

JSNA: Vulnerable Families with 0-2 year olds.

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What is a JSNA?

The Joint Strategic Needs Assessment (JSNA) is the comprehensive assessment of the current and future health and social care needs of children and young people aged 0 to 19 and their families, with a focus on improving the health and wellbeing of the local community and to reduce inequalities.

The JSNA will inform the development of the Joint Health and Wellbeing Strategy, local authority plans and Integrated Commissioning Board (ICB) ways of working for the commissioning of high-quality services. Cheshire West and Chester Council (CWAC) is responsible for producing the JSNA, in conjunction with partner organisations. This includes Cheshire and Wirral Partnership (CWP) for this chapter focusing on families with children aged 0-2 years. The implementation of recommendations will be overseen by the Health and Wellbeing Board.

As part of the JSNA's development, we have ensured the following principles and values have been considered:

- Think family.
- Our ways of working and trauma informed practice.
- Prevention, early intervention and avoiding escalation of need.
- The voice of children, young people and families is central to the design, delivery and evaluation of service provision.
- Strength-based, personalised service provision focussed on relationships.
- Integrated services which mean that families tell their story once and can easily access seamless support.
- Equality.
- Reducing inequality.

Chapters introduction

Cheshire West and Chester Councils 0-19 (25 with SEND) JSNA aims to bring benefits by identifying key health, wellbeing, and social care needs. Findings will help the Council and its partners to make more informed decisions about how we provide support and services to achieve the best outcomes for our children, young people, and their families/carers.

Each chapter has considered literature relevant to the assigned area of focus, drawing on this information to highlight key points that could contribute to findings.

Although each JSNA chapter can be read as an individual report. Throughout every chapter, there were common themes relating to how we collect and analyse data particularly in relation to outcome information for certain groups; how inclusive and

consistent messages are communicated and how we would like to do more coproduction and peer mentoring.

Content overview

- Definition of Vulnerable Families (children 0-2yrs) including the issues and impacts for this group.
- Local Authority data and lived experience evidence.
- Local service provision and reach data.
- Identifying needs and gaps.
- Evidence of what works.
- Key findings.
- Conclusions.
- Recommendations.
- Appendix A – Service provision overview.

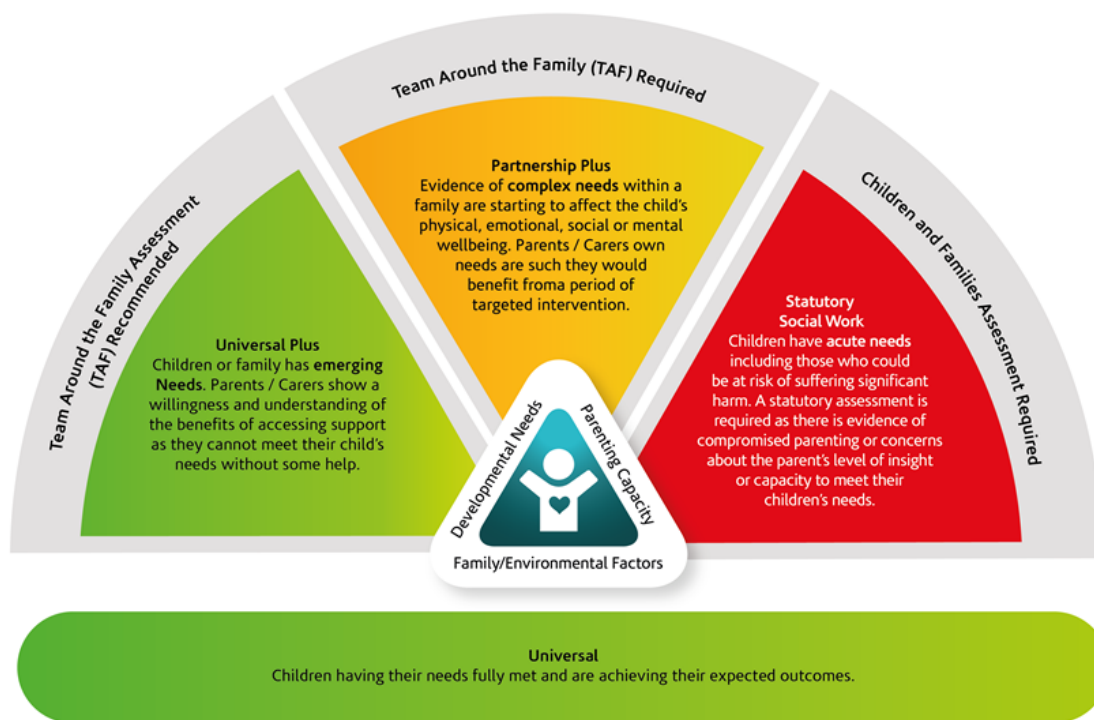
Definition of Vulnerable Families (children 0-2yrs) and issues and impacts for this group

This chapter combines data from Early Help Prevention and Childrens Social Care services within Cheshire West and Chester Council, alongside CWP who are commissioned to provide 0-19 Starting Well services within the borough.

These services work within the west Cheshire Continuum of Need as seen in figure 1, page 2 below. The continuum sets out the thresholds for single and multi-agency agency interventions at all levels. In supporting vulnerable children aged 0-2 years professionals involved are required to use the Safeguarding Children Partnership [Practice Standards](#) ¹ as a guide to support their practice from first point of referral and across the Continuum of Need. Starting Well and Early Help and Prevention focus on working at the Universal Plus and Partnership Plus levels of the continuum, with Children's Social Care work concentrated on the Statutory Social Work element of the continuum.

¹ Safeguarding Children's Partnership - Practice Standards, [Welcome to the Cheshire West and Chester Safeguarding Children Partnership Online Procedures \(proceduresonline.com\)](#)

Figure 1 –West Cheshire Continuum of Need



Source: [Continuum of Need \(Refreshed 2023\) - Cheshire West and Chester Safeguarding Children Partnership \(cheshirewestscp.co.uk\)](#)

The sensitive data used for this research is hosted on secure Council systems and complies with information governance requirements for sensitive and confidential data. All the data presented in this report is anonymised, and the principles from the Data Protection Act have been adhered to. For more information on how Cheshire West and Chester use your data, please refer to the [Privacy Policy](#).

For this JSNA we focused on understanding how families with children aged 0-2 years are supported to access to services; considering the following question as a framework:

- What do the needs of our complex families with children 0-2 years look like?
- What are the differences in needs across different areas within Cheshire West?
- How can we work more preventatively with families across the system to avoid escalation of needs?
- Do families know what services are available to them in their local area? How are families made aware of these services and could they easily access them? What could support families to better access service provision?

We applied this focus because it is widely acknowledged that identifying vulnerability in early childhood and before birth is vital, so that the Council and its partners are

providing services that are informed by need and are giving all children the best start in life.

