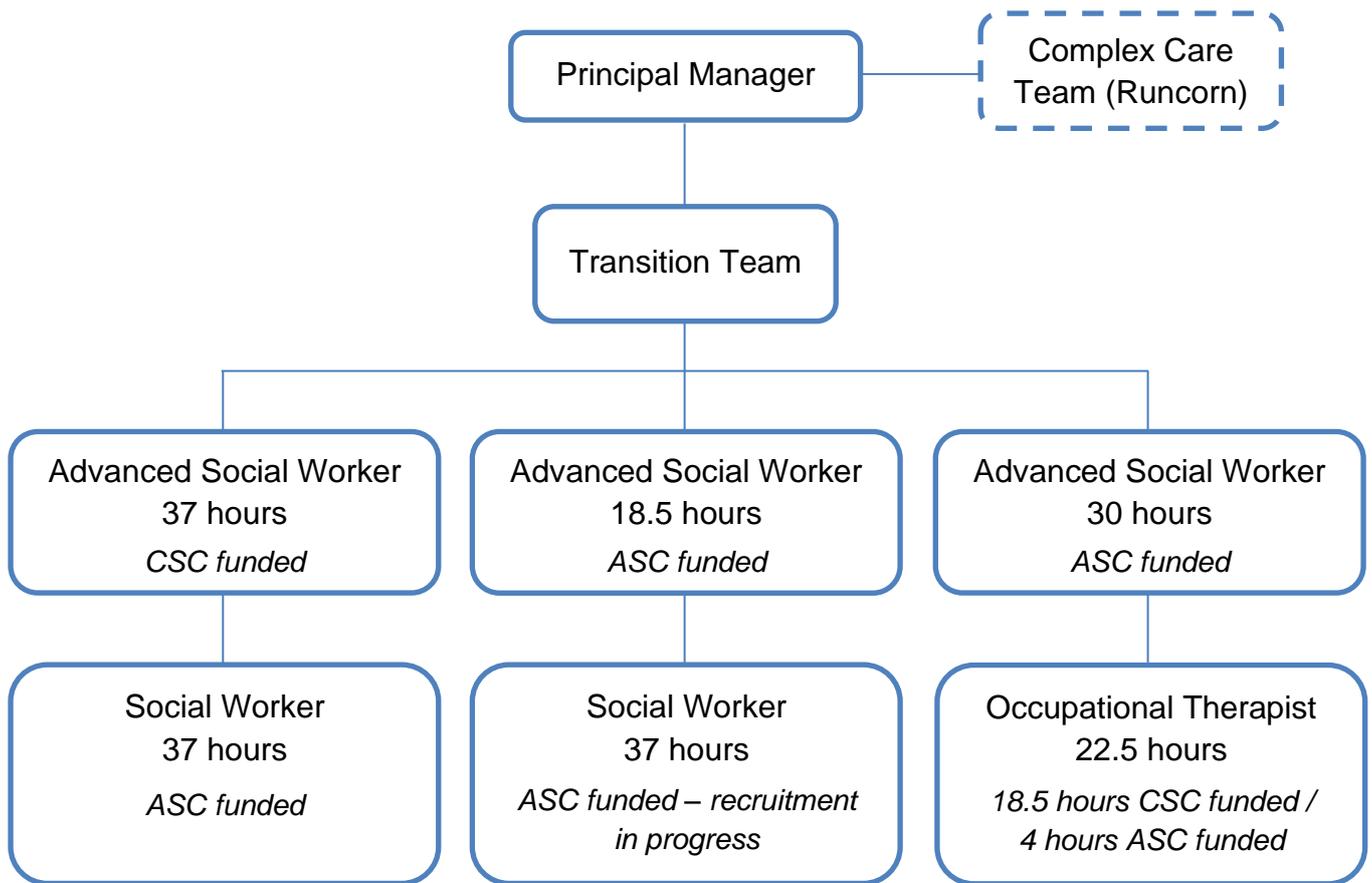
The MCA is supported by practical guidance in the form of the **Code of Practice**.

Part 3 of the Children & Families Act outlines that the right to make requests and decisions applies directly to disabled young people and those with SEN over compulsory school age (the end of the academic year in which they turn 16) rather than to their parents.

### 3.4 Guidance and good practice resources

<p><b>National Institute for Health and Care Excellence (NICE)</b></p>	<p>NICE Guideline (NG43) ‘Transition from children’s to adults’ services for young people using health or social care services’</p> <p><a href="https://www.nice.org.uk/guidance/ng43">https://www.nice.org.uk/guidance/ng43</a></p> <p>This guideline covers the period before, during and after a young person moves from children’s to adults’ services. It aims to help young people and their carers have a better experience of transition by improving the way it’s planned and carried out. It covers both health and social care.</p> <p>There is an associated quality standard that describes high-quality care in priority areas for improvement.</p>
<p><b>Preparing for Adulthood</b></p>	<p><a href="https://www.ndti.org.uk/projects/preparing-for-adulthood">https://www.ndti.org.uk/projects/preparing-for-adulthood</a></p> <p>Until March 2022, there was a national Preparing for Adulthood programme funded by the Department for Education (DfE). The PfA programme was designed and delivered by the National Development Team for Inclusion (NDTi) to bring together a wide range of expertise and experience of working with young people with special educational needs and disabilities and their families, at a local and national level and across government, to support young people into adulthood with paid employment, good health, independent living and friends, relationships and community inclusion.</p> <p>Although the dedicated PfA website is no longer active, a selection of popular tools and guides are available on the NDTi’s website:</p> <p><a href="https://www.ndti.org.uk/resources/preparing-for-adulthood-all-tools-resources">https://www.ndti.org.uk/resources/preparing-for-adulthood-all-tools-resources</a></p>
<p><b>Social Care Institute for Excellence (SCIE)</b></p>	<p><a href="http://www.scie.org.uk/care-act-2014/transition-from-childhood-to-adulthood/">http://www.scie.org.uk/care-act-2014/transition-from-childhood-to-adulthood/</a></p> <p>SCIE has developed a range of resources to help local authority staff, social workers, young people and carers to plan for the transition to adult care services.</p>

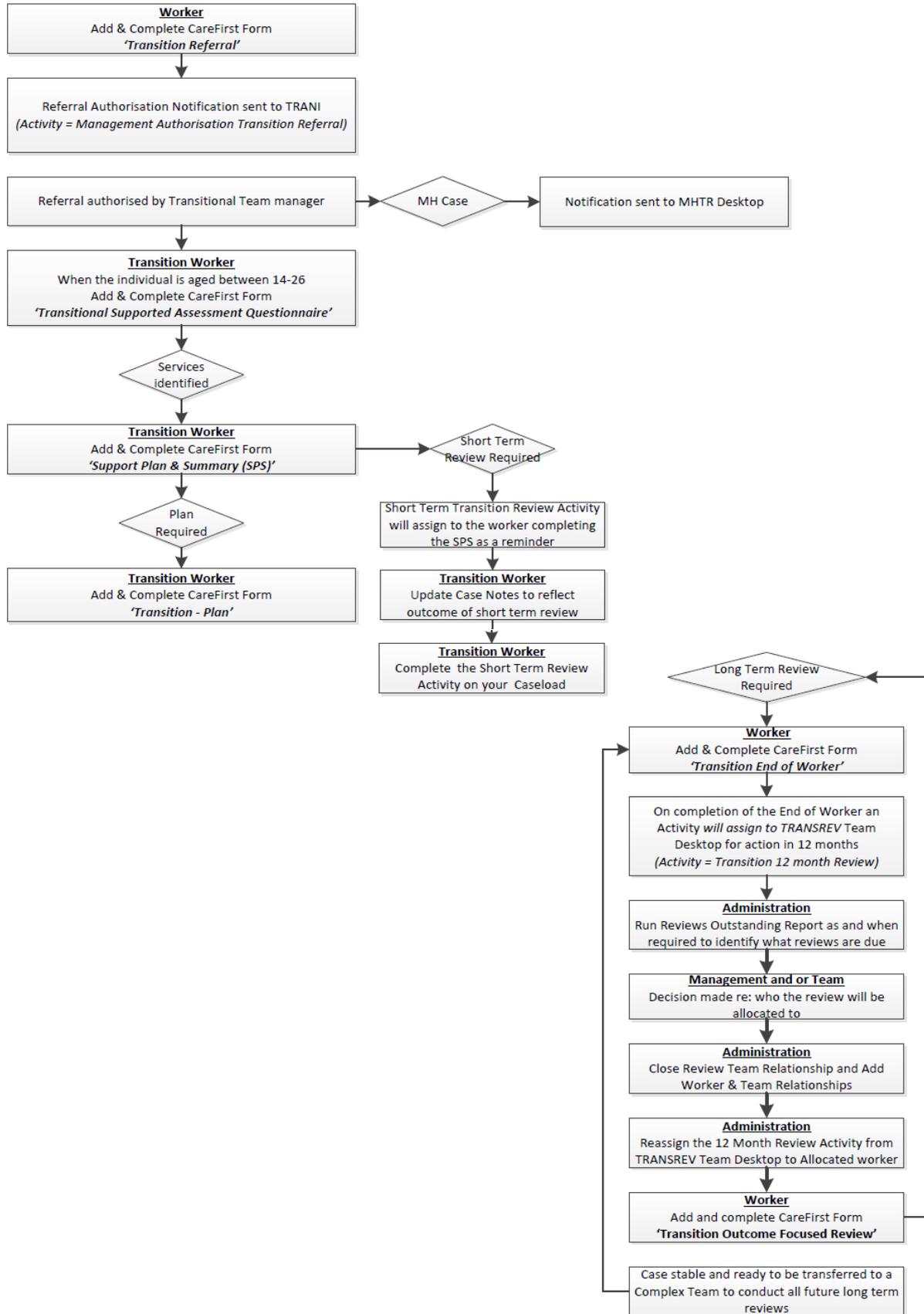
### Appendix 1: Transition Team Structure



ASC – Adult Social Care

CSC – Children’s Social Care

## Appendix 2: Transition CareFirst Recording Process



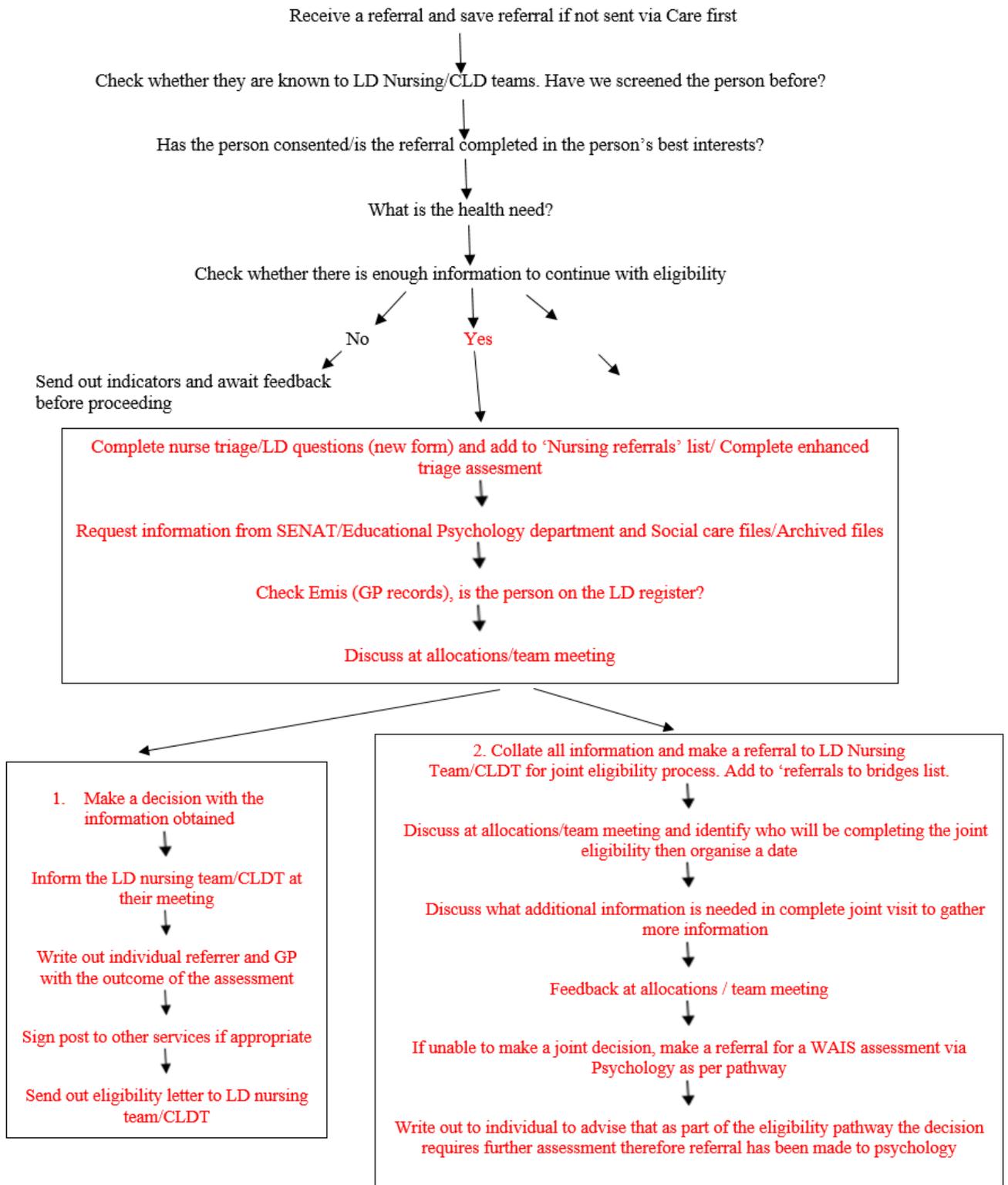
## Appendix 3: Halton Borough Council Learning Disability Nursing Team Eligibility Criteria & Assessment of LD Pathway Flow Chart



The formal criteria for a diagnosis of ‘learning disability’ are: significant impairments of both intellectual and adaptive/social functioning, which have been acquired before adulthood (Valuing People, 2001; British Psychological Society, 2001; American Psychiatric Association, 1994; American Association on Mental Retardation, 1992; World Health Organisation, 1992).