Vulnerability is defined in the Public Health England report 'No Child Left Behind'² as any children at greater risk of experiencing physical or emotional harm or experiencing poorer outcomes due to factors in their lives. These might be related to poverty, disability, harm, neglect of difficult family circumstances that lead to facing adversity to some extent. This can worsen their health, education, and life outcomes, lead to social exclusion, increase their chances of taking part in risky behaviours, result in a lack of equal opportunities, and poor outcomes later in life.

Given this broad definition it is difficult to estimate the number of children who are vulnerable across Cheshire West and Chester. As well as those known to services, there will be a hidden population of vulnerable children who have never been known to services.

Children living in poverty indicators are commonly used to estimate the potential number of vulnerable children residing in an area, as poverty and inequality are key drivers of harm to children. This is referenced in *The Relationship Between Poverty and Child Abuse and Neglect: New Evidence (2022)*³ Research published by End Child Poverty (and carried out by Loughborough University)⁴ estimates the proportion of children aged 0-15 who are in poverty (relative low income) by local authority. Current data is for 2020/21 and estimates that 22% of children aged 0-15 in Cheshire West and Chester were in poverty. This suggests there were 13,583 0–15-year-olds who were considered vulnerable at that time. This is lower than the England rate of 29%. But there are variations in the levels of child poverty at smaller geographical areas across the borough. The highest child poverty rate is in Ellesmere Port and Neston, with 25% of children living in poverty. However, it must be noted that the timeframe of this research data (2020/21) could be impacted by the Covid 19 pandemic where employment and service delivery was severely impacted across the whole of England.

We recognise that positive early experiences of life, through pregnancy, birth and the first 12 months of life and subsequent 1001 days are vital in laying the foundations for a child's future health, well-being and lifelong outcomes. The Marmot Review (2012)⁵, recognises the importance of giving every child the optimum conditions and how investing in this period of a child's life influences their school readiness, educational attainment, economic participation and long-term health.

² No Child Left Behind, Public Health England 2020 –

[No child left behind: understanding and quantifying vulnerability \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/90242/no-child-left-behind-report.pdf)

³ *The Relationship Between Poverty and Child Abuse and Neglect: New Evidence (2022)*, Nuffield Foundation.
[The Relationship Between Poverty and Child Abuse and Neglect: New Evidence - University of Huddersfield](https://www.nuffieldfoundation.org/relationship-between-poverty-and-child-abuse-and-neglect-new-evidence)

⁴ [Child Poverty Statistics - End Child Poverty](https://endchildpoverty.org.uk/child-poverty-statistics)

⁵ The Marmot Review, *Fair Society, Healthy Lives*, [Fair Society Healthy Lives \(The Marmot Review\) - IHE \(instituteofhealthequity.org\)](https://www.instituteofhealthequity.org/publications/marmot-review)

Local Authority Data and Lived Experience Evidence

For this chapter we accessed the latest published and local data for families being worked within in Cheshire West and Chester. Specifically, 2023 Supporting Families data and March 2022 Children's Social Care data (data verification periods vary).

A key local issue for children aged 0-2 year is the high and growing number of children living with trauma due to exposure to domestic abuse and a need for acute services. The resultant behaviours are a challenge for parents and caregivers in early years settings to respond to appropriately. Furthermore, this also creates challenges to their inclusivity of access to early educational and developmental opportunities.

Neglect in the earliest stage of life is another key issue, demonstrated by the increasing number of new-borns and children under the age of one year entering the care system. Neglect is usually defined as the failure of a parent, guardian, or other caregiver to provide for a child's basic needs, which impacts on the child's development.

We acknowledge that trauma and chronic neglect are separate, though often with overlapping experiences. Subsequently, trauma and neglect can interfere with a child's capacity to successfully engage in learning. This can show itself in how an infant learns to feed and sleep, a toddler learning how to explore the world through play, or a child learning to read and relate to peers. Each would impact on their lifelong outcomes. Through understanding and responding to barriers in accessing services for this group, we hope to improve outcomes for our vulnerable families with children aged 0-2 years.

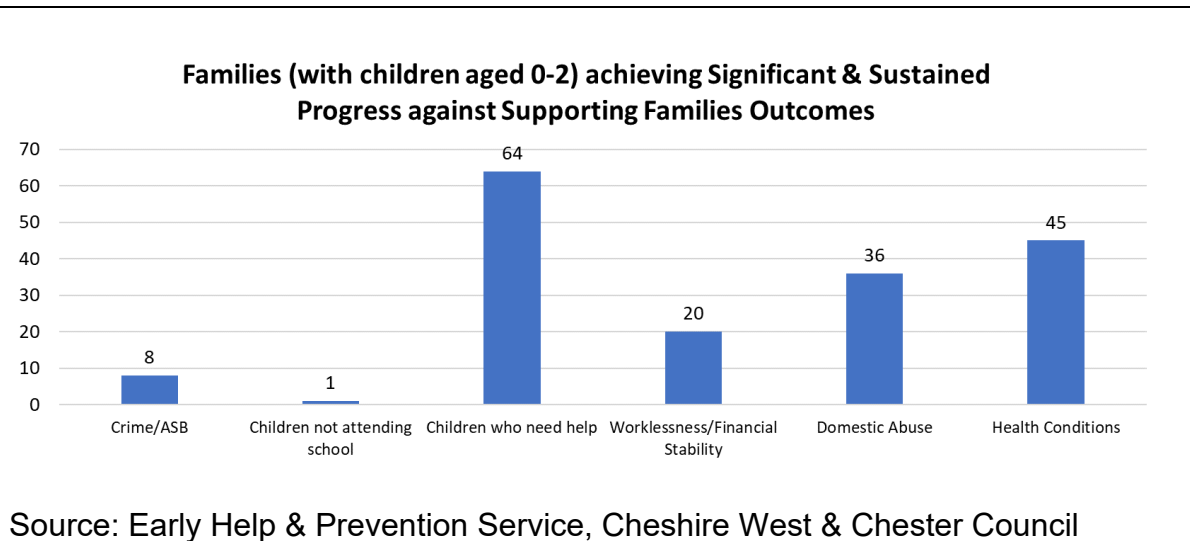
Vulnerable children are identified by public sector agencies through a number of means, including:

1. Supporting Families Programme - The Council receives funding from the government to deliver the Supporting Families Programme⁶ (previously Troubled Families). The model used in Cheshire West and Chester's Early Help services promotes a whole family working model. It is delivered through a lead worker, allowing locally available services and specialist support to be drawn together for the family in a coordinated way, through a Team Around the Family assessment and plan. There were 348 families worked with through the Supporting Families programme during 2022/23 who had children aged 0-2 years. The focus of the programme is to support families affected by multiple disadvantages including but not limited to, unemployment, crime, violence, risk of homelessness, poor health, and educational issues. The Council identifies families to take part in the programme with a view to avoiding further escalation to safeguarding concerns.

Of these 348 families with children aged 0-2 years; 65 families achieved 'Significant & Sustained Progress' against these disadvantages as shown in figure 2, page 5. Parent/carers from another 6 families achieved continuous employment in the year.

⁶ [Supporting Families - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/programmes/supporting-families)

Figure 2 – Families with children aged 0-2years, achieving significant and sustained progress against Supporting Families Outcomes in 2022/2023 across the whole of Cheshire West and Chester.



2. Children with a Team Around the Family (TAF). Team Around the Family⁷ is a form of early support and prevention. There were 116 0–2-year-olds with an open TAF plan at 31/03/2023. These children and families have needs identified and are being supported by a group of multi-agency professionals following a TAF Assessment and planning process.

3. Children in need. At 31 March 2022, there were 285 Children in Need aged 0-2 years. Of these, 65 had a child protection plan and 56 were Looked After Children. Children in need are a legally defined group of children assessed as needing support as a result of risk to their development or health. This is all children with an open referral to Children’s Social Care, including those with a disability, and those subject to a Child in Need Plan, Child Protection Plan, or are a Looked After Child.

Children aged 0-2 years are wholly reliant on their caregivers. Older children can be vulnerable due to mental health of the child, risk taking anti-social behaviour of the child, missing from home etc. The 0–2-year-old vulnerabilities are focused on behaviours and circumstances of the caregiver as shown in the data below. For vulnerable children aged 0-2 years who are known to the Council, domestic abuse is the most common theme of concern in data from both the children’s service ‘front door’ and children in need data (2021/2022 datasets). Front door data ‘presenting reasons’ also highlighted child physical abuse, neglect, parenting issues, emotional abuse and adult mental health. Details can be seen in figures 3 & 4, pages 6 & 7. Children in need data, ‘factors identified at end of assessment’ highlighted the mental health of a parent/carer and drug misuse by the parent/carer.

⁷ [Team Around The Family \(TAF\) - a guide for parents and carers | Live Well Cheshire West \(cheshirewestandchester.gov.uk\)](https://www.cheshirewestandchester.gov.uk/live-well-cheshire-west)

Figure 3 - Top 10 presenting reasons to the front door for children aged 0-2 years in Cheshire West & Chester in 2021/22

Presenting reason	percentage of contacts
Domestic Abuse	28%
Statutory Notification	8%
Child Physical Abuse	8%
Request for Information	7%
Neglect	7%
Parenting	6%
Emotional Abuse	5%
Adult Mental Health	5%
Sexual Abuse	4%
Drug & Alcohol Misuse	3%

Source: eTAF, i-ART, Cheshire West and Chester Council

Figure 4 - Top 10 factors identified at end of assessment, children in need aged 0-2 years in Cheshire West & Chester (2021/222)

Table 2:

Factor identified at assessment	percentage of episodes of need
Mental Health of Parent Carer	47%
Domestic Violence Parent Carer Subject Of	43%
Drug Misuse by Parent Carer	25%
Alcohol Misuse by Parent Carer	18%
Emotional Abuse	16%
Neglect	10%
Domestic Violence Child Subject Of	10%
Mental Health of Other	6%
Drug Misuse by Other	5%
Domestic Violence Other Subject Of	5%

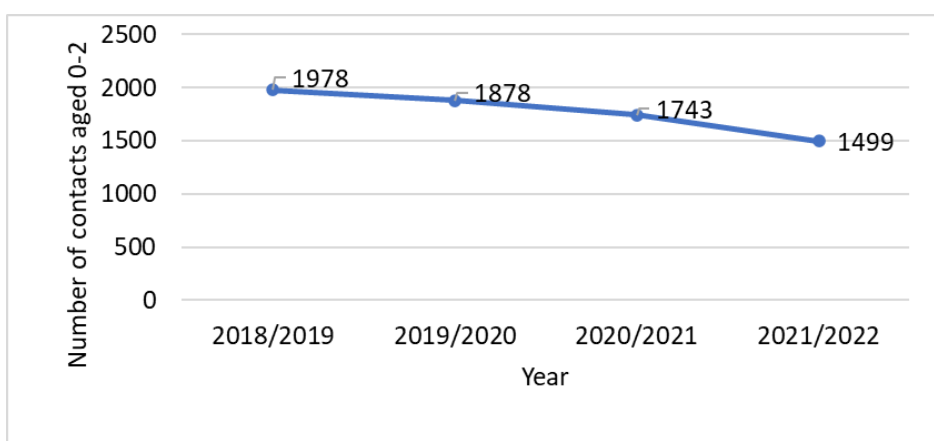
Source: Childrens Business Intelligence, Cheshire West and Chester Council

For children referred to Children's Social Care during 2021/2022, in 87% of referrals, the primary need was identified as abuse or neglect (384 referrals).

There has been an increase in the percentage of children that experience physical abuse, and since 2020, (and the onset of the Covid-19 pandemic), an increase in caregivers experiencing illness and disability. Despite decreasing Children in Need numbers for this cohort of children, there has been an increase in the number of Section 47 enquiries, resulting in initial Child Protection Conferences and children requiring Child Protection Plans for children aged 0-2 years. Although there are more children aged 0-2 years with a Child Protection Plan, there has not been an increase in the number of children needing to be looked after. These trends are evidenced in the sub-sections below.

Over the last four years, there has been a decrease in the number of contacts made to Children's Service 'Front Door' about children aged 0-2 years, as shown in figure 5, page 7. This follows the same trend for all contacts to the Front Door. It is unclear if this is because there is less need, or fewer contacts are being made for some other reason. The data indicates that there has been a reduction in contacts being made from all sources including Police, Schools/Education, parents and carers, hospital staff and those made anonymously.

Figure 5 - Number of contacts to front door for children aged 0-2 years in Cheshire West & Chester



Source: eTAF, i-ART, Cheshire West and Chester Council

As shown in Figure 6 (page 8), over the last four years, there has been an increase in contacts for child physical abuse and emotional abuse, and decreases in relation to domestic abuse, drug and alcohol misuse, and parenting. In addition to those listed,

families of 0–2-year-olds, saw an increase in contacts about child disability/ difficulties and significant criminal history.