Indicators that the person <i>may</i> have a learning disability	Indicators that the person <i>may not</i> have a learning disability
<ul style="list-style-type: none"> <li>• Evidence of delays in reaching developmental milestones e.g. walking/talking.</li> <li>• Previous statements indicating cognitive functioning in the learning disability range (e.g. IQ scores less than 70). <b><i>The onus is on the referrer to locate and send copies of these.</i></b></li> <li>• Attended special school or attended mainstream school with extra support.</li> <li>• Unable to read, write or tell time, or this is limited.</li> <li>• Requires significant support from others for day to day living e.g. home living, use of community facilities, budgeting, personal care.</li> <li>• Unable to work in paid employment without support.</li> <li>• Previously known to learning disability services.</li> <li>• Educational reports refer to ‘severe learning difficulties’ (often equivalent to mild or moderate learning disability).</li> </ul>	<ul style="list-style-type: none"> <li>• Reached developmental milestones at appropriate time.</li> <li>• No statement, evidence of qualifications e.g. GCSES.</li> <li>• Has a driving licence.</li> <li>• Attended mainstream school and did not struggle.</li> <li>• Able to read/write well and can tell time using analogue clock.</li> <li>• Able to function independently in most areas of day to day living.</li> <li>• Evidence of working successfully in paid employment without support.</li> <li>• Indicators evident, but these can be explained by other factors e.g. mental health difficulties, physical disabilities, drug/alcohol problems, head injury as an adult.</li> <li>• Educational reports refer to ‘mild learning difficulty’ (less severe than learning disability).</li> </ul>

**Assessment of LD pathway flow chart**



## Appendix 4: Mersey Care NHS Foundation Trust Learning Disability Community Team Eligibility Criteria



**Mersey Care**  
NHS Foundation Trust

Community and Mental Health Services

### Transition Guidance - Eligibility guidance for learning disability services

For interventions offered by professions in the team, referrals can be made directly.

The following information is aimed as a guide when considering whether the LD team is the correct service for someone. It is aimed to support services to consider who could potentially benefit from LD services; however, formal eligibility screening will be conducted by the team if the person is not already known to the service. Eligibility screening will also look at whether the person would be able to access mainstream services and what the need is for input from the team.

Definition of a Learning Disability (Health criteria -World Health Organisation, 1992)  
There are three factors for determining the criteria: all *three* must be met in order for a person to be considered to have a learning disability:

1. *Significant impairment of intellectual functioning* - A significantly reduced ability to understand new or complex information, or to learn new skills, defined as an IQ of less than 70.
2. *Significant impairment of adaptive/social functioning* - A reduced ability to cope independently
3. *Age of onset before adulthood* – Significant impairments of the above two criteria must have been acquired before 18 years of age

Factors which MAY indicate that someone does NOT have a learning disability	Factors which MAY indicate someone DOES have a learning disability
<ul style="list-style-type: none"> <li>• Successfully attended mainstream education without support</li> <li>• Gained qualifications (GCSE's)</li> <li>• Recorded IQ above 70</li> <li>• No delays to development of speech or other milestones</li> <li>• Typical development until an accident or head injury post 18 years</li> <li>• Able to manage on work placements with minimal support, particularly those that involve complex skills e.g., use of tills</li> </ul>	<ul style="list-style-type: none"> <li>• Recorded IQ less than 70 before 18 years (N.B there must also be evidence of problems with independent living)</li> <li>• Record of delayed development/ difficulties with social functioning and daily living before 18 years</li> <li>• Requires significant assistance to carry out tasks of daily living (eating/drinking, keeping self-clean, warm and clothed)</li> <li>• Requires significant assistance social/community adaptation (e.g., social problem)</li> </ul>

Factors which MAY indicate that someone does NOT have a learning disability	Factors which MAY indicate someone DOES have a learning disability
<ul style="list-style-type: none"> <li>• Able to access the community without support</li> <li>• Able to budget finances to an age-appropriate level</li> <li>• Has driving licence or would be capable of completing theory and practical</li> </ul>	<p>solving/reasoning) NB need for assistance may be subtle</p> <ul style="list-style-type: none"> <li>• Evidence of difficulties in a number of areas of function, not explainable by another 'label' e.g., mental health, acquired brain injury, anxiety</li> <li>• Attended special school, or mainstream school with <b>high levels</b> of support</li> <li>• Unable to read and write</li> <li>• Unable to tell the time or locate events in time accurately</li> </ul>
<p>This table should be used as guidance; it is not exhaustive and other factors may be considered when determining eligibility for learning disability services</p>	

Further support can be sought from Halton Community Learning Disability Team.  
 Address: Bridges Learning Centre, Crow Wood Lane, Widnes, WA8 3LZ  
 Tel: 0151 351 8899

## Glossary

Term	Definition
<b>ASC</b>	Adult Social Care
<b>CAMHS</b>	Child and Adolescent Mental Health Services
<b>CHC</b>	Continuing Healthcare
<b>EHCP</b>	Education, Health & Care Plan
<b>HBC</b>	Halton Borough Council
<b>Local Offer</b>	Published by all local authorities to detail in one place the services available in the area for children and young people up to age 25 with SEND.
<b>NHS</b>	National Health Service
<b>NICE</b>	National Institute for Health and Care Excellence
<b>Outcomes</b>	Refers to what someone would like to achieve or happen (e.g. being able to go out and about); individuals have the right to say which outcomes are important to them and be supported to achieve them.
<b>Person centred reviews</b>	Puts the person at the heart of the review and explores what is happening from the person's perspective and from other people's perspectives.
<b>Personal Budget</b>	Money that is allocated by local authorities from adult social to pay for assessed care and support needs. The authority can arrange services or the money can be taken as a direct payment and the individual can arrange their own services.
<b>Personal Health Budget</b>	As above but relates to health care/services and the money is provided by the NHS.
<b>SCIE</b>	Social Care Institute for Excellence
<b>SEN</b>	Special Educational Needs
<b>SEND</b>	Special Educational Needs and Disability
<b>Strengths based assessment</b>	An assessment focusing on a person's strengths and what they are able to do, not what they can't do.
<b>Support Plan</b>	An individual's care plan that describes how their personal budget will be spent to help them to live the life they want to live.

# Halton Borough Council Transition Team

For people moving from Children and Families Service to  
Adult Social Care Service.



# Halton Borough Council Transition Team

Preparing for adulthood.

Transition is a process or period of change. Our dedicated team is committed to supporting children and young people with moderate/severe learning disabilities and/or physical/sensory disabilities through their journey from Children and Family Services to Adult Social Care.

Referrals to the transition team can be made through the contact centre on **0151 9078306** (adult) and **0151 9078305** (children).

**For more information:**

**[www.localoffer.haltonchildrenstrust.co.uk](http://www.localoffer.haltonchildrenstrust.co.uk)**

**[Transition.Team@halton.gov.uk](mailto:Transition.Team@halton.gov.uk)**



# Transition Team

[transition.team@halton.gov.uk](mailto:transition.team@halton.gov.uk)

0151 511 6550

This information leaflet has been produced for you to learn a little bit about our team, before we start working with you.

It is important that you know we are here for you. We're a friendly and supportive team so please get in touch!





# Who are we and what do we do?

The Transition team was formed in 2017, designed to specifically work with young adults with moderate-severe learning disabilities and Sensory/Physical disabilities, who are supported by an Education Health Care Plan (EHCP) , who are going through a transitional period in their life. up to the age of 25.

This transitional period could be anything from leaving a school setting, and entering a college environment, leaving a college environment and entering into a work or volunteer environment or moving out of the family home and building independence and gaining a tenancy.

The Transition Team work closely with individuals and families in the Halton area to ensure the transitional period is successful and is as stress-free as possible, for all involved.





# Who are we and what do we do?

The Transition team, work with a number of different teams throughout Halton, to ensure individuals receive support throughout their transitional journey such as:

- Halton Day services
- Community Bridge Builders
- Mental Health Outreach Team
  - Welfare Rights

We also work closely with a number of educational provisions throughout Halton such as:

- Riverside College
- Cavendish Academy
- Ashley High and Sixth Form
  - Chestnut Lodge

We may identify that you require support through a direct payment route, at a number of different provisions both in the local area, and out of borough.

A direct payment can also be used for PA hours.

(Eligibility for these services will be determined throughout the Care Act Assessment)





# What happens when a referral is made?

A referral can be made to our team via a number of different routes.

A referral could be made by our Children's social care teams or by an educational setting, such as Cavendish Academy, Ashley High or Riverside College.

A referral can also be made by parents, carers or guardians of an individual, needing the support.

When a referral is made to the team, the team take the time to evaluate the referral, and may need to speak with their the referrer, or a family member for more information on the individual and complete a document we call a 'Triage'

This is to ensure they receive the right support needed for that person.

Following the Triage being completed, the team will then contact the individual, or their parents/guardian to inform them of the outcome.

Should the Transition team be a suitable team for the individual, a Supported Assessment Questionnaire (SAQ) will be completed in due course, which will be an arranged face to face visit, to see how we can best support.





## What if the Transition Team isn't the right support?

If it is agreed that the Transition Team is not the right team to support the individual, we will do our best to help you and try to identify the right team of people to help you the best way possible.

We can signpost and refer you on to the following teams:

- IAT—Initial Assessment Team
- Community Bridge Builders
- Mental Health Outreach Team
  - Halton People into Jobs
- NEET (not in education, work or training)
  - Health improvement team
    - Welfare Rights
  - Citizens advice Bureaux

And plenty more.





## What happens once the assessment has been completed?

Once your assessment has been completed, and the support required is identified, your allocated worker will work closely with you and your family to support the transition.

Your worker will remain in contact with you, and will be there when they are needed. You can contact your allocated worker, or a member of the team anytime you feel you need support.

Every 6 –12 months, your allocated worker, or a member of the transition team, will complete outcome focused reviews with you, to ensure that everything remains up to date, set outcomes for you to work towards and ensure you are receiving the amount of support you need.





# Meet The Team

**Dean Tierney**  
Principal Manager



## About me

- I am the Principal Manager of the Transition Team since February 2023 , prior to this, I was Principal Manager of the Adult Safeguarding Team for 4 years.
- I have worked in various settings within social care.
- I am originally from Huyton and now live in Halton.
  - I am married and have a daughter.
  - I like football, boxing and golf .
- In my spare time, I like playing the guitar.





# Meet The Team

## Kym Lawson

Advanced Social Worker  
practitioner



## About me

- I live in Halton, and have lived here all my life.
- I have been a Social Worker since 2009 and have worked with the Transition Team since 2017.
- I am married and have a daughter and 2 dogs called Beau and Abbi.
- I travel to different locations with my daughter who is part of a swim team.
- I enjoy going on trips, and having meals out with my family.
- I like listening to true crime podcasts and I support Liverpool football club.





# Meet The Team

## Rob Cheshire

Advanced Social Worker  
practitioner



## About me

- I am a local person who grew up and went to school in Widnes.
- I have worked in social care for about 34 years largely in children services.
- Over the last couple of years I have been seconded (leant) to the transition team because of my childcare knowledge and experience of working with children and young people with complex needs.
- In my spare time I enjoy watching sports and support Widnes Rugby League Club, And Liverpool Football Club.





# Meet The Team

**Pamela Marsden**  
Social Worker



## About me

- I was brought up in the local area but spent most of my career in Mid Wales in Children and Adult services.
- I started working for Halton on the Complex care team in 2020 and moved to the Transition Team in March 2023.
- I enjoy gardening, walking my collie Petra and baking in my free time.
  - Camping holidays also give me much joy.





# Meet The Team

**Mickela Sullivan**  
Social Worker



## About me

- I am from Liverpool and have grown up with my 3 siblings who have Autism.
- I have been a part of the transition team since 2018 and really enjoy working with our young people to help them achieve their goals.
- I love to read, my favorite book is Harry Potter.
  - I enjoy going for walks along the beach.
  - I support Everton.



[Case Study –

<p>Personal profile</p>	<p>Lee is an 18 year old man, who currently lives in his own flat in Widnes.</p> <p>Lee has an EHCP in place and a diagnosis of Autism.</p> <p>Lee is in receipt of 30 hours a week, direct payment, to support him to maintain his own independent living skills. Lee was a previously a looked after child and is subject to Section 20 of the Children Act 1989</p> <p>Lee has informal support from his mother, who provides him with emotional support and very much remains ‘mum’, rather than the care giver.</p>
<p>What did we do?</p>	<p>A referral was made into the Transitions team a few years ago, as Lee had an EHCP in place and met the criteria for the team.</p> <p>Lee was accommodated under Section 20 of the Children Act 1989, living in a registered care placement. Lee has a history of aggressive challenging behaviour towards Mum at home and this is the reason he was accommodated under the Children's Act a few years ago. Lee has a diagnosis of Autism and experiences high levels of anxiety which impact his daily life significantly. Recently, Lee felt he had 'grown up' a lot and his Personal Assistant praises Lee, for his development and progress at The iMAP School, a specialist school in Chester linked to his accommodation provider. There is a variation in place from Ofsted in place to enable Lee to stay there in the short term until an alternative placement was found, as he had reached 18 and the service needed approvals to provide support from the Care Quality Commission. Before The iMAP school, Lee attended West Kirby Residential School where he was a day student. Lee reports he is currently studying his Maths, English and Functional Skills. In Lee's EHCP it is noted his aspirations include becoming a hairdresser.</p> <p>Lee was aware that he needed to leave the children's home and wanted to do this as soon as possible. His Social Worker had completed a Section 9 assessment with Lee and had regular meetings with Lee's Mum and the current care provider iMAP when attempting to find the most appropriate setting. The Social Worker has regularly attended ASC Housing Panel, where Signature House had been assessed as the most appropriate place for Lee, in terms of the support that could be offered. The Service would be able to provide support, within his own flat, as well as the location being good for Lee as he wants to attend the local College to complete a hairdressing course. Lee was understandably anxious around the new property, as it was a big change in his life. However, he wanted to return to the Halton area as this is where his family are and where he grew up.</p>

Lee benefits from routine so that he knows what to expect now and what is coming next, this helps to reduce anxiety levels. Lee wished to live alone rather than share with others. The Social Worker had identified the place where Lee will be moving to. To inform this approach, the social worker and care provider needed to be aware of the following as the rationale for needing to live on his own.

- Due to Lee's Autism he uses self-regulatory behaviours including "pacing" which he is very self-conscious about, he does not like to be observed when doing this and needs a private space for this.

- Level of noise from living with others (clients themselves and support staff that will inherently be increased by sharing with others).

- Unexpected change is a main trigger for Lee, living with others increases the unknowns involved in everyday life (movements of others, support staff for others, routine changes for others etc).

The Social Worker then worked with Lee to develop his support plan, in terms of how the support would look to offer them assurances to him.

Support hours;

Lee needed access to support, as he transitioned into his new place. Although Lee attended school full time, an initial period of contingency support was needed for if Lee refused to go to school as this is a common behaviour for Lee when his anxieties are heightened and his routine disturbed.

Lee attended The iMAP School, Great Barrow. After the transitional period, term time support hours will reflect his school timetable (9am-3pm Mon-Fri) until July 2023.