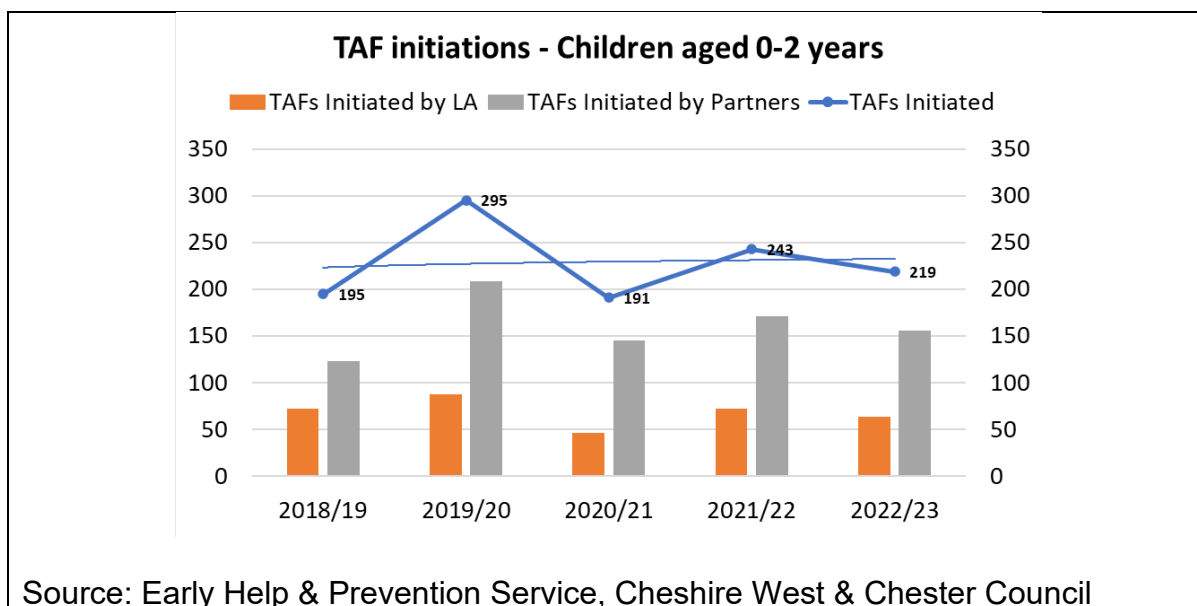
Figure 6 – Percentage of contacts to front door by presenting reasons children aged 0-2 in Cheshire West & Chester.

Presenting reason	2018/19	2019/20	2020/21	2021/22
Domestic Abuse	29%	29%	29%	28%
Statutory Notification	8%	10%	9%	8%
Child Physical Abuse	7%	7%	5%	8%
Request for Information	6%	5%	7%	7%
Neglect	7%	6%	6%	7%
Parenting	7%	8%	10%	6%
Emotional Abuse	2%	3%	4%	5%
Adult Mental Health	6%	5%	5%	5%
Sexual Abuse	4%	4%	3%	4%
Drug & Alcohol Misuse	4%	5%	5%	3%
Child Disability/Difficulties	1%	2%	1%	2%
Contact Issues	4%	3%	3%	2%
Behaviour Issues	3%	2%	1%	2%
Child Physical Health	1%	2%	1%	1%
Child Mental Health	1%	1%	1%	1%
Home Conditions	1%	1%	1%	1%
Substance Misuse	1%	1%	2%	1%
Offending Behaviour	1%	1%	1%	1%
Child Sexual Exploitation	0%	1%	1%	1%
Family Dysfunction	2%	1%	1%	1%
Other reasons	5%	4%	3%	4%

Source: eTAF, i-ART, Cheshire West and Chester Council

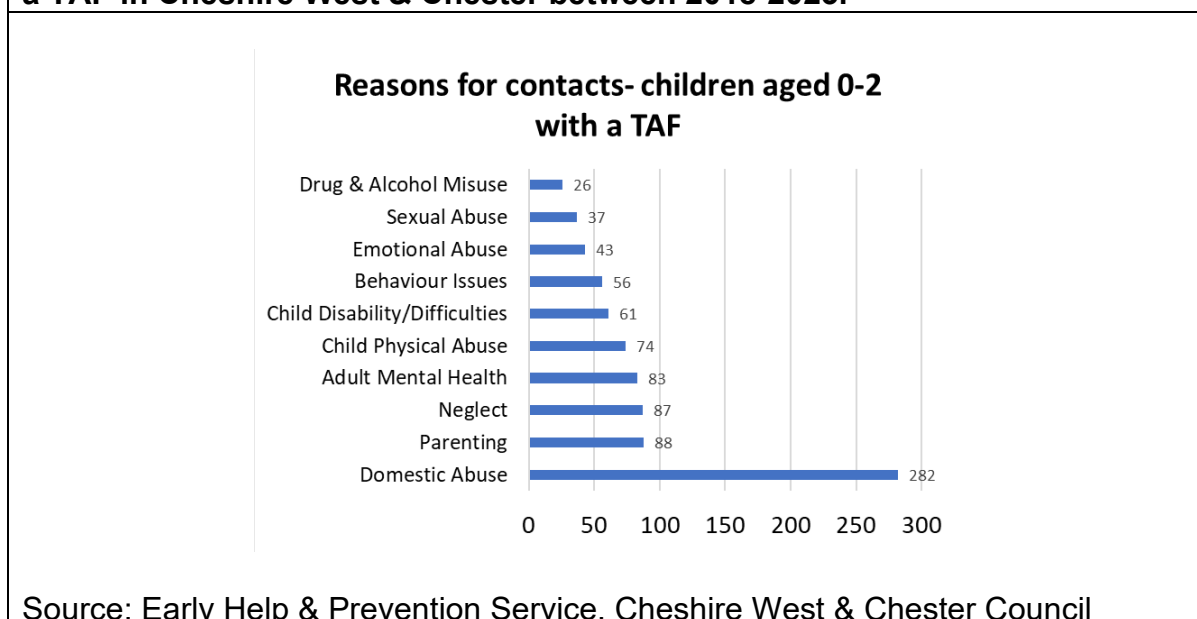
As shown in figure 7, page 9, TAF initiations for 0-2 years olds has seen a slight increase in the last 5 years, with an average of 229 TAFs starting each year and a total of 1143 across the period. 30% of TAFs started for this age range are initiated by the local authority (340), and 70% by partner organisations (803). Of the 803 by partners, 391 were by the 0-19 CWP Starting Well service and 412 by education providers, voluntary sector and other partners.

Figure 7 - Initiations if Team Around the Family Assessments (TAF) for Children aged 0-2 Years in Cheshire West & Chester



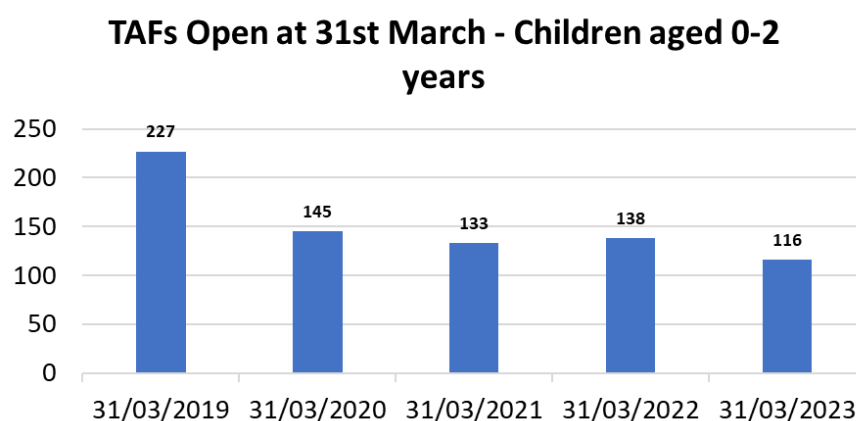
Reasons for TAF assessments starting are not routinely recorded. However, where a contact has been received by the Front Door where a TAF was then started, Domestic Abuse was the most common presenting reason in 27% of the contacts, followed by parenting (8.6%) and neglect (8.4%). This can be seen in figure 8, page 10. However, only one presenting reason is recorded so it does not mean that other needs are not present, just that they were not chosen as the most prevalent issue at that time. Note: that there is a 'Domestic Abuse Pathway' and Early Help offer which must also be taken account of when considering this data.

Figure 8 – Reasons for contact to front door for children aged 0-2 years with a TAF in Cheshire West & Chester between 2018-2023.



Despite the slight increase in initiations across the last 5 years, there has been a reduction in the volume of TAFs for 0-2 year olds open on 31st March each year (figure 9, page 10). This could indicate that whilst initiations remain consistent, TAF plans are open for shorter periods.

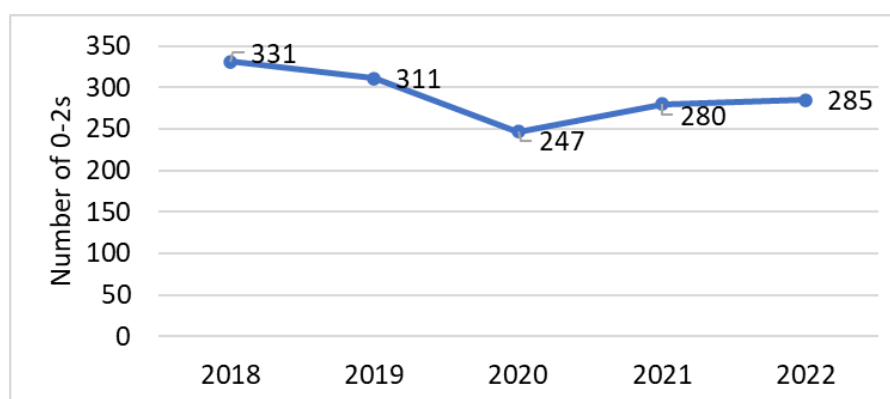
Figure 9 - TAF plans open at 31st March for children aged 0-2 years in Cheshire West from 2019-2023



Source: Early Help & Prevention Service, Cheshire West & Chester Council

For children of all ages, rates of Children in Need have been consistently below the England rate since 2018. Though the gap between Cheshire West and England narrowed in 2022. For those aged 0-2 years (figure 10, page 11), the rate of Children in Need at 31 March 2022 was 280.4 per 10,000 0–2-year-olds. This is higher than the previous year (275.5 per 10,000), but lower than the rate for under 18s which is 316.6 per 10,000 0–17-year-olds. The number of Children in Need decreased at March 2020, likely due to the Covid-19 pandemic, and this number is now increasing again but remains below pre-Covid-19 levels.

Figure 10 – Children aged 0-2 years classified as a child in need on 31st March (2018-2022) in Cheshire West & Chester



Source: Childrens Business Intelligence, Cheshire West and Chester Council

At the point of referral to Childrens Social Care each child is assessed for a primary category of need. The data in figure 11 (page 11) indicates there has been a decrease in family dysfunction and a child's disability as primary needs, and an increase in parental illness or disability since 2020. However, only one primary need is recorded so it does not mean that other needs are not present, just that they were not chosen as the primary need.

Figure 11- Percentage of children aged 0-2years who were classified as children in need between 2017 and 2023 in Cheshire West by their presenting category of need.

Category or need	2017/18	2018/19	2019/20	2020/21	2021/22
Abuse or neglect	74%	71%	78%	86%	86%
Child's disability	3%	4%	1%	0%	0%
Parental illness or disability	3%	3%	4%	6%	6%
Family dysfunction	15%	17%	11%	3%	4%
Socially unacceptable behaviour	2%	4%	4%	3%	2%
Other category	2%	1%	2%	1%	1%

Source: Childrens Business Intelligence, Cheshire West and Chester Council

Factors identified at the end of assessment are additional factors that social workers record as being relevant to the child's needs, in addition to the primary category of need. Most children have more than one factor recorded for each episode of need. The data in figure 12 (page 12) indicates that neglect and children as the subject of domestic abuse, has decreased to the lowest in the last five years, both identified in 10% of episodes of need in 2022. Emotional abuse is also at its lowest at 16%.

Mental health of 'other' individuals in the household and drug misuse by 'other' individuals in the household both increased to the highest they have been in the last five years, 6% and 5% respectively.

Figure 12- Top 10 factors (by percentage) identified at end of assessment, for episodes of need 0-2 year old children.

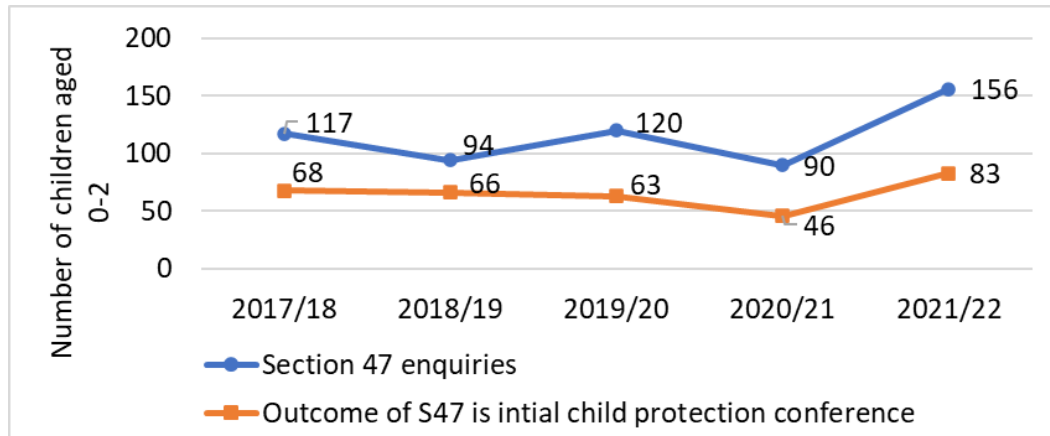
Factor identified at assessment	2018	2019	2020	2021	2022
Mental Health of Parent Carer	34%	47%	41%	48%	47%
Domestic Violence Parent Carer Subject Of	41%	51%	46%	46%	43%
Drug Misuse by Parent Carer	20%	26%	21%	24%	25%
Alcohol Misuse by Parent Carer	14%	20%	21%	15%	18%
Emotional Abuse	18%	25%	22%	18%	16%
Neglect	13%	15%	11%	11%	10%
Domestic Violence Child Subject Of	11%	15%	14%	14%	10%
Mental Health of Other	5%	5%	4%	3%	6%
Drug Misuse by Other	3%	2%	3%	1%	5%
Domestic Violence Other Subject Of	4%	6%	2%	5%	5%

Source: Childrens Business Intelligence, Cheshire West and Chester Council

Section 47 enquiries are initiated if a child is suspected of, or likely to be, suffering significant harm. During the enquiry it may be agreed that an initial child protection conference (ICPC) is required to decide whether the child should be placed on a child protection plan.