Lee needed time to build a rapport with staff, it is essential to have trusted and reliable people who can ease Lee's anxieties. Without these relationships, Lee would struggle to self-regulate and manage his own anxieties which may result in behaviours that challenge. The support needed to be right for Lee. PossAbilities had assessed Lee and agreed that they can meet his care needs in his own place. the Social Worker had sought some assurances from the housing provider too, in terms of any 'white

	<p>goods' and furnishings that were needed, liaising with his Personal Assistant who could look towards funding this through a Care Leavers grant.</p> <p>Lee moved into his new property in October 2023 and this is working really well for him. Lee continues to express his wish to attend the local college and has support from the college, as well as the Positive Behaviour Support Service, to make sure that his Support Plan remains relevant, strengths based and enables Lee to lead and live a fulfilled life, learning new skills and doing well.</p>
Barriers	<p>There were no real barriers other than delays in sourcing the current accommodation for Lee post 18. This was completed rather quickly though.</p> <p>Also, managing expectations from family was an issue initially. When a child is accommodated within such a high cost and highly restrictive setting, it can become difficult to highlight to the young person and their family that something less restrictive could achieve positive outcomes. This was overcome in this case, but time was needed to offer that assurance once the case was allocated to the team.</p>
Outcomes	<p>In October 20203, the Supported tenancy had been secured for Lee.</p> <p>Lee was assessed as requiring 30 hours per week to support him each day with daily routines (2.5hrs per day x 7 days = 17.5hrs per week) as well as weekly support with shopping, management of the flat including cleaning and laundry and also to access the community.</p> <p>Lee had a placement in a young person day provision, which is behind his flat, 3 days a week.</p> <p>The Social Worker had also referred Lee to the council's Appointees service, and this was in place to support his move, as well as support from the Care Leavers Team and the use of the Care Leavers grant to get furniture for his property.</p> <p>30 hours 1:1 @ £18.10 per week = £543.00  Shared sleep support = 1/12share of 8hrs @ £ 9.87 per night x 7 days = £46.06  Shared day support = 1/12share of 16hrs @ £18.10 x 7 days = £168.93</p> <p>Weekly total = £757.99</p> <p>Saving = £3,428.01 per week x 52 = £178,256.52 per year</p>

reflection	Lee is happy with his new flat and the support that is being offered. Ideally, the social worker would have planned the move a little earlier, but the move is working well and we have achieved Lee's desired outcome, which was to live in the local area and access things he enjoys. Also, to have a positive relationship with mum and give mum the assurances that her son is being cared for appropriately.

## **This is a Vinaigrette report looking into some of the issues surrounding the supply of paediatric equipment in the Halton area.**

By D.Gregg. B.S.hons Paediatric Occupational Therapist.

**Background**, I am a paediatric occupational therapist in the community for Halton Borough Council who is passionate and dedicated in delivering a professional service to my service users.

**The motivation** for this research derives from the frustration of being unable to resolve a particular intervention from the 24/01/2022 to the 06/06/2022. Creating commensurate anxiety and stress for the family.

**The Aim** is to identify some of the issues surrounding the delay in provision of disabled paediatric equipment in the Halton area and the impact on families.

**The Research Strategy and Methodology** included Journals, Literature reviews, books reports, policies and legislation Acts, Wiley Online Library, Occupational Therapy International, CINAHL, Science direct, BMJ Journals on line, Google Scholar, RCOT British Journal of Occupational Therapy, Australian Journal of Occupational Therapy, American Journal of Occupational Therapy, The Cochrane Library, and the EBSCO research platform. Further research into relevant legislation and policies again led to again forming a platform for the production of a process chart identifying the systems and processes that service providers use.

### **Key words used;**

**Paediatric, Equipment, Provision, Early intervention. Acts, Legislation, and reports.**

### **Appendix:**

**Conclusion.**

**Recommendations to Halton Borough Council.**

**Poster.**

**Process chart.**

**References.**

### **Background to Halton Borough Council's Pediatric Occupational Therapy service**

At Halton Borough Council (HBC), the Disabled Children's Occupational Therapy (OT) service supports disabled children to live safely and independently in their own homes. The service can assist children or young persons to use essential facilities in their sleeping, bathroom, living room and play areas. . In my professional opinion, EARLY INTERVENTION IS THE KEY to achieve an appropriate and acceptable outcome. Early Intervention has been identified as a priority for global research in developmental disabilities (Collins et al. 2017.) Disability is defined as an individual who has a physical or mental impairment, which has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities (The Equality Act 2010).

#### **My role**

My role as a community OT is that, after referral, I make contact and complete an initial assessment in their home environment. I engage and build a relationship of rapport and trust of the service user and parents within the first meeting. I then assess and identify a service user's needs through holistic data gathering, and prescribe appropriate interventions of equipment or adaptations using an eclectic and pragmatic approach that will meet the their present and long term needs, within the policies and resources available to me. A relaxed and friendly service provider is perceived as having a greater insight into daily family life, and therefore a greater capacity to provide services to meet family needs (K. Thompson 2006).

#### **The importance of early intervention**

Early intervention is important if a child is to progress and develop, increase independence, enhance their wellbeing and experience and have the same opportunities as any other child. This is echoed in a report by Christine Craik (BJOT 2015). Early intervention is the key to achieve an appropriate and acceptable outcome. Trine Roald also agrees that "Early intervention is not only possible but also Crucial". ( Trine Roald Oslo CP convention 2018).

However this can only be measured over time and the effectiveness of the intervention prescribed. This is echoed by a Professor Feinstein who wrote 'We know that if you deliver high-quality services to people who need them, the right features of quality, delivered at the right time they can be transformative in most circumstances, the question is not whether it works; the question is when it works and how to make it work more'. (House of Commons , 2017-1).

Family's expectations and their perception of a prescribed intervention after an initial assessment and time scale of when supplied can be very different in reality due to processes and supply. Most families anticipate once you have identified a possible solution to the child's issue it will arrive in a couple of weeks. It is very important to be transparent during any conversations you have with the family and not enhance their expectations of time scales of provision of equipment or adaptations. This can lead to anxiety, stress, frustration and often anger. When necessary equipment is not provided in an acceptable time a child's development can decline, as may their health and that of those who care for them (E, Bennet .2010 Counting the costs 2010).

The practical and emotional support from service providers is extremely important. A professional who shows genuine interest of a child and the concerns of the family are highly valued by the family, (K. M. Thompson 1998).

#### **Case study example**

An example of delayed intervention in my case load who will be known as child A, who has Cerebral Palsy (CP),Global developmental delay, is dependent for all transfers, is doubly incontinent and needs personal care. The parent also had a disability. After prescribing the appropriate intervention, it took approximately six months to supply and install. During this time, the child's condition may lead to deterioration due to an ill-fitting piece of equipment, possible risk of injury and increased tension, anxiety and distress to the parents who then exerted their frustration at me, as I am their main contact throughout the process.

It was this particular service user's case which lead me to research some of the issues surrounding the time scales in providing specialised equipment for disabled children/young persons within the Halton area.

(1)

### Searching for information

This proved difficult frustrating and disappointing and here starts my journey.

Initial thoughts were to research HBC policies and procedures for providing and funding equipment for service users on our web site under Local Offers. The site is informative, however, it does not disclose a policy for the provision of equipment, or provide reasons for possible delay in provision or service process .It does quote part 111 s17 of the Children's Act which primarily at present, under the Children's Act 1989 states that the legal obligation to provide equipment for disabled children lays at the door of the local authority.

After contact with an Occupational Therapist in a research café forum and after networking only minimal information of possible areas was identified.

### Comparing different borough councils

After contacting adjoining boroughs of Halton, Warrington and St Helens the following information was provided:

**St Helens (SHBC):** After contacting a member of the occupational therapist team to discuss the process used for the provision of paediatric equipment in their community discussions failed to provide the necessary information I had hoped for due to them experiencing staffing difficulties. Contact with a previous employed paediatric OT from SHBC, informed me that there system was similar to HBC apart from there was no panel to approve a request, it was approved by a manager then straight onto procurement to purchase. This method could improve efficiency and process.

**Warrington:** After contacting Warrington borough council (WBC) community social care paediatric occupational therapist (OT) to discuss their process used for the provision of paediatric equipment lead me to believe that the process used by WBC was in fact very similar to that of Haltons process. However, WBC retains a large core stock of paediatric equipment. Having this core stock enables supply of an early intervention and prompt service to the service user.

### Searching journal articles

Initial thoughts were to research HBC policies and procedures for providing and funding equipment for service users on our web site under Local Offers. The site is informative, however, it does not disclose a policy for the provision of equipment, or provide reasons for possible delay in provision or service process .It does quote part 111 s17 of the Children's Act which primarily at present, under the Children's Act 1989 states that the legal obligation to provide equipment for disabled children lays at the door of the local authority.

Turning to the University of Salford for consent to access research journals, literature reviews and books for information in my chosen subject took some time to achieve due to policies and procedures for external researchers to obtain. Gaining approval, I also researched journals, literature reviews, books and reports on external web sites for information. Repetitive searching of endless journals, literature reviews and reports, to my disappointment could not find any relevant specific information relating to my question of the issues surrounding the provision of specialised paediatric equipment.

(2)

### Searching relevant legislation and policies

Investigation of Gov.UK led to a report in 2017 commissioned by the House of Commons states “In addition to the impact on child and adult outcomes, proponents of early intervention frequently note its ability to save costs in the long-run, by avoiding expensive statutory interventions and lost productivity”.

In 2016, the Early Intervention Foundation estimated that the national cost of ‘late intervention’ (the acute, statutory and essential benefits and services that are required when children and young people experience significant difficulties in life that might have been prevented) was £16.6bn’ .69 (House of Commons Science and Technology Committee Evidence-based early years intervention Eleventh Report of Session 2017–1)

Perusal of The **Care Act 2014** in the hope that I would glean some data from this huge Act, lead to the ownership of the local Authority’s responsibility to provide equipment. It states that local authorities have new functions. Although the Act is crucial to person-centred care and services none apply to children under the age of 18, they only apply when a child transitions into adulthood.

**The Children and Family Act, 2014** .The Act has been amended over the years. It has ten areas, which are wide ranging, and cover what is expected of local authorities, who must provide services for families. This includes children and young people that are vulnerable or require additional needs, disabled children and those supported in an educational setting. However, it appears to focus on children and young people in education. It does not highlight the provision of equipment in the home for children or young persons with disabilities.

However, under schedule 2 ‘4. 1 states that every local authority shall take reasonable steps, through the provision of services under part 111 of this Act, to prevent children within their area suffering ill treatment or neglect. Not providing equipment within a timely manner may be perceived, as neglect in the eyes of the receiver could it not it there are long delays in providing an intervention prescribed by the service users occupational therapist.’ (Gov. uk)

**The Children’s Act 1989**. Section 17 (1) States, ‘It shall be the general duty of every local authority the provision of services for children in need, their families and others.

(a) To safeguard and promote the welfare of children within their area who are in need; (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.

S.17 (10) s.17 (10) states that a child shall be taken to be in need if:

(a) The child 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 of services by a local authority under Part III of the Children Act 1989; (b) The child’s health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or (c) The child is disabled.’

**The Chronically Sick and Disabled Persons Act (CSDPA) 1970** places a specific duty on local authorities to provide the support which a disabled child is assessed as needing when it comes within the scope of the CSDPA. This will include arrangements for the provision of assistance for an eligible disabled child for adaptations to their home, or the provision of any additional facilities designed to secure greater safety, comfort or convenience. This also includes the provision of equipment. The child’s Occupational Therapist (OT) on behalf of Children’s Services usually undertakes such assessments.

There is no age distinction under the CSDPA so it applies equally to adults and children. However, in 2020, the historical experience of the Act is telling. The Act contained no definition of need, and there was no legal recourse against local authorities for disabled people who did not receive services. A national standard of local authority disability services and a statutory duty to provide them are needed. The Act did not require that the number of people with knowledge of disability issues should be increased on local authority committees. (Taylor and Francis Online, Disability and Society Vol 35,2020 Issue 5).

**The National Service Framework 2004 (NSF)** also relates to Disabled Children and devotes one of its themes to 'Equipment and Adaptations' subsequently this also sets a number of standards;

'Disabled children and young people should have the equipment and housing they need for their health, well-being, development and social inclusion; and for their families' health and well-being;

Disabled children and young people should have access to the equipment they need in all the settings in which they find themselves.

Local Authorities, ensure that policies, procedures and practices are reviewed on a regular basis, to remove barriers, improve access and to ensure disabled children and their families are not disadvantaged.'

**Department for Health Change for Child Every Child Matters 2004.** DH Publication.

After researching other Acts information was of a similar nature. None actually stated that it is a legal requirement to provide equipment. I then came across Michael Mandelstam's guidelines report (2016), which highlights areas of the Care Act 2014 for minor adaptations and equipment. He says to understand the effect on equipment it is necessary to consider what the Care Act states and how it relates to other legislation, including health and education. It is also essential to remember that Social Services, Education and Health are totally separate and individual when it comes to funding as they operate under different policies (see appendix). In the report he also states that S.17 of the Children's Act may be comprehensive. Its duty is broad, but relatively weak, as enforcing equipment under this section for an individual child would be difficult, because the duty is a general one toward children in need in their area, not toward an individual child. (Copyright March 2018 London Borough Occupational Therapy Management Group (LBOTMG)

In 2014 a report for the British Healthcare Trades Association (BHTA) summarises that:

More than one in twenty children (5.7%) in the UK is disabled in some way. (Office for National Statistics (2012).

- Specialist equipment, including wheelchairs, seats, communication aids, beds and postural support systems, plays a vital role in protecting the health of disabled children and those who care for them.
- At present, this equipment is under-provided by the bodies which have a statutory obligation to ensure that the needs of disabled children are met.
- This failure to provide equipment is worsening existing conditions and leading to complications which necessitate additional medical intervention.
- This costs dearly in terms of avoidable pain and suffering, as well as creating a substantial medical bill for surgery, hospital admissions, therapeutic interventions and physiotherapy.
- The vast majority of medical care is around £1.6 billion, while just £0.2 billion was spent on equipment. . (Office for National Statistics (ONS)(2012).

It would cost £0.5 billion each year to provide every disabled child with all the equipment they need. This entails more than a doubling of present day spending. (Office for National Statistics (ONS) 2012. Produced by the Centre of economics and business research (CEBR) and are based on independent research. However, the BHTA in May 2020 states" that the report does not necessarily reflect their views, how confusing why have the report commissioned? All of the above Acts outline the obligation on local authorities including social services to provide care and services for disabled children, including the provision of equipment for disabled children.

According to a report conducted by Newlife Charity in 2012, systems of provision and who funds them via official routes are fragmented and confusing for professionals when prescribing specialised equipment to meet a child's needs. The reasoning is that if no funding is assigned and need is never catalogued, subsequent budgets are set too low to make proper provision, leading to a year on year spiral of failure.(Newlife Charity, From the front line 2012).

Regarding Newlife's comment over a need not being catalogued, this is contradicting as, in Halton, a child's need is always recorded on our observations and when requesting via panel for specialised equipment the assessors clinical reason for provision is always stated within the form.

They also suggest that disabled children's needs are not being met as applications for the charity to provide families with equipment has risen over the last few years and that children are effectively rendered invisible. (Newlife Charity, from the front line 2012).

Further research into reports, journals and Acts of legislation identifies the importance of early intervention and whom the responsibility falls upon to provide equipment and adaptations for the disabled, however, none give or indicate an acceptable time scale of when an intervention of equipment or adaptation should be installed or completed by.