Figure 13 (page 13) shows that in the last five years there has been an increase in the number of section 47 enquiries for both 0–2-year-olds and all children aged 0-17. In 2021/2022, the number of section 47 enquiries for 0–2-year-olds was the highest in the last five years, as were subsequent ICPCs.

Figure 13- Number of section 47 enquiries for 0-2 year old children and the volume of initial child protection conferences as an outcome of the section 47 in Cheshire West (2017-2022).

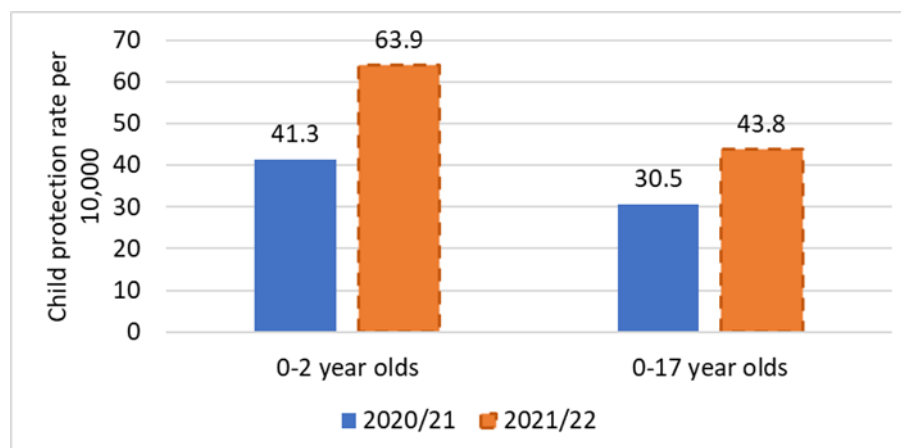


Source: Childrens Business Intelligence, Cheshire West and Chester Council

At 31 March 2022, there were 65 children aged 0-2 years on a child protection plan. This is the highest it has been in several years and follows the increasing trend for all children aged 0-17. The rate of children requiring child protection increased from a rate of 41.3 per 10,000 in 2020/2021 to 63.9 per 10,000 in 2021/2022 - Figure 14, page 13.

Figure 14: Volume and rate of children open to a child protection plan at 31 March 22 in Cheshire West & Chester.

Note: rates are per 10,000 children in the population.



Source: Childrens Business Intelligence, Cheshire West and Chester Council. Rate calculated using 2021 midyear population estimates, Office for National Statistics.

Despite the overall total number of children in care steadily increasing over a number of years, this is not reflected in children in care aged 0-2 years (figure 15, page 14). In 2022, the proportion of children in care aged 0-2 decreased slightly to 10%, though the number was the same as the previous year (56 children). Figure 16 (page 14) shows that fewer children aged 0-2 years started a period of care in 2021/2022 compared to previous years (excluding 2018/19 which was lower).

Figure 15 - Number of children in care and percentage of children in care aged 0-2 years at 31 March 2022, in Cheshire West & Chester.

Year	Number of Children In Care	Number of Children In Care aged 0-2	Percentage of Children In Care aged 0-2 years old
2022	538	56	10%
2021	508	56	11%
2020	488	59	12%
2019	477	54	11%
2018	488	68	14%

Source: Childrens Business Intelligence, Cheshire West and Chester Council.

Figure 16 - Number of children joining Local Authority care and percentage of children in care joiners aged 0-2 years at 31 March 2022, in Cheshire West & Chester.

Year	Children starting a period of care Aged 0-2	All children starting a period of care	% of children starting a period of care who are aged 0-2
2021/2022	38	150	25%
2020/2021	52	152	34%
2019/2020	48	131	37%
2018/2019	31	121	26%
2017/2018	67	215	31%

Source: Childrens Business Intelligence, Cheshire West and Chester Council

Our localised data suggests that across Cheshire west and Chester we have:

- Reducing referrals and open plans (TAF, Child in Need and Children in Care) for vulnerable children aged 0-2 years across the authority, despite increases in other age bands.
- There has been an increase in the number of children on a child protection plans for this group. With a higher change in the child protection rate compared to the wider 0-17 population. The latest year has witnessed the most significant amount of change for children requiring a Section 47.

- Information from referrals and contacts shows that domestic abuse, child physical abuse, neglect and health issues (mainly mental health and substance abuse) are the most prevalent factors.

Lived experience evidence

Due to the scope there were limitations in accessing lived experience data. We have considered information available to us from Starting Well 0-19 Service and reviewed records of families who have been known to Council services.

Reviews highlighted that often the needs of children aged 0-2 years were not fully considered through assessment tools available to professionals and that Health representation varied. This was evident both regarding invitations issued and attendance at meetings/contributions to assessment and reviews. Interventions were usually for the siblings/older children in the family therefore considerations to the needs and lived experiences of 0–2-year-olds was limited.

Local Service Provision and Reach Data

Locally, the Council has commissioned its 0-19 Starting Well Service since 2018 through CWP to deliver integrated services for children and young people aged 0-19 (25 with Special Educational Needs and Disabilities), considering guidance and learning provided through, key publications including:

- The 1001 Critical Days (2015)⁸
- The Healthy Child Programme (2009) ⁹
- The Early Years Foundation Stage (2017) ¹⁰

The 0-19 Starting Well service includes:

- The statutory Healthy Child Programme for 0-5 year olds and 5-19 year olds to deliver Public Health programmes and interventions to promote health and wellbeing from pre-conception to adulthood.
- Family Nurse Partnership, a nurse-led evidence-based programme for first time teenage parents
- The Children's Centre core offer, a range of targeted universal service support for vulnerable families to improve life chances and reduce inequalities by improving child development and school readiness, as well as parental aspirations and skills.

⁸ The 1001 Critical Days (2015)

https://assets.publishing.service.gov.uk/media/605c5e61d3bf7f2f0d94183a/The_best_start_for_life_a_vision_for_the_1001_critical_days.pdf

⁹ Healthy children programme <https://www.gov.uk/government/publications/healthy-child-programme-schedule-of-interventions>

¹⁰ Early years Foundation stage [Statutory framework for the early years foundation stage for group and school providers \(publishing.service.gov.uk\)](https://www.gov.uk/government/publications/statutory-framework-for-the-early-years-foundation-stage-for-group-and-school-providers)

Further details about services on offer by Starting well can be found on their website: <https://www.startingwell.org.uk/>

CWP conducts an annual survey with parents and carers to gain their views about the services on offer. The 2022 survey received 156 responses and analysis indicated the following:

- 83% (129 out of 156) of respondents felt aware or very aware of what the service offers, 37 individuals (24%) felt not very aware.
- 11 individuals (7%) reported to be 'not aware' stating that the service did not meet their early parenting needs. 10 of these individuals had children aged under 5 years and one had a child 11-19 years. 10 responses left suggestions or ideas on what may have improved their experience.
- 54% (82 out of 156) of respondents had a child aged 0-2 years and 34 individuals (41%), less than half of this group felt aware of the groups and support Starting Well offers antenatally.
- 96% (149 out of 156) of respondents had a child under 4 years. Of these 149 (?) 26 individuals (17%) stated that they would not have accessed a group during pregnancy to find out more about the service offer. 82% replied to say yes, they would have accessed this type or group, or they left the question blank and did not respond either way (72 individuals).
- 1 / 156 of respondents were very dissatisfied with the service they received, 134 / 156 (86%) were somewhat satisfied or satisfied with the service received.
- 1 / 156 of respondents said they would not recommend our service to family and friends, 4 / 156 left this question blank, and 151 / 156 (97%) stated yes, they would recommend our service to their family and friends and 139 participants have left comments to underpin their feedback.
- 71 / 156 of respondents (46%) noted that communicating with the service via text messaging and or social media would improve their access in addition to contacts by with us by phone, face to face etc.

With three times the response rate compared to the 2021 Census, the findings show positive overall public satisfaction. Generally, parents and or carers were happy and shared their positive experience of the service with their family and friends, this is especially positive as this survey targeted those who had limited or no access to Starting Well over a 12-month period which increased the likelihood of families being unaware or dissatisfied with the service.

Half of parents with a young child who completed the survey, shared that they would have liked to have accessed a group antenatally to learn more about the services available to them.

Increasing antenatal contacts will be considered within the service re-design which is being completed to support the implementation of the modernised Healthy Child Programme.

Advancing digitally is a service ambition supported by the Trusts wider digital strategy. An investment in 'Chat Health', a safe text platform has been made. This system may address the request for greater text communication between families and the service

outlined in feedback. The service has risk assessed use of a closed social media account for the purpose of promotion and hopefully the survey findings will support fully progressing to launch in the coming months.

Figure 17 (page 17) shows the volume of children aged 0-3 years who have been reached by the Starting Well service. It shows the number and percentage of children whose family have been pro-actively contacted by the service to offer provision and information regarding the Core Offer and Children's Centre activities. Starting Well are often a service who have the most contact with children pre-early education. The reach demonstrates how far reaching the service is within the local communities, with specific targeting of families living in the top 30% of lower super output areas on the indices of multiple deprivation¹¹. Reach activity highlights that the Starting Well service consistently reaches between 80-90% of all families on a quarterly basis and this increases to 90% plus for families living in the most deprived areas of the borough. It is worth noting that Starting Well reach reduces for children aged 3-4years as these families tend to be accessing up to 30hrs childcare.

Figure 17 – Volume and percentage of children aged 0-3years living in Cheshire West and Chester who have been reached by Starting Well services from 2021-2022

	2021-2022				2022-2023	
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 1	Quarter 2
Number of children 0-3 reached	8711	8438	8287	8790	8577	8395
% Children 0-3 reached	88%	86%	84%	90%	87%	86%
% Children 0-3 reached in top 30% LSOA	92%	90%	89%	91%	90%	90%

Source: CWP Starting Well Service

Identifying opportunities for practice improvement

From the data available we understand that vulnerable children are at an increased risk of developing problems in multiple areas of life, and these complexities often require a number of services to support both the child and their family. The Safeguarding Children Partnership have shared relevant Local Child Safeguarding

¹¹ [English indices of deprivation 2019 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019)

Practice Reviews¹² to inform the development of this strategic needs analysis. The following points are key learning for services:

- Routine enquiry about new relationships, particularly when there is a history of domestic abuse, should be standard practice across all agencies. Checks should be carried out on any new adult having significant contact with vulnerable children.
- When parents share concerns about their mental health, the impact of this on their capacity to care for children should be routinely explored and multi-agency plans put in place to co-ordinate any support required.
- Both parents should be involved in risk assessment and planning for children even when they are estranged
- Adherence to 'Was Not Brought' Policies is an important part of safeguarding responses across all agencies.
- Universal and early intervention safety planning programmes addressing caregiver frustration with infant crying, such as the ICON initiative¹³, are, potentially, a key element in the prevention of non-accidental injury to infants; and may help reduce the likelihood of abusive head trauma.
- Well integrated Universal Plus and Partnership Plus services at both intra and inter-agency level are (along with universal/ICON services) key to effective mitigation and the minimisation of non-accidental injury to infants. Within the CWAC SCP, Partnership Plus support is mainly provided jointly by Starting Well and the local authority's Early Help and Prevention services. Schools also have a key role in support where infants have older school age siblings.
- Starting Well and Early Help and Prevention should review their criteria and understanding of Continuum of Need thresholds to ensure that vulnerable families can effectively access the right service at the right time in the right place. They should consider whether some co-location, where possible, could improve access and service outcomes.
- The concept of the, 'inherent vulnerability', of infants needs to be included in the training of peripheral workers, such as new start police and housing officers.
- Evidence strongly suggested that fathers/male carers tend to be marginalised from ante and post-natal services, including the local ICON programme. In most cases, fathers/males are included in pre-birth assessments. There is some inconsistency regarding Children Social Care Child and Team Around the Family assessments.

Evidence of what works:

Nationally there is a plethora of evidence for what works in improving outcome for this age range of children, as set out in the following section.

Research highlights that that involvement of high-quality early childhood and parenting support programs can alleviate some of the negative impacts of disadvantage on

¹² [Case Reviews - Cheshire West and Chester Safeguarding Children Partnership \(cheshirewestscpscp.co.uk\)](https://cheshirewestscpscp.co.uk/case-reviews)

¹³ [Home - ICON Cope](#)

young children and families (Gross et al., 2003; Gross et al., 2009; Melhuish, 2003; Webster-Stratton, 1998)¹⁴.