### Change of direction – producing process charts.

It was at this point of my research I was introduced to a fellow professional and researcher at the University of Liverpool, Amanda Bennet. After some lengthy discussions she suggested that, for my research question, I should look into what systems and process I use as a service provider and how the stages I undertake from assessment to provision of an intervention may impact the delays encountered, using a process chart. It was at this point I started to compile a process chart from start to finish of an assessment, identifying the factors that could delay or prohibit provision of equipment. Surprisingly it highlighted areas not previously taken into account this started to unravel the research question. Process charts can help a service to set quantifiable objectives, identify deliverables and schedule tasks. It is a systematic guide to observe where and what stage the flow of provision takes place. (NHS England and NHS Service Improvement and Redesign Tools 2022).

The construction of a process chart mirrored the assessment stages it identified issues not previously taken into account e.g. from referral to provision can take approximately nineteen stages including time scales.

Stage (1) Referral received. Stage (2) Initial assessment team load referral. Stage (3) Referral triaged by duty OT and allocated, time two days. Stage (4) placed on OT new referral waiting list, depending on length of list can take up to two weeks before contact. Stage (5) Contacting and arranging assessment can take up to two-three weeks depending on availability of the parent and child, holistic assessment completed, I would prescribe a specific piece of equipment. Stage (6) I would contact two representatives of supplier's to complete further assessments of the equipment its appropriateness and that it meets the child's needs, this can take a further two-three weeks to arrange. Stage (7) Await quotes from suppliers, decision made. Stage (8) I then have to produce a special request form containing clinical reasoning why the equipment is required, one day. Stage (9) Forward request to panel, can take one-two weeks depending when panel sits. Stage (9) Decision made, If approved forwarded to procurement. Stage (10) Decision, procurement assess supplier to confirm they are on the SBS system, if not this could take up-to 14 weeks if not to register, order goes on wait list. Stage (11) SBS forward purchase order to supplier, supplier takes on average eight to twelve weeks for delivery into stores, however, it can take longer if parts are not available. Stage (12) Stage (13) Stores receive equipment administration takes place for asset number, can take two-three days depending how busy they are. Stage (14) Stores contact OT that the order and then arrange delivery to service user, one to two weeks depending on their circumstances. Stage (15) I then contact service user to assess appropriateness of equipment and adjust if required, a further one week usually. (Process chart provided in appendix).

Appendix:Conclusion.

The research undertaken has reinstated my curiosity and to question why and where can the answers be found to issues surrounding the delay in providing paediatric equipment. The importance and impact of delaying early intervention highlighted in the poster as a metaphor of child A in the boat and the time taken to provide a particular piece of equipment. After long periods of researching journals, Acts, legislation and reports for factual information and not being completely satisfied with all the results, my question of the issues surrounding the supply of equipment in the Halton area. Initially funding was the assumed issue, however, local authorities have struggled with funding cuts since 2010 which affect all arrears of service. This issue would require more in-depth research into funding of who decides the amount of funding, as paediatric equipment is extremely expensive, what budget is responsible and how it is processed and allocated. Funding may be a considerable part of the issue but not in totality. Other factors are the external and internal process and system issues. My research has highlighted that nothing is as simple as it seems as there are barriers not obvious or considered when providing an early intervention such as policies, processes and systems. Internal system, process and policy issues are areas that we as a Local Authority can look to improve. However, external processes may continue to delay provision. In addition at Halton we provide a very good service to its service users with the resources available. In my opinion the ever-changing circumstances of Acts, legislation, government funding allocation and global provision of materials will continue to create barriers beyond the control of service providers and front line workers.

However, I am cautiously optimistic of the outcome of this report, if these issues are resolved. HBC in my opinion would provide the quality service of early intervention our service users deserve.

Recommendations for Halton, as a result of this research are:

Review how the process of service provision could be streamlined.

Compile a policy for the supply of all equipment for disabled children encompassing acceptable time scales in all areas of provision.

Purchase a core stock to reduce early intervention time after initial assessment.

Provide a **Substantial Increase** in the children's budget that reflects the purchase cost of specialised bespoke equipment.

# My Research Journey 'DAVE'

PAEDIATRIC OCCUPATIONAL THERAPIST

- ▀ IMPOSTER SYNDROME
- ▀ ISOLATED PROFESSION
- ▀ WHY AM I DOING THIS?
- ▀ BRAIN FOG

**Janna the motivator**

- ▀ DELAY IN LIBRARY ACCESS
- ▀ LACK OF SPECIFIC RESEARCH INFORMATION
- ▀ LIFE'S PRIORITIES

**Link up with Amanda**  
Change of direction  
Inspiration

- ▀ LIBRARY ACCESS APPROVED
- ▀ VAGUE POLICIES, LEGISLATION, ACTS AND REPORTS
- ▀ WHO FUNDS WHAT?

**Dr. Ruth**  
Guidance & support

- ▀ WILL IT MAKE A DIFFERENCE
- ▀ WILL IT IMPROVE SERVICE PROVISION

**Moving Forward**

**SIX MONTHS**

**CHILDREN'S EQUIPMENT POLICY REQUIRED**

**PROCESS CHANGE TO IMPROVE SERVICE**

**CORE STOCK PURCHASED TO REDUCE WAITING TIMES**

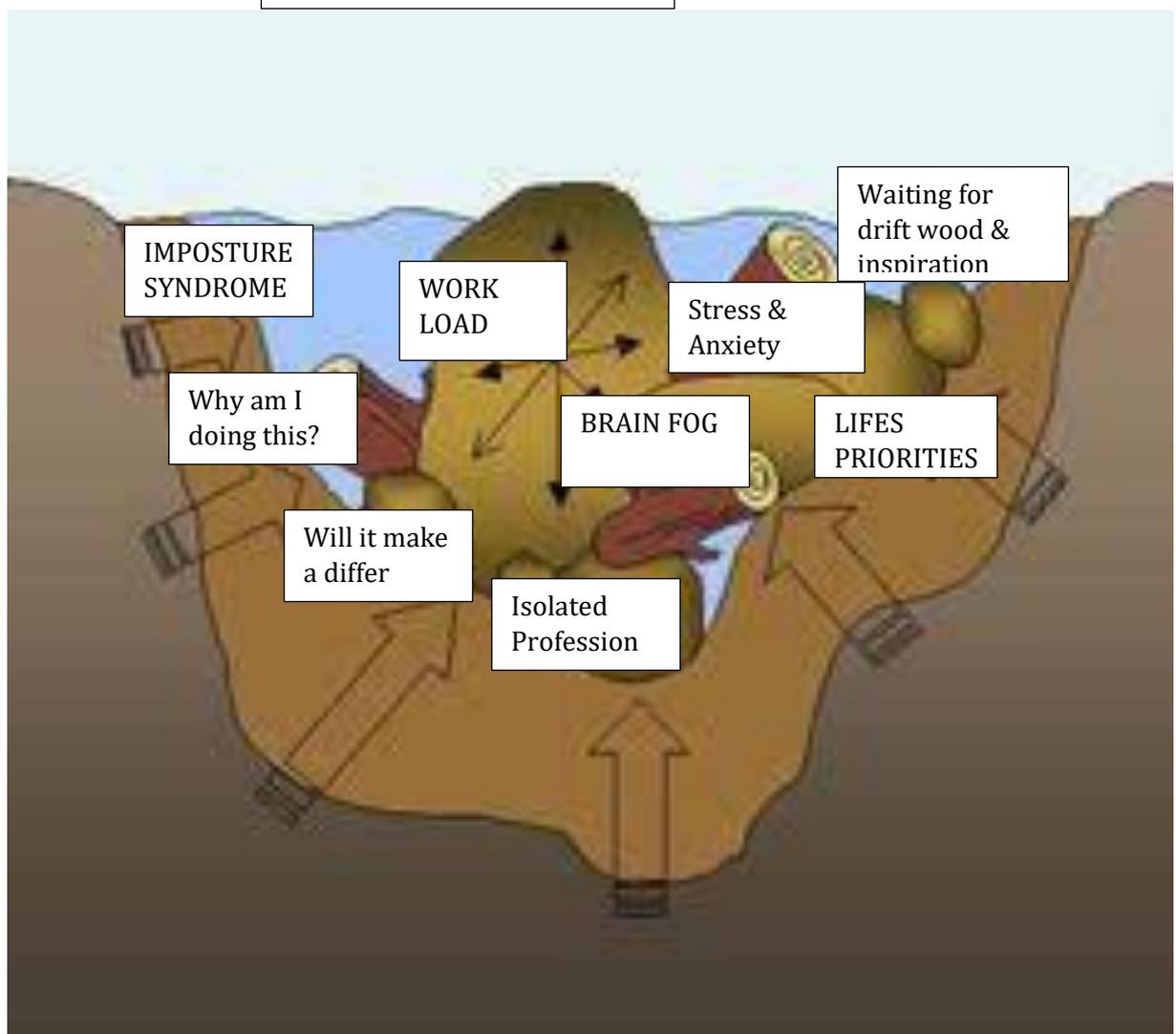
**INCREASED FUNDING**

CAN THESE CHANGES BE ACHIEVED?

**The KAWA Model of Occupation used as a metaphor for my research journey.**

Kawa model is a model that uses the metaphor of a river with different contextual elements to represent human life. The key features of Kawa model include water, river sidewall and bottom, rocks, driftwood, and space between obstructions. Water represents a client's life flow or life energy. River sidewall and bottom reflects a client's physical and social contexts which are inseparable with the water flow. Rocks represent the problems or difficult situations that hinder smooth water flow and they are usually difficult to remove. Driftwood represents a client's personal attributes and resources to enable a person to move forward.

BOLDERS AND LOGS  
REPRESENTS OBSTICLES IN  
THE JOURNEY.



## (8) References:

- Collins,P.Y., Pringle,B.,Alexander,C.,Darmstadt,G,L., Heyman,J.,Huebner,G.,Kulesic,V.,Polk,C.,Sherr,L.,Shih,A.,Sretenov,D.,&Zindel,M.(2017).*Global services and support for children with developmental delays and disabilities: Bridging research and policy gaps*. PLoS Med, 14(9), e1002393.
- Kirsty .M. Thompson (2006) .*Early intervention services in daily family life: mothers' perceptions of 'ideal' versus 'actual' service provision*. <https://onlinelibrary.wiley.com/doi/abs/10.1002/oti.76>
- Disabled Children and Young People and those with Complex Health Needs.40494/Disabled Child - National Service Framework for Children, Young People and Maternity Services DH Publications Orderline.
- Department for Education and Skills *Every Child Matters* The Stationery Office September 2003 [www.dfes.gov.uk/everychildmatters](http://www.dfes.gov.uk/everychildmatters).
- Bennet, E. Counting the costs 2010.*The Financial reality for families with disabled children*. [Contact.org.uk/wp-content/uploads/2021/03/counting the costs 2010.pdf](http://Contact.org.uk/wp-content/uploads/2021/03/counting-the-costs-2010.pdf).
- Mandelstam, Michael. *Legal Framework for Equipment Provision Guidelines*.2016.London Borough Occupational Therapy Management Group.
- Newlife Charity From the front line (2012)<https://newlifecharity.co.uk/press-statement/from-the-front-line-disabled-childrens-needs-are-invisible/>
- Title: National Framework for Children and Young People's Continuing Care Author: SCLGCP/CMHI/IDC/14100 Document Purpose: Guidance Publication date: January 2016
- Chronically Sick and Disabled Persons Act 1970 (England and Wales) [Legislation.Gov.uk/ukpga/1970/44/contents](http://Legislation.Gov.uk/ukpga/1970/44/contents).
- NHS England and NHS *Improvement* . Project management – an overview .Online library of Quality, Service Improvement and Redesign tools Quality, Service Improvement and Redesign Tools: Project management: an overview <https://www.england.nhs.uk › uploads › 2022/02>
- Christine, Craik (2015). British Journal of Occupational Therapists, 2015. Vol.78 (10) 519-592.
- Trine Roald Oslo CP convention 2018) <https://blog.madeformovement.com/early-intervention-is-crucial?hsLang=en>.
- House of Commons Science and Technology Committee Evidence-based early years intervention, Eleventh Report of Session 2017–19 .*Report, together with formal minutes relating to the report Ordered by the House of Commons to be printed 30 October 2018*. Published on 14 November 2018 by authority of the House of Commons.
- The Children's Act 1989 /[www.legislation.gov.uk/ukpga/1989/41/contents](http://www.legislation.gov.uk/ukpga/1989/41/contents).
- The National Service Framework 2004.[www.gov.uk/government/publications/national-service-framework-children-young-people-and-maternity-services](http://www.gov.uk/government/publications/national-service-framework-children-young-people-and-maternity-services).
- The Children's and Family Act 2014. [www.legislation.gov.uk/ukpga/2014/6/contents/enacted](http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted).

<b>REPORT TO:</b>	Health & Wellbeing Board
<b>DATE:</b>	17 <sup>th</sup> January 2024
<b>REPORTING OFFICER:</b>	Hitesh N Patel (Citizens Advice Halton)
<b>PORTFOLIO:</b>	Health & Wellbeing
<b>SUBJECT:</b>	Citizens Advice Halton - Child Poverty update
<b>WARD(S)</b>	Boroughwide

## 1.0 **PURPOSE OF THE REPORT**

- 1.1 To provide an overview of how the rising rate of the National Living Wage in April 2024 and rising Cost of School Uniforms could impact on child poverty levels in Halton.

## 2.0 **RECOMMENDATION: That the report be received and the Board determines a way forward.**

## 3.0 **SUPPORTING INFORMATION**

- 3.1 Information included in accompanying reports.
- Citizens Advice Halton – Child Poverty Update (Appendix A)
  - Citizens Advice Halton – The Cost of Education report (Appendix B)

## 4.0 **POLICY IMPLICATIONS**

- 4.1 None identified

## 5.0 **FINANCIAL IMPLICATIONS**

- 5.1 None Identified

## 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

- 6.1 None Identified

## 7.0 **RISK ANALYSIS**

- 7.1 None Identified

## 8.0 **EQUALITY AND DIVERSITY ISSUES**

- 8.1 None Identified

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 None Identified

10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF  
THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act.



**Title: Child poverty update**

**a) Potential negative impact of rising National Living Wage**

**b) Cost of school uniforms**

**Author:** Hitesh N Patel (Chief Executive of Citizens Advice Halton)

**Date:** 22<sup>nd</sup> December 2023

**1 Introduction:**

1.1 It is widely recognised that child poverty has been increasing significantly across the country. According to the Child Poverty Action Group:

- There were 4.2 million children living in poverty in the UK in 2021-22.1 That's 29 per cent of children, or nine in a classroom of 30. *(Latest estimates suggest this figure has now increased to over 4.5 million)*
- 44 per cent of children living in lone-parent families are in poverty. Lone parents face a higher risk of poverty due to the lack of an additional earner, low rates of maintenance payments, gender inequality in employment and pay, and childcare costs.
- Work does not provide a guaranteed route out of poverty in the UK. 71 per cent of children growing up in poverty live in a household where at least one person works.

1.2 Although these are national statistics, data from Citizens Advice Halton shows Halton families with young children are struggling too. The below charts show the number of Cost of Living related enquiries (e.g. food/fuel vouchers, energy advice, debt, etc.) has increased quite significantly over the last 3 years, especially for those households with children.



## 2 Purpose of this report

- 2.1 Although child poverty is mainly driven by macro-economic (and central Government) policies, this report focuses on two specific areas that have a local impact:
- The potential negative impact of rising National Living Wage rates
  - The unaffordable cost of school uniforms.
- 2.2 This report highlights some of issues faced by local families and sets out some steps local partners could take to help reduce the financial burden faced by families with young children in schools.

## 3 The potential negative impact of rising National Living Wage rates

- 3.1 The rise in the National Living Wage (NLW) announced at the Autumn Statement in November was very welcome. From April, the lowest paid employees will earn £11.44 per hour, rather than £10.42 — an increase of 9.8%.
- 3.2 There was good news for young people in particular. 21 and 22 year-olds will be eligible for the NLW for the first time, so their minimum hourly pay rises by 12.4%. People aged 18–20, and people under 18 or working as apprentices, will see rises of 14.8% and 21.2% respectively.
- 3.3 Sadly, however, it is not all good news. In a welfare system for working-age people based largely on income-related benefits, higher earnings can lead to the reduction of benefit income and a loss of eligibility for things like free school meals. The NLW is also used as a benchmark for exemptions to the benefit cap and conditions around searching for work — a higher value tends to restrict the numbers eligible for such exemptions.

### 3.4 5 possibly not-so-good child poverty implications of increasing National Living Wage...

#### 3.4.1 Low-income working households will not see the full value of a higher NLW

- Many low-income households with children receive part of their income from employment, and part of their income in Universal Credit and other benefits. Thankfully, the government has decided to uprate working-age benefits by 6.7% from April 2024. But NLW is going up by nearly 10%, which means that benefit payments will be reduced, as earnings rise, at a faster rate than they are increasing.
- Some people will be moved off Universal Credit altogether as a result of these changes. Receiving only a very small amount of Universal Credit can mean households are eligible for 'passport' support with living costs such as the Warm Homes Discount or Cost of Living Payments (although the latter scheme is due to end before April 2024).

#### 3.4.2 Fewer parents will be exempt from the benefit cap as a result of higher NLW

- 90% of households subject to the benefit cap include children (according to the latest statistics).
- The benefit cap will be frozen in 2024. This means that some households will see little or no gain from the uprating of Universal Credit and/or LHA.
- The threshold for earnings-related exemption to the benefit cap is expected to rise from £722

to £793 per month in April 2024.

- Parents who are skilled workers with higher hourly pay often work reduced hours in order to care for young children. It is expected that from April 2024 these parents will now have to work extra hours

### 3.4.3 A higher NLW lifts families out of eligibility for free school meals

- To qualify for free school meals (FSMs) in England and Wales, a household must have earnings of no more than £7,400 per year.
- When this cut-off was introduced in 2018, it was equivalent to working for around 18 hours per week, earning NLW. With the threshold frozen ever since, from April 2024 it will be equivalent to working around 12 hours per week, earning NLW. As a result, far fewer low-income households will qualify for FSMs for their children.
- And school meals are effectively more expensive for Universal Credit claimants than households without income-related benefit income — because Universal Credit payments are withdrawn at a rate of 55p for every additional £1 earned. Once parents reach the £7,400 cliff-edge and lose FSM eligibility, they must earn more than double the annual cost of £480.70 per child to increase their overall income by an equivalent amount.

### 3.4.4 A higher NLW has implications for Universal Credit conditionality

- One of Universal Credit's lesser-known features is the Administrative Earnings Threshold (AET), which determines the extent of conditionality that a claimant may be subject to.
- The AET is linked in regulation to National Living Wage (NLW). A single person must have earnings equivalent to 15 hours per week earning NLW, and a couple must have earnings equivalent to 24 hours per week earning NLW, in order to be eligible for 'light touch' conditions. If they earn less than this, they will be placed in an **intensive work search (IWS)** regime with requirements to seek a higher paid job and significantly increased **threat of sanctions**, if conditions are not met.
- People already working the required hours at NLW will of course not be affected by this change. But take the example of a part-time employee, working around 12 hours per week and earning around £13.50 per hour. They are a single parent for one child and have a Universal Credit award of around £460 per month (excluding housing costs). Their Universal Credit award will rise as a result of uprating, but their pay will not rise as a direct result of the NLW increase.
- Therefore, whereas their weekly earnings this year lift them out of conditionality, next year they will be subject to IWS conditions. They could try to increase their hours or pay to avoid this — but would then also lose some of their benefit income.

### 3.4.5 Self-employed parents may lose benefit income when NLW rises

- Self-employed parents can claim Universal Credit, but their entitlement is based on a Government set 'minimum income floor' (MIF) as opposed to their actual income.
- Even where designated as the main carer for children aged 3–12, the Universal Credit system will now assume a self-employed claimant has earnings equivalent to 30 hours per week earning NLW. This is a significant increase from the rules applicable in 2023/24 (16 hours for parents of 3 and 4-year-olds, and 25 hours for parents of 5 to 12-year-olds).

- Given that self-employed people will not automatically see their earnings rise in line with NLW, a higher NLW (along with higher MIF) risks the benefit payments of self-employed parents being reduced significantly.

### 3.5 Recommendations

- 1) There is a coordinated awareness raising campaign to alert parents of the above changes
- 2) There is increased capacity to undertake benefits checks and better-off calculations to support parents to budget according for April 2024 and beyond.
- 3) As the numbers of pupils on Free School Meals directly impacts the amount of Pupil Premium income schools can receive, steps be taken to help schools plan accordingly.

## 4 Cost of school uniforms

- 4.1 In November 2021, The Education (Guidance about Costs of School Uniforms) Act 2021 introduced statutory guidance for state funded and academy schools. The guidance required schools to place cost at the centre of their thinking when setting uniform policies. Schools have now had a full academic year to review their policies and ensure they are compliant with this guidance.
- 4.2 This is the Executive Summary from the attached 2023 report which builds upon work completed by Citizens Advice Halton in 2022; it explores what, if anything, has changed.
- 4.3 This is what our surveyed parents told us in 2022:
- 18% of respondents had borrowed money to cover the cost of uniforms
  - 12% of respondents had been unable to pay their priority bills such as rent and Council Tax.
  - 13% had missed meals or were unable to afford the cost of food shopping.
- 4.4 This year, our review found that many schools have relaxed their policies, however much more needs to be done to ensure parents are aware of what these new policies say.
- 90% of our sample group told us that they knew what their schools' policies were around school uniforms. Only 13 out of 67 (19%) actually got it right. Most believed that they were required to buy far more branded items than the policy required.
  - The price of uniforms targeted at those identifying as females remains significantly higher on average than that for their male peers.
  - Where generic items are allowed parents still felt pressured to buy branded items
  - 33% of parents told us they feared their child would not fit in or be bullied if they had generic items of uniform.
- 4.5 Across the borough we identified significant differences in the costs of compulsory school uniforms which supports the idea that more can be done in relation to reducing the costs for families. Alternatives to branded items directly from suppliers can remarkably reduce the costs which can have a crucial positive impact on families' budgets

- 4.6 Societal expectations have a huge impact on the pressure families face when it comes to school uniforms and much more can be done by school leaders to destigmatise the use of generic uniform items. Removal of unnecessary branded options would reduce the pressure on families to ensure their children fit in.
- 4.7 Families are already stretching their budgets amongst cost increases across all sectors which in turn is having a real impact on people's mental health and wellbeing. School leaders have a tangible ability to do so much more in reducing the cost of uniforms for families. This will give back much needed finances over the summer months so pupils can benefit directly from increased household budgets and improve families' quality of life during these months.
- 4.8 We found that within Halton there is no direct correlation between school Ofsted ratings and branded uniform driving up the standard within schools so it begs the question as to why school leaders feel the need for stricter uniform policies. There is however a plethora of evidence detailing how socioeconomic status can be a key factor when it comes to educational attainment. Schools' hard efforts should be focused more on keeping children in the classroom compared to informal sanctions and exclusions which take children away from mainstream learning and taint the very system that is there to educate them.
- 4.9 Citizens Advice Halton have sent the attached report to all local schools and the Local Authority as a matter of urgency and asked for feedback by the end of the current year. We have asked school leaders, along with their governing boards, to determine if any changes are required to their own policies. Following these discussions and decisions we have asked for feedback on how these discussions unfolded and how this will be applied within their school. This feedback will then be reviewed to ascertain what impact, if any, this will have for our local community.

## 4.10 Recommendations

- School leaders should revisit their uniform policies. The policy should state the rationale for requiring branded items and evidence what steps have been taken to place cost at the centre of decision making.
- Schools should review their communication strategies so that parents are able to access essential information more easily.
- Where branded items are not required, schools should work to de-stigmatise the wearing of generic items.
- Schools should ensure that their behaviour and disciplinary policies do not exacerbate financial inequalities and penalise less well-off students.
- The Local Authority should work with schools across the borough to develop best practice and template policy documents which might easily be adopted by all.
- The Local Authority should develop a strategy to work with larger companies and registered social landlords working within the borough to support families with the cost of uniforms.
- The Members of Parliament should lobby for mandatory reporting of school suspensions and exclusions which includes informal exclusions and internal suspensions including instances where children are sent home for uniform breaches.



# The Cost of Education in Halton

August 2023

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## Executive Summary

In November 2021, The Education (Guidance about Costs of School Uniforms) Act 2021 introduced statutory guidance for state funded and academy schools. The guidance required schools to place cost at the centre of their thinking when setting uniform policies. Schools have now had a full academic year to review their policies and ensure they are compliant with this guidance.

This paper builds upon work completed by Citizens Advice Halton in 2022 and explores what, if anything, has changed. This is what our clients told us;

- 18% of respondents had borrowed money to cover the cost of uniforms
- 12% of respondents had been unable to pay their priority bills such as rent and Council Tax.
- 13% had missed meals or were unable to afford the cost of food shopping.

This year, our review found that many schools have relaxed their policies, however much more needs to be done to ensure parents are aware of what these new policies say.

- 90% of our sample group told us that they knew what their schools' policies were around school uniforms. Only 13 out of 67 (19%) actually got it right. Most believed that they were required to buy far more branded items than the policy required.
- The price of uniforms targeted at those identifying as females remains significantly higher on average than that for their male peers.

Where generic items are allowed parents still felt pressured to buy branded items

- 33% of parents told us they feared their child would not fit in or be bullied if they had generic items of uniform.

Across the borough we identified significant differences in the costs of compulsory school uniforms which supports the idea that more can be done in relation to reducing the costs for families. Alternatives to branded items directly from suppliers can remarkably reduce the costs which can have a crucial positive impact on families budgets

Societal expectations have a huge impact on the pressures families face when it comes to school uniforms and much more can be done by school leaders to destigmatise the use of generic uniform items. Removal of unnecessary branded options would reduce the pressure on families to ensure their children fit in.

Families are already stretching their budgets amongst cost increases across all sectors which in turn is having a real impact on people's mental health and wellbeing. School leaders have a tangible ability to do so much more in reducing the cost of uniforms for families. This will give back much needed

finances over the summer months so pupils can benefit directly from increased household budgets and improve families quality of life during these months.

It was found that within Halton there is no direct correlation between school Ofsted ratings and branded uniform driving up the standard within schools so it begs the question as to why school leaders feel the need for stricter uniform policies. There is however a plethora of evidence detailing how socioeconomic status can be a key factor when it comes to educational attainment. Schools' hard efforts should be focused more on keeping children in the classroom compared to informal sanctions and exclusions which take children away from mainstream learning and taint the very system that is there to educate them.

### Recommendations

1. School leaders should revisit their uniform policies. The policy should state the rationale for requiring branded items and evidence what steps have been taken to place cost at the centre of decision making.
2. Schools should review their communication strategies so that parents are able to access essential information more easily.
3. Where branded items are not required, schools should work to de-stigmatise the wearing of generic items.
4. Schools should ensure that their behaviour and disciplinary policies do not exacerbate financial inequalities and penalise less well-off students.
5. The Local Authority should work with schools across the borough to develop best practice and template policy documents which might easily be adopted by all.
6. The Local Authority should develop a strategy to work with larger companies and registered social landlords working within the borough to support families with the cost of uniforms.
7. The Members of Parliament should lobby for mandatory reporting of school suspensions and exclusions which includes informal exclusions and internal suspensions including instances where children are sent home for uniform breaches.

Citizens Advice Halton have sent this report to all local schools and the Local Authority as a matter of urgency and asked for feedback by the end of the current year.

We have asked school leaders, along with their governing boards, to determine if any changes are required to their own policies. Following these discussions and decisions we have asked for feedback on how these discussions unfolded and how this will be applied within their school.

This feedback will then be reviewed to ascertain what impact, if any, this will have for our local community.

# Introduction

The Department for Education school uniform policy was reviewed on the 2<sup>nd</sup> June 2023. Although this makes clear that decisions regarding uniforms, including whether a uniform is necessary at all, are decisions for the individual governing boards. It also provides its own position;

*We strongly encourage schools to have a uniform as it can play a key role in:*

- *promoting the ethos of a school*
- *providing a sense of belonging and identity*
- *setting an appropriate tone for education<sup>1</sup>*

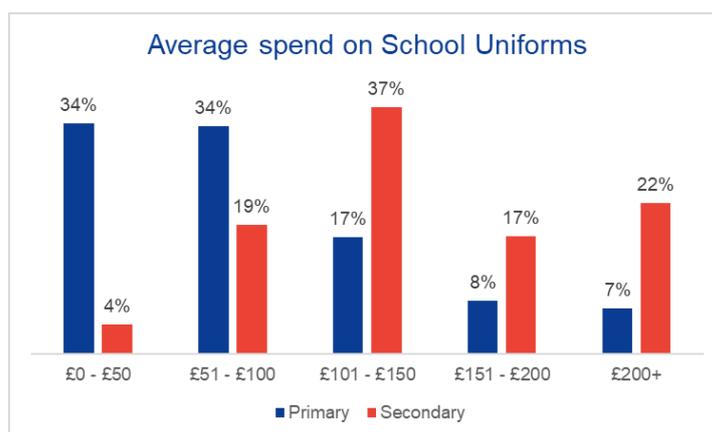
*By creating a common identity amongst pupils, regardless of background, a school uniform can act as a social leveller*

The Education (Guidance about Costs of School Uniforms) Act 2021 aimed to alleviate the hardship placed on families of school age children each year, caused by the purchase of school uniforms. The law placed on a statutory footing the need for the Secretary of State to introduce guidance on school uniforms, placing cost at the forefront of school policy makers' thinking.

Guidance was introduced in November 2021 and required schools, subject to limited exceptions for long term supply contracts, to comply by September 2022.

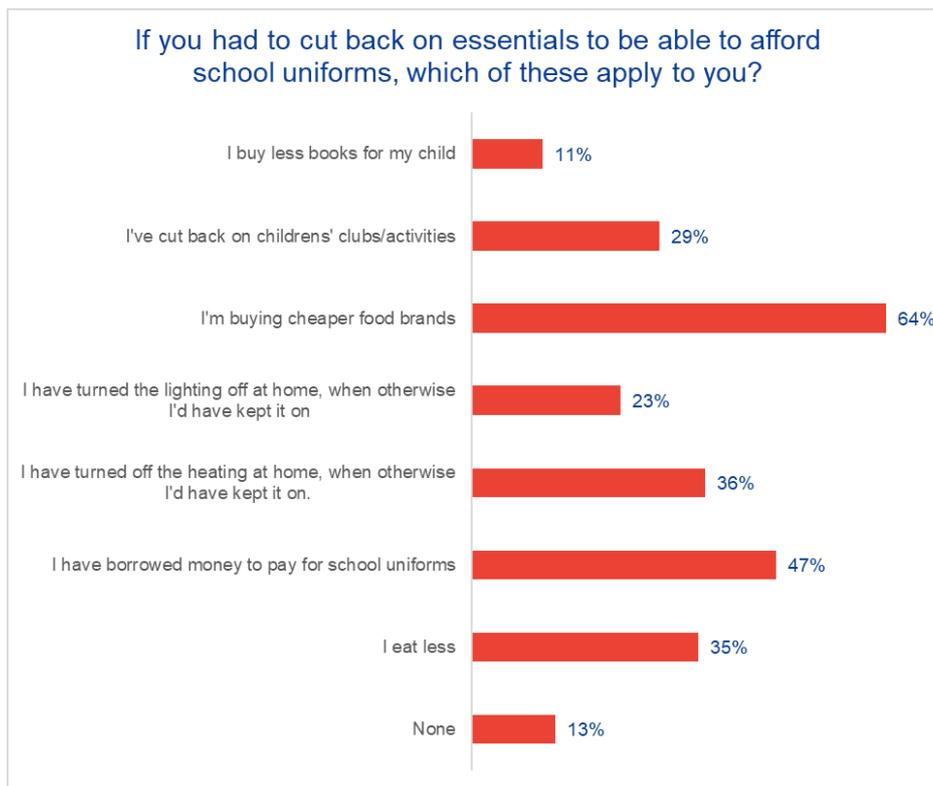
On the Eve of the deadline in July 2022 Citizens Advice Halton asked local parents to tell us about their experience. 478 local families came forward to tell us their stories and the results shocked us;

- **22% of parents with secondary school children had spent over £200 on buying branded school uniforms.**



<sup>1</sup> <https://www.gov.uk/government/publications/school-uniform/school-uniforms>

- **64% of parents with Primary School children and 74% with Secondary School children had cut back on essential items to afford uniforms for their children.**



- **50% of schools required parents to buy in excess of 4 branded items of school uniform.**
- **69% of parents told us their school only had one uniform supplier.**

The conclusions reached in 2022 were stark, schools had failed to grasp the importance of the guidance, or properly understand the impact of their uniform policies on students and their families.

Far from being a social leveller the cost of school uniform was a millstone around the neck of cash strapped families, and the natural result was that children had reduced access to extracurricular activities and books. Families had to cut food budgets and many were forced to turn off the lights or heating when they would have otherwise used it. The impact of purchases might not have been obvious at first glance in the school classroom but this undeniably widened the socioeconomic divide when the school bell rang.

## Uniform in 2023

Schools have had over 12 months now to review their policies, talk to suppliers and to determine a fairer approach to school uniforms. However, in July 2023 we remain inundated with requests for help to meet the cost of school uniforms.



### Julia's story

In May 2023 Julia separated from her former partner due to domestic abuse. She now lives independently with her young son. Julia was in the UK on a spouse visa, and does not have recourse to public funds.

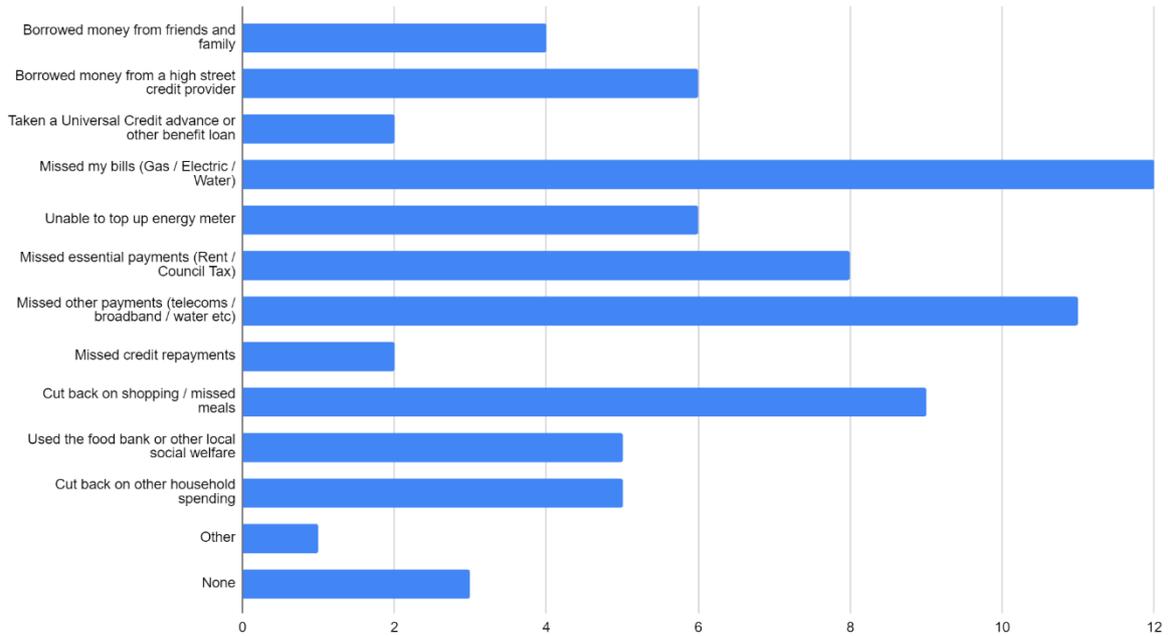
Julia has recently completed her teacher training and is working towards her QTS certificate. She was unable to secure a full-time job when she left her course and instead started doing agency work.

Unfortunately, the nature of agency work is that you don't get paid in the school holidays so Julia was left without any income.

Without her earnings from teaching Julia hasn't got any money to purchase a school uniform for her son.

As a delivery partner of Halton Housing Trust for their school uniform grant we spoke to 65 families between 27<sup>th</sup> July and 2<sup>nd</sup> August. We asked them what, if any, budgeting steps they had taken to cover the cost of school uniforms.

Have you had to cut back on essentials, or change how you budget, to afford school uniform



- **18% of families had to borrow money to meet the cost of school uniforms.**
- **12% of families told us they had or would have to miss some or all of their rent payments.**
- **27% of families told us they would not be able to afford the cost of energy.**

In light of these stories in July 2023 we decided to look again to find out what if anything had changed.

## Our Approach

Using questionnaires with both qualitative and quantitative responses we set 3 aims;

- To better understand what support, if any, is available to Halton residents, so that we can better guide our clients to available support efficiently.
- To alert schools to the impact their policies have on parents and families within Halton. Promoting change to uniform policies, making them more accessible and affordable so that in future years this isn't an income shock for parents.
- Promote the need for additional financial support following the lead given by Halton Housing Trust. Seeking buy-in from the local authority, landlord's and local businesses.

To achieve these aims we identified the following key tasks;

- **Review school policies** – to understand whether schools are currently meeting their obligations. To identify examples of best practice and poor performance. We wished to understand how accessible these policies were to parents with children at the school and prospective parents. In particular we aimed to understand what support was available.
- **Gather evidence of hardship** – to understand the impact on clients of school uniform costs. This builds on the work of 2022/23 and allowed us to ask whether in parents view the issue has got better, worse or remained the same.
- **Challenge schools** – seek to engage with the schools to raise concerns, discuss the need for branded items and highlight the impact on their pupils and families. We hope our clients' stories will apply pressure for change in policies.
- **Engagement with Local Authority / Local housing providers / large employers** – building on the support provided by Halton Housing Trust and Travis Perkins, we seek to encourage the Local Authority, local housing providers and large employers to explore additional support for the communities they serve. The support would help alleviate hardship, as well as to support their staff and encourage the development of a pipeline for future talent in the borough.

## What We Learnt

Academy Trusts and Maintained Schools are required to publish online a copy of their uniform policy. The policy should be accessible to parents (including parents of prospective students), easy to understand and make clear whether generic items will be accepted<sup>2</sup>. The policy should have regard to the Cost of School Uniforms Guidance published in November 2021<sup>3</sup>.

We have reviewed the information published online by schools in Halton (see appendix 1), through their websites.

- **Only 81% of schools published a uniform policy document that was accessible.**

We defined accessible as meaning that within a 10 minute search of the website and associated policy documents we were unable to find reference to the uniform expectations of the provider

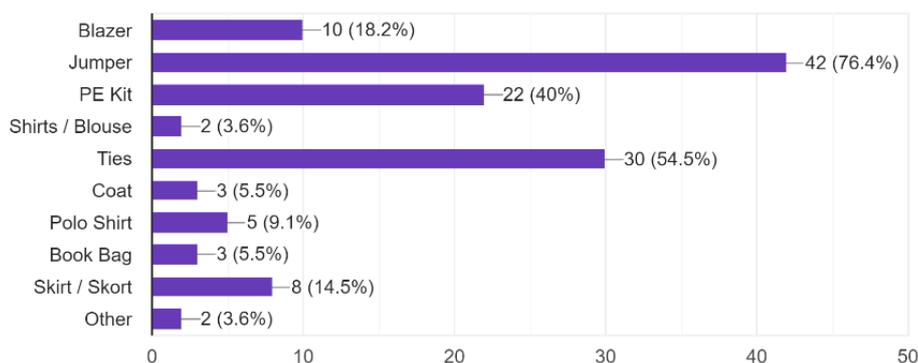
- Of those that did publish their policy, 18% did not place these in a prominent position on their websites (It took more than 2 minutes to locate the document even with integrated search bars). In 2% of cases it took over 5 minutes of searching on the websites to find the relevant information.

Of the schools which published an accessible uniform policy;

- The majority of schools (82%) required at least 1 piece of branded uniform although **9 schools in the borough required 4 or more branded items**. This is significantly lower than we discovered when we carried out similar research in 2022.

What branded items of uniform are pupils required to have?

55 responses



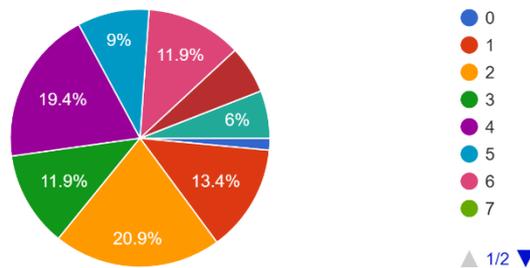
<sup>2</sup> <https://www.gov.uk/guidance/what-maintained-schools-must-publish-online#school-uniforms> and <https://www.gov.uk/guidance/what-academies-free-schools-and-colleges-should-publish-online#school-uniforms>.

<sup>3</sup> <https://www.gov.uk/government/publications/cost-of-school-uniforms/cost-of-school-uniforms>

We then asked our sample group of 65 parents about the school policies, to find out if they knew how many items of branded uniform were compulsory. This was to test how well schools had communicated their policy to their stakeholders. Some parents had children in different schools and returned 2 responses telling us about each provider.

- **90% of respondents believed they knew what the school's uniform policy said and how many branded items they required**
- **Of those that believed they knew their school's uniform policy, 48% told us that they were required to purchase 4 or more branded items.** We were unable to verify the accuracy of 5 of the responses in the absence of an accessible uniform policy.

How many branded items of uniform does the school require?  
67 responses



- **Only 13 (19%) of the responses accurately confirmed how many items of branded uniform they were required to purchase.**

In some cases, parents misunderstood the uniform requirements significantly and believed they were required to purchase more than 6 branded items when the schools stated policy only required 1 or 2.

The Guidance states;

*The policy should also make clear whether a generic item will be accepted or if a branded item is required.*

*Schools should include sufficient information so that a parent is clear whether an item can only be purchased from a specific retailer or if it can be purchased more widely, including from second-hand retailers.<sup>4</sup>*

The responses made clear that schools need to do more to ensure they publish their policies in an accessible format and that they are sending a consistent message to each parent to allow them to better understand what is required.

<sup>4</sup> <https://www.gov.uk/government/publications/cost-of-school-uniforms/cost-of-school-uniforms> - Providing Information to parents

# The Cost of a Uniform

The guidance to schools' states;

Where a school decides that a branded item is required, they should consider how they can maintain the benefits of a branded item whilst keeping costs low.<sup>5</sup>

Individually none of the items of essential branded school uniforms were excessively priced. The highest cost single item identified was a school blazer for a secondary school at £36.00. However, in practice parents are not buying one discrete item, they are required to purchase whole wardrobes suitable for use over a 5-day period.

Regardless of the quality of the items, each parent that we spoke to told us that they have to buy a new school uniform each year, as they have been outgrown or worn out by daily wear.

One of the school policies reviewed as part of this process discussed how students had been engaged to design their branded PE kits. The items were then produced by a manufacturer of professional sports kits and included numerous variations for different types of sporting endeavour and weather condition. As exciting as this undoubtedly was for students, the policy failed to explain how cost had been factored into this exercise and crucially how students, who were unlikely to understand their parent or guardians financial situation, had been able to reflect on the issue of affordability.

## How many do you need?

We asked our sample group how many of each item were required, so that you were able to provide a full school uniform each day.

The responses were varied. Some parents felt they could get by with a single set of branded uniform, washing and drying it every day. Others highlighted that with the cost of energy and limited time it was not practical to wash this frequently and instead needed 5 complete uniforms.

Our survey highlighted that there is a difference between secondary and primary education.

- 46% of respondents with primary age children told us they could get by with 2 school uniforms. This was the most popular selection. However, 51% of parents told us they required 3 or more uniforms. For primary age children we have preferred the median value of 3 uniforms to better reflect the sample set.
- 63% of responses for secondary education suggested 2 complete uniforms was the minimum. The median value confirmed this also. We have therefore used this value when calculating the cost of branded uniforms.

<sup>5</sup> <https://www.gov.uk/government/publications/cost-of-school-uniforms/cost-of-school-uniforms>

## The Gender Tax

In addition to the guidance on costs, schools must ensure that their policies do not unlawfully discriminate against pupils with protected characteristics<sup>6</sup>.

6 schools within the Halton area, including 2 primary schools, currently include a tartan skirt in school colours within the mandatory uniform requirements. The skirt is aimed at members of the student body who identify as female and is often described within school policies or websites as the “girls’ uniform”.

The average cost of the skirts is £21.50 per item, and most parents have told us they need at least 2-3 of these to manage washing and drying throughout the week.



The “boys uniform” however in each case provides for black or dark grey trousers. The price of generic uniform items (black or grey trousers or skirts) from local supermarkets or high street retailers starts at 2 for £7.00, or approximately 15% of the cost of the branded item.

This means that families with children that identify as female will have to spend significantly more than their peers who identify as male.

Our research identified the frequent use of non-inclusive gendered terminology throughout many of the policy documents reviewed.

The public sector equality duty is a duty on public authorities including schools to consciously eliminate discrimination against any of the protected characteristics outlined within the Equality Act. The use of non-gender inclusive language by some schools within the borough shows that school leaders responsible for these policies fall far short of their public sector equality duty. Gender neutral and inclusive language should be championed by school leaders in the production of these policies and any associated advertising of them on their websites.

Although outside of the scope of this report we would encourage school leaders to reflect carefully on the choice of language adopted in any revised policy.

<sup>6</sup> <https://www.gov.uk/government/publications/equality-act-2010-advice-for-schools>, Uniforms, paragraphs 2.15 – 2.18 page 15-16. Published May 2014.

## Cost

Based on what our clients told us about their uniform needs, we considered how much the average family would need to spend to secure all compulsory branded items.

It has been presumed that, where required, a single branded PE kit will be sufficient. However, students taking part in GCSE PE may require additional items above the costs calculated.

Compulsory Uniform Costs Per Student.

	<b>"Boys Uniform"</b>	<b>"Girls Uniform"</b>
Primary – Range*	£0 – £76.75	£0 - £111.50
Primary – Mean Cost*	£34.44	£36.73
Secondary - Range	£66 – £126.50	£66 – £174.00
Secondary – Mean Cost	£106.94	£130.94

*\*Pricing for 16 schools was not accessible online*

### Mark told us;

*He has 2 daughters going through school and his eldest daughter always looked after her uniform, so he had been able to keep some of the branded items to pass down. However, the school changed uniform and now he is back to square one. Mark told us he had no idea how he was going to afford to buy 2 full sets of uniform.*

### Are there alternatives to branded items?

The guidance provides examples of how schools might best achieve the aims of the guidance, including;

*using sew or iron on labels or limiting the branded items to longer-lasting items such as ties rather than items that the parent may need to purchase more frequently or in larger quantities such as shirts*

There are a number of suppliers offering bespoke embroidered badge designs in iron on and sew on varieties. The cost of such items depends largely on the volume of badge supplied, however conservative cost estimates suggest that badges are available for between £0.25 and £0.50 per item. This approach offers a potential saving of £20-30 per child on uniform costs compared to branded item costs from local suppliers.

Alternatively, T-shirt printing services allow generic items to be branded at relatively low cost and although impractical on an individual basis for parents, this offers an opportunity for each school to reduce the cost to their pupils' families by direct ordering.

## Optional Branded Items

The statutory guidance says;

*To ensure that school uniform acts as a social leveller, optional branded items should also be kept to a minimum.*

The use of optional branded uniform remained common place with all but 3 schools offering at least 1 item of non-essential branded uniform. On Average schools offered 3 items of non-essential branded uniform, however, one primary school offers 8 items.

Of the policies we reviewed we identified **1 school which offered 3 different hats and 2 different coats as part of their optional range.**

In another school the **cost to purchase non-essential branded items was £116.75**

The most common non-essential uniform item was a school coat.

It is likely that individual schools have limited control over the number of non-essential items being offered. Our review highlighted trends with specific uniform suppliers, which suggested that the non-essential branded items were a standard part of the supply contract.

**None of the policies we reviewed explained what steps had been taken to minimise the number of non-essential branded items.**

## The Social impact of optional branded items

Many of our parents told us that even if an item of branded uniform is not compulsory that they still felt obliged to purchase it;

- **33% told us that they feared their child would not fit in or would be bullied if they did not wear the full branded uniform.**

Only 1 of the policies we read explained what steps the school would take to de-stigmatise the use of generic uniform items.

## Additional Costs

The cost of uniforms covers more than just branded items. In many cases parents are able to access generic items such as;

- Shirts / Blouses
- Polo Shirts
- Trousers / Shorts

- PE T-shirts
- Black Shoes

The cost of these items is not to be underestimated. We have tried to identify the cheapest high street providers trading locally. Not all uniform items are available from all suppliers and some suppliers were only able to offer generic uniform items for primary age children.

	Tesco	Asda	Morrisons	Aldi	Marks and Spencer's
Shirts		2 for £4.50	2 for £5		2 for £16
Blouse		2 for £4.50	2 for £5		2 for £16
Polo Shirt	3 for £4	£1.25	2 for £4	£1.75	2 for £11
Trousers	2 for £8	2 for £7	£5.00	£1.75	2 for £17
Skirt	2 for £10	2 for £7		£1.75	2 for £14
School Jumper	2 for £8	2 for £5		£1.50	2 for £9
Blazer		£14.00			£26.00
School Shoes		£15.00			£22.00
PE Shorts		2 for £4			
PE T-Shirts		2 for £4			

Although we have included the costs for the lowest priced footwear item from 2 suppliers it is important to note that these items may not be compliant with some of the uniform policies reviewed. Where school policies required a more formal style of dress shoe, prices increased to £33.00

### The true cost of a uniform

Considering all of the information above we have calculated the average cost of securing a full school uniform compliant with each school's uniform policies per child.

Primary school: £67.59.

Secondary school: £171.44

For the most expensive school identified by our review the cost of a full school uniform increases to £222.50 for those wearing the "girls uniform", more than 30% higher than the mean average cost for secondary providers across the borough.

It is important to stress that this relies on parents shopping around for the lowest cost items from a number of retailers. In many cases this is simply not practical.

It is also important to stress that the majority of the parents we interviewed had more than 1 child in education, with the largest family interviewed having 5 school age children.



## Katie's Story

Katie is a single parent and lives with her 4 children. She works part time and the family also receive Universal Credit, but this is reduced due to the 2 child limit and a historic tax credit overpayment.

Katie told us that every month the family struggle to get by and she has run up significant priority debts due to increases in the cost of living.

So far Katie told us that she had spent £600 buying uniform for her children, she'd cut down on food and had no money to top up the energy meter. Katie has already exhausted support from the food bank and didn't know where to turn next.

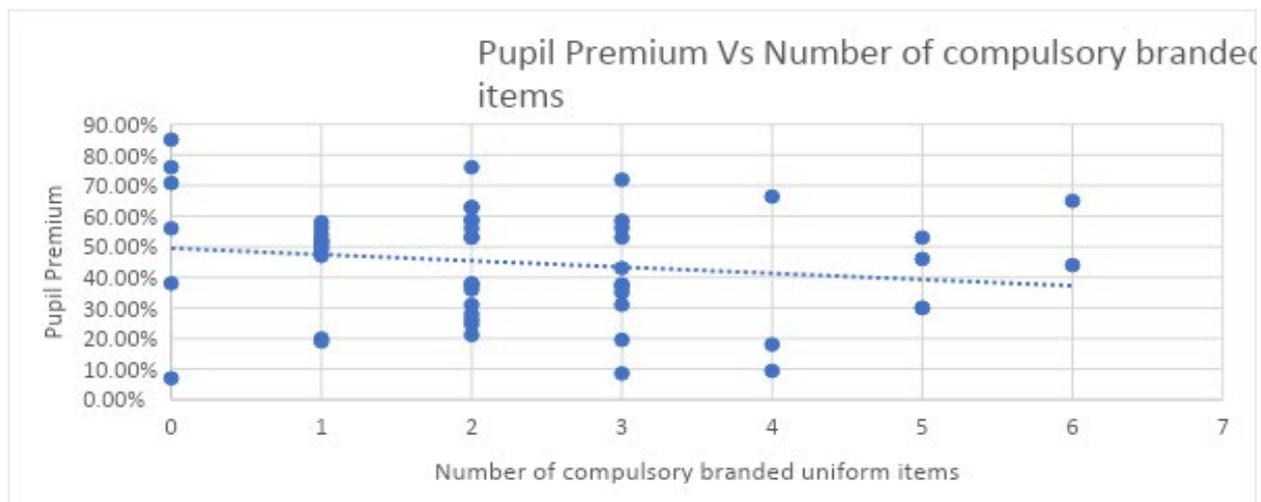
For some larger families they are being asked to find hundreds or pounds for uniforms at times when they are facing competing pressures due to cost of living, childcare costs during school holidays, additional food and energy costs due to having children off school.

## Do schools reflect the communities they support?

We hypothesised that the number of branded items may in some way be linked to the communities served by the schools, so we explored whether there was any link between the pupil premium and the number of compulsory branded items.

However, we found that the school publishing the lowest pupil premium (7%) had no compulsory branded uniform and recommended that parents should access uniform items via high street stores.

Conversely the school with the most compulsory branded items as part of their uniform (6 items) had a much higher pupil premium of 65%.



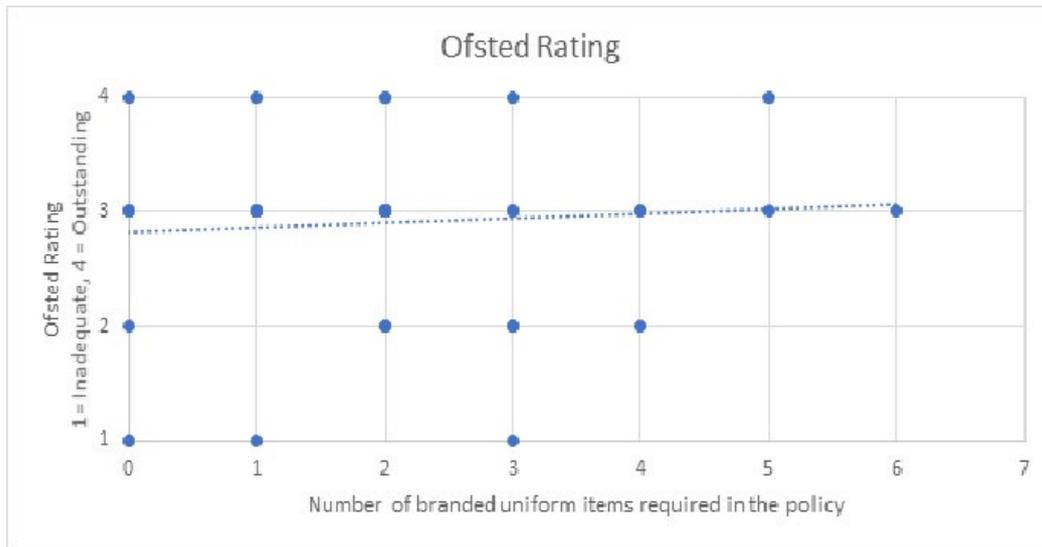
The data indicated no strong trend between the relative affluence of the student's families and the number of branded uniform items required

## Is a branded uniform necessary?

The policies reviewed often referred to the importance of school uniforms in improving performance and setting the tone for learning.

We therefore hypothesised that there would be a strong correlation between outcomes with Ofsted and increased branded uniform requirements. However, there was no obvious link between the school's performance at Ofsted and uniform.

- **Of the schools achieving an outstanding rating, 45% required 1 or fewer items of branded uniform.**
- **Of the schools assessed as requiring improvement or inadequate 40% required 3 or more branded items.**



We were unable to find any evidence to support that branded uniform is a factor in driving up the standards within a school.

## What Help is Available?

Local Authorities are afforded a discretion within the Education Act 1996, section 510 to provide financial assistance or uniform to students within the local area who appears to be unable to afford this independently. Such discretion has in recent years been all but abolished in light of reductions in Local Authority budgets and increasing numbers of people facing financial difficulties due to austerity cuts and subsequent cost of living crisis.

As a consequence of these cuts and absence of support, schools have had to develop strategies to deal with these issues independently.

The guidance states;

*Second-hand uniforms can benefit all parents, particularly those on low incomes. In addition, by extending the life of garments, it is more sustainable.*

*Schools should ensure that arrangements are in place so that second-hand school uniforms are available for parents to acquire (for example through periodic second-hand uniform sales or swap shops).*

*... [All] schools should ensure that information on second-hand uniforms is clear for parents of current and prospective pupils and published on the school's website. This should clearly state where second-hand uniforms are available to be purchased.<sup>7</sup>*

Options available to people struggling with the costs of uniforms include school-based offers of pre-loved uniforms or swap shops; however, these seem to be inconsistently offered across schools within Halton. Within our research some people reported that where this was offered by their school they would often be cancelled due to low demand, rained off and never reorganised or at an unsuitable point within the last term. Others reported that they felt unable to use this type of support as their children would feel shame or embarrassment that they did not have a new uniform and feared that they would be bullied if others found out.

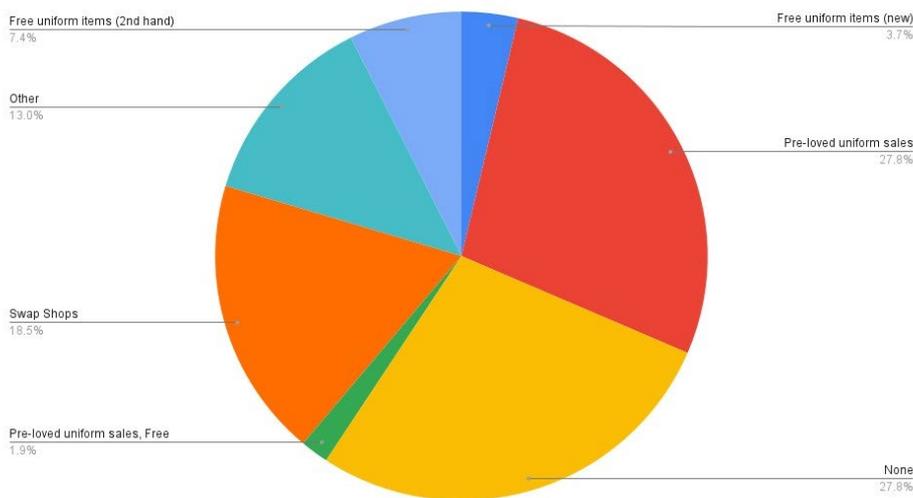
Across Halton there are a number of community sanctioned uniform swap shops available. However, it is unclear of the demand or uptake of these events. Those that reported having used these options reported struggling to find suitably sized garments and limited availability of secondary school items.

Other options include possible grants from charity organisations however these are very limited, usually require further evidence of eligibility and can take weeks or sometimes months to process.

As part of our research we looked closely at the information available on each local schools' website to find out what provision they made for parents experiencing hardship meeting the cost of school uniforms.

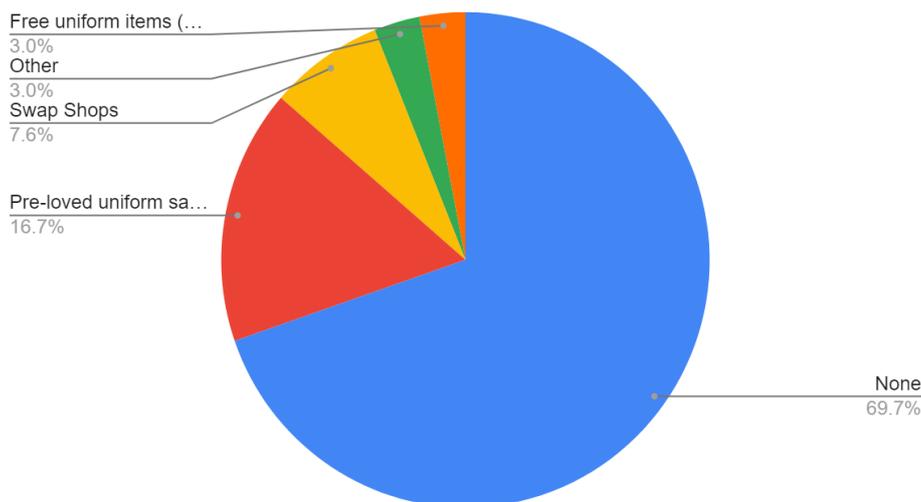
<sup>7</sup> <https://www.gov.uk/government/publications/cost-of-school-uniforms/cost-of-school-uniforms#provision-of-second-hand-uniforms>

What support do schools offer in their policy documents?



Our research suggested that there was a significant difference between the support discussed within school uniform policies and parents' experiences. We asked our sample group to tell us what support their school offered.

What support are parents aware of.



The vast majority of respondents were unaware of any support available from their schools. Even where our clients were aware of available support we received mixed reviews of the benefit these offered.

There were a number of reports that where people had enquired about an advance payment on their Universal Credit they were declined as 'new clothes' where not something this should be used for.

**Halton Housing Trust** in partnership with **Travis Perkins** have come together to help with school uniforms for their tenants. It is impossible to underestimate the benefit that scheme has offered to struggling families. That support has allowed them to avoid taking further borrowing, meet the cost of everyday living or simply spend more time with their children. Here's what some of the recipients told us;

*"I received £140 towards the cost of uniforms, this has helped my family a lot. The funds I would have used for uniforms I have been able to use for food. Without this I would have had to rely on family for help and cut back on essentials over the next coming weeks. "*

"The grant has also made a big difference and took some stress off of me. We would have been in an awkward position by trying to find money to pay for uniforms and ending up owing money out so we're so thankful."

*"Thank you so much for the uniform vouchers, it's helped me so much towards my daughters uniform. If I wouldn't have had the help I would have had to put her old uniform on from last year. Thank you so much Halton housing. "*

"I can't express how much this has helped us. What money I would've spent on uniforms I spent on food throughout the summer holidays....I'm just grateful we had the opportunity to get these vouchers as it has helped soooo much. It might not seem like much to some people but to us it was a huge help. With the cost of uniforms these days, especially high school ones, these vouchers have been a lifesaver as my children will go to school with a good supply of new uniforms."

"Without the grant I would have struggled left my family short for bills food gas electricity etc my kids would be bored all summer as would've had to use some of day out money for uniform"

## The Consequences of Incorrect Uniform

Our parents told us that they felt obliged to buy all of the branded uniform items as they feared their children would be unfairly punished if they did not have correct clothing. It is easy to understand why parents would have this fear. Each September the tabloid news and social media is full of stories of parents who have got it wrong and their children have faced exclusion.

That schools having a right to discipline students breaking school rules is not in dispute. The guidance makes clear that sanctions may be used in cases of non-compliance with uniform policies.

In Halton, 17 out of 67 schools reviewed (25%), included specific mention within their behaviours policies of sanctions where students failed to meet the expected uniform standard.

Those sanctions included;

**Pupils will be sent home to correct their uniform.**

Students who are not in correct uniform may be taken out of circulation to work until uniform is corrected'

Pupils who do not adhere to the Academy's uniform policy may face appropriate sanctions. These could include: detentions, report card, phone calls to parents/carers and internal exclusion

**For breaches of school uniform policy, more serious punishments like suspension or expulsion from the school should only be considered if the pupil's disregard of uniform policy is persistent and/or defiant.**

**On a rare occasion where a student persistently chooses to wear incorrect uniform they may be asked to work in isolation or return home to change**

If there are no good reasons and the student persistently fails to observe the academy uniform policy he or she will be refused entry to the academy and only allowed back when the problem has been remedied.

**Students identified as having inappropriate dress will be given a guidance, and will be directed to the shop, located in the hub, to retrieve items like ties, blazers and shoes.**

**Students will be expected to return borrowed items at the end of the school day and the shop team will keep track of items out on loan around the school.**

In most cases the behaviour policies seek to stress that the schools will make discreet enquiries to establish the reasons for uniform breaches. However, it is not possible to assess how effective those interactions are, what, if any, training has been provided to the staff having those conversations and crucially what the level of engagement is in those conversations from low income groups or vulnerable pupils and families.

We would raise significant concerns regarding schools operating a loan model for uniform items requiring return during the school day. This is reasonably likely to cause significant embarrassment and distress, single out those in financial hardship and force families into making impossible budgeting decisions.

The link between time away from the classroom and attainment has been clear for a number of years.<sup>8</sup>

Whereas schools are required to report all formal suspensions and exclusions, the law does not require the same level of scrutiny of internal interventions.

Some of the policies read highlighted that children will be sent home as a result of uniform breaches. We understand that such informal exclusions will be treated as an authorised absence within the child's record, however this does not reduce the impact on the child's access to learning.

As part of our research for this report we have heard numerous stories from parents regarding the treatment of their children for seemingly minor breaches in uniform standards (e.g. the wearing of wrap around pleated skirts as opposed to other styles or those with clasps instead of buttons). Parents have told us about students lining up for uniform inspections before entering school premises, removal from mainstream learning and placement in behavioural units. Consistently, parents told us that this created a negative feeling towards the school and left children feeling excluded from learning.

In light of the issues identified here regarding cost, and ineffective communications, it is our view that no child should be disadvantaged or punished for uniform breaches and would encourage each provider to reflect again on their own policies.

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<sup>8</sup> <https://explore-education-statistics.service.gov.uk/find-statistics/the-link-between-absence-and-attainment-at-ks2-and-ks4>

# Recommendations

Although we have identified a number of improvements made since September 2022, this could still go much further.

A significant proportion of Halton's schools continue to require 4 or more branded uniform items. The majority of schools continue to offer a significant number of non-essential branded items. The majority of schools still use only one uniform supplier.

Our review has identified significant differences between the policies of each provider not only around uniform standards but how these are to be enforced. We therefore make 7 recommendations;

## 1. **Schools should review their uniform policies.**

The policies should clearly state the reasoning for requiring each branded item, what alternatives have been explored and why the ultimate decision has been made. The policies need to evidence what steps have been taken to place cost at the centre of decision-making process.

Where a number of optional branded items are available or where schools will accept generic items as substitutes for branded ones they should explain the rationale for retaining the branded items. As our research shows this results in undue pressure on parents who feel their children will experience bullying if they do not have these.

Schools may wish to consider consulting with their students and their families, not on the design for uniform items but on possible cost reductions and savings.

Furthermore, schools should also review their policies to make sure they are in line with their equality, diversity and inclusion strategy and meet the expectations of their public duty.

## 2. **Schools should review their communication strategies**

Our research showed significant shortcomings in how important information regarding uniform and available support is conveyed to parents.

Schools should review how they publish their information online to ensure that this is accessible efficiently within 1 or 2 clicks of the home page.

Additionally, schools should reflect on how they talk to their students' parents through newsletters, apps, in playground conversations, so that consistent information is being relayed.

## 3. **Where branded items are not required, schools should work to de-stigmatise the wearing of generic items.**

Parents report feeling pressured to buy branded items to avoid bullying.

Schools should work with students and their families to ensure that everyone understands the uniform expectations of the school and what is available.

Schools should avoid phrases like “branded items are preferred, but high street alternatives are available” within their policies and communications with parents as this is likely to be interpreted by parents as support for stigmatising non-branded items.

#### **4. Schools should review their behaviour and disciplinary policies**

Schools should look to their behaviour policies to ensure that they are not penalising financial inequalities.

The policies should explain how sensitive conversations will be conducted and recorded and what training has been provided so that pupils and their families can feel safe disclosing any financial concerns. Schools should develop links with local providers to ensure that underlying financial pressure can be resolved by someone qualified to undertake this work.

We would encourage schools to reconsider any policy of removing children from mainstream learning or providing short term loaned items. Such policies are likely to result in distress or embarrassment to students and their families.

#### **5. The Local Authority should work with schools across the borough to develop best practice and template policy documents which might easily be adopted by all.**

Our research identified that although there is evidently a number of template policies in circulation, these are not consistently applied and have often been amended to lose a lot of their original value.

Many of the policies pay lip service only to the current guidance on uniform costs and rarely did we identify policies explaining what practical steps have been taken to engage with the spirit of that guidance.

Although each school operates independently or within its own academy trust there is an opportunity to develop borough wide best practice in consultation with head teachers, boards of governors, trustees and other stakeholders, so that schools do not lose their individual identities but continue to best serve the communities they are part of.

#### **6. The Local Authority should develop a strategy for supporting families with the cost of uniforms and work with both the public and private sector to develop a fund which will support families who experience financial hardship as a result of these costs.**

It is crucial that Halton continues to develop young leaders and skilled professionals. The best way to achieve this is to ensure that every child has access to a full education.

There is already a well stated attainment gap between students from low income households and their better off peers<sup>9</sup>, it is therefore imperative that we support the young people of Halton to overcome any barriers that hold them back from achieving their potential.

The work of Halton Housing Trust in supporting their residents has shown that a relatively modest sum of money has the potential to change the lives of many young people and their families.

The Local Authority is therefore asked to revisit the need for financial support for families in meeting the cost of school uniforms. We acknowledge the financial pressures on the Authority and so we would encourage it to work with large employers operating in the borough in both the private and public sector, to develop a fund to meet the cost of this scheme in a sustainable way. The benefits to employers through improved staff welfare and the development of a pipeline of future talent, should be placed at the forefront of discussions.

We would encourage a model where the Local Authority works with third sector partners and the local schools to ensure that funds are distributed to the most vulnerable parts of our community.

**7. We ask MP's to lobby for changes in the reporting of school suspensions and exclusions so that the data includes informal exclusions and internal suspensions and instances where children are sent home for uniform breaches.**

The link between absence and attainment is well proven. We believe that schools should take all reasonable steps to keep children within the classroom to maximise lifelong opportunities.

Throughout our research we have heard parents recite stories of military style uniform inspections and internal exclusions in behavioural units for those falling fowl of expectations. These stories are played out each September in the media.

Schools having a right to discipline pupils for policy breaches is not in doubt, however it is crucial that there is accountability for these interventions so that the impact can be reviewed and monitored in the same way as other absences.

MP's are asked to lobby for mandatory reporting by schools of all internal exclusions, suspensions and referrals to behavioural units.

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<sup>9</sup> [https://epi.org.uk/wp-content/uploads/2017/08/Closing-the-Gap\\_EPI-.pdf](https://epi.org.uk/wp-content/uploads/2017/08/Closing-the-Gap_EPI-.pdf)

## Next Steps

This report has been shared with local Members of Parliament, all of the local schools considered in this report, the Local Authority, and affected stakeholders. The data has been anonymised so as not to cause unnecessary concern for those affected.

We have asked school leaders, along with their governing boards, to determine if any changes are required to their own policies. Following these discussions and decisions we have asked for feedback on how these discussions unfolded and how this will be applied within their school.

It is important to us at Citizens Advice Halton that the annual cycle of poverty caused by the purchase of school uniform ends. We therefore aim to review the contents of this report in 2024 to assess what if any changes have been made and to hold to account those who continue to fail to adhere to both the spirit and wording of the statutory guidance.

## Addendum

Since the drafting of this report in August 2023, Citizens Advice Halton have become aware of one school operating within the borough who has moved to introduce an unbranded uniform accessible via high street outlets.

Throughout this report we have highlighted many of the negative aspects of uniform policies, however we find it important to commend this provider on the adoption of both the spirit and the wording of the guidance.

We would encourage other providers to review this example when exploring possible changes within their own uniform policies, so as to bring to an end the exceptional financial pressures placed on parents of school age children.

## Appendix 1

### Schools List

Accessed July 2023 from: <https://www.find-school-performance-data.service.gov.uk/?searchtype=search-by-la&la=876&keywords=Halton>

[All Saints Upton Church of England Voluntary Controlled Primary School](#)

[Ashley High School](#)

[Astmoor Primary School](#)

[Beechwood Primary School](#)

[Bridgewater Park Primary School](#)

[Brookfields School](#)

[Brookvale Primary School](#)

[Castle View Primary School](#)

[Chesnut Lodge Special School \(Primary\)](#)

[Chesnut Lodge Special School \(Secondary\)](#)

[Daresbury Primary School](#)

[Ditton Primary School](#)

[Fairfield Primary School](#)

[Farnworth CofE Primary School](#)

[Gorsewood Primary School](#)

[Hale Church of England Voluntary Controlled Primary School](#)

[Halebank CofE Primary School](#)

[Hallwood Park Primary School and Nursery](#)

[Halton Lodge Primary School](#)

[Halton School](#)

[Hillview Primary School](#)

[Hope Corner School](#)

[Kingsway Primary Academy School](#)

[Lunts Heath Primary School](#)

[Moore Primary School](#)

[Moorfield Primary School](#)

[Murdishaw West Community Primary School](#)

[Oakfield Community Primary School](#)

[Ormiston Bolingbroke Academy](#)

[Ormiston Chadwick Academy](#)

[Our Lady Mother of the Saviour Catholic Primary School](#)

[Our Lady of Perpetual Succour Catholic Primary School](#)

[Palace Fields Primary Academy](#)

[Pewithall School](#)

[Poppy Field School](#)

[Runcorn All Saints CofE Primary School](#)

[Saints Peter and Paul Catholic High School](#)

[Sandymoor Ormiston Academy](#)

[St Augustine's Catholic Primary School, A Voluntary Academy](#)

[St Basil's Catholic Primary School](#)  
[St Bede's Catholic Infant School](#)  
[St Bede's Catholic Junior School](#)  
[St Berteline's CofE Primary School](#)  
[St Chads Catholic and Church of England High School](#)  
[St Clement's Catholic Primary School](#)  
[St Edward's Catholic Primary School](#)  
[St Gerard's Catholic Primary and Nursery School](#)  
[St John Fisher Catholic Primary School](#)  
[St Martin's Catholic Primary School](#)  
[St Mary's Church of England Primary School](#)  
[St Michael with St Thomas CE Primary School](#)  
[St Michaels Catholic Primary School](#)  
[The Brow Community Primary School](#)  
[The Cavendish High Academy](#)  
[The Grange \(Primary School\)](#)  
[The Grange \(Secondary School\)](#)  
[The Heath School](#)  
[The Holy Spirit Catholic Primary School](#)  
[Victoria Road Primary School \(KS1\)](#)  
[Victoria Road Primary School \(KS2\)](#)  
[Wade Deacon High School](#)  
[Westfield Primary School](#)  
[Weston Point Community Primary School](#)  
[Weston Primary School](#)  
[Widnes Academy](#)  
[Windmill Hill Primary School](#)  
[Woodside Primary School](#)