Modernised Healthy Child Programme 2012¹⁵

This sets out details of a modernised health visiting and school nursing service delivery model that is 'Universal in reach – Personalised in response'. It supersedes the '4-5-6' models for health visiting. Universal, Universal Plus and Universal Partnership Plus have also been replaced with Universal, Targeted and Specialist services. The greatest emphasis is around assessment of family need and early identification. The guides suggested the following key themes:

- Universal in reach, personalised in response - delivery of a family needs assessment to determine targeted support required. This support can either be met through Starting Well or require onward referral for specialist interventions.
- Early identification of needs by a Health Visitor - utilising clinical judgement and public health expertise to determine potential risk and provide early intervention to stop issues escalating.
- Continuity of Care - Health Visitors should provide continuity of care and act as a 'care co-ordinator' to support families through the health and care system, harnessing the 'right skill at the right time' approach for families to access early and timely support and information from the system.
- Universal Public Health Offer - the Universal offer should be rooted within a community-based asset model, following assessment by the Health Visitor, families can be signposted to community centred services and asset-based approaches wider than the Healthy Child Programme.
- Safeguarding Children - is embedded through the model because Health Visitors have a vital role in keeping children safe and supporting local safeguarding arrangements. Safeguarding responsibilities apply through all elements from identification of risk and need, to early help and targeted work, and formal child protection.
- A Partnership Approach - is key to need's-based care and support for all families. Working in partnership, integration, communication, and multi-agency working is vital for improving outcomes and reducing inequalities at an individual, family and community level. Outcome measures should be aligned between health and education (including early years settings) to enable shared responsibility for outcomes across the health and social care system.
- Strengths based identification of needs - Health needs should be identified in partnership with parents, children and young people using an approach that builds on their strengths as well as identifying any difficulties - supported by clinical judgement used alongside formal screening and assessment tools.
- 6 High Impact Areas - delivering Maternal and Child Public Health services from preconception onwards is central to the Healthy Child Programme:
 - Supporting the transition to parenthood

¹⁴ Journal of Early Childhood: Partnership with families in early childhood education: Exploratory study Authors Catherine Murphy, Jan Matthews, Olivia Clayton, Warren Cann 2021

¹⁵ <https://www.gov.uk/government/publications/healthy-child-programme-schedule-of-interventions>

- Supporting maternal and family mental health
- Supporting breastfeeding
- Supporting healthy weight, healthy nutrition
- Improving health literacy; reducing accidents and minor illnesses
- Supporting health, wellbeing, and development: Ready to Learn, narrowing the 'Word Gap'.

1001 Critical Days¹⁶

This provides a roadmap for best practice in the 1001 days from conception to age 2. This unique period sets the foundations for lifelong emotional and physical wellbeing. The guidance focuses on the needs of the baby, and suggests 6 action areas that are designed to make things easier for parents and carers during this period:

- Seamless support for families: a coherent joined-up 'Start for Life' offer available to all families.
- A welcoming hub for families: family hubs as a place for families to access Start for Life services.
- The information families need when they need it: designing digital, virtual and telephone offers around the needs of the family.
- An empowered Start for Life workforce: developing a modern skilled workforce to meet the changing needs of families.
- Continually improving the 'Start for Life' offer: improving data, evaluation, outcomes, and proportionate inspection.
- Leadership for change: ensuring local and national accountability and building the economic case.

Findings from the rare Jewels: Specialist Parent Infant Mental Health Teams in the UK¹⁷

This paper provides a strong argument for the value of specialised Parent-Infant Relationship Teams across the UK. It acknowledges the importance of the first 1,001 critical days of life, from preconception to age 2 as a period of opportunity and vulnerability for new parents. This period is one of rapid growth, and when foundations for later development are laid.

The Parent Infant Partnership advise that during this time babies' brains are shaped by the interactions they have with their parents and advocate for the clear evidence that "at least one secure, responsive relationship with a consistent adult is a vital ingredient in babies' healthy brain development'. The key points include:

- Persistent difficulties in early relationships have a direct impact of child development.

¹⁶ [The best start for life: a vision for the 1,001 critical days - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/the-best-start-for-life-a-vision-for-the-1001-critical-days) March 2021

¹⁷ [Rare Jewels - Parent-Infant Foundation \(parentinfantfoundation.org.uk\)](https://parentinfantfoundation.org.uk/), June 2019

- Babies are unable to talk about their needs and feelings during this period, but communicate in different ways - they are completely dependent on adults to survive
- Parents life experiences e.g. history of abuse, domestic abuse, mental health problems, substance misuse and poverty all have the potential and increase the likelihood that they will struggle to provide their baby with the care they need to thrive.
- There is a requirement for a workforce with a specific set of competencies and specialist expertise to work with families during this period. The skills are based around working with parents, babies and their relationships - true preventative work, acting early to prevent possible harm to babies' emotional wellbeing and later mental health.
- These teams could potentially fill the current gap in provision for Mental Health Support for 0-2's

What works to enhance the effectiveness of the Healthy Child Programme: An evidence update | Early Intervention Foundation (eif.org.uk)¹⁸

This evidence update provides a range of additional information that is summarised below:

Low birth weight - Kangaroo Mother Care has good evidence of increasing breastfeeding rates, as well as improving parental sensitivity and increasing children's attachment-related behaviours. Much of this evidence comes from developing countries, however, meaning it may not be applicable to the UK.

Infant massage has good evidence of improving physical outcomes in low-birth-weight babies, as well as decreasing parental stress and increasing sensitivity. It is important to note, however, that these benefits have not been replicated with healthy, normal-weight infants.

Breastfeeding individual breastfeeding advice, provided to mothers over the phone and in person in the weeks before and after childbirth has the best evidence of increasing breastfeeding initiation and duration rates.

Sleep training - There is good evidence to support the use of graduated extinction and bedtime fading advice with parents who are having sleep difficulties with an infant who is four months or older.

Attachment programmes Child First - A year-long home visiting intervention offered to highly vulnerable families where there is a serious risk of attachment-related problems. Families receive Individual Placement and Support in Primary Care (IPP) for a period of 12 months alongside ongoing keyworker support and increased community

¹⁸ [What works to enhance the effectiveness of the Healthy Child Programme: An evidence update | Early Intervention Foundation \(eif.org.uk\)](http://eif.org.uk)

engagement. Child First has evidence of supporting children's language development and reducing referrals to child protection services.

Early language - There is good evidence that intensive home visiting interventions support children's language development in the early years. - The quality of this speech is highly associated with the child's mother's education and income. Although income-related differences in children's language development have not been observed during the child's first year, they are already evident by 18 months. For this reason, interventions addressing children's early language learning often target low-income families.

Maternal mental health - Supporting maternal mental health is an early years high impact area. There is good evidence to suggest that depressive symptoms are more prevalent during the weeks following childbirth than at any other point in women's lives. Some studies suggest that maternal mental health problems have the potential to interfere with mothers' ability to respond sensitively to their child's needs.

Good referral systems may also be required to coordinate services across specialist teams. Some of the more intensive interventions also require good referral systems between midwifery, health visiting, adult mental health, and social work teams to be successful.

Evidence that an intervention is effective for parents does not necessarily mean that children will also benefit. Many of the interventions and activities identified in this report have evidence of improving outcomes for parents, but not their children. It is therefore not sufficient to assume that children will automatically benefit from interventions that only have evidence of meeting parents' needs. – particularly for the maternal mental health support

Pregnancy as an ideal time for intervention to address the complex needs of black and minority ethnic women: views of British midwives ¹⁹

In the UK, people from Black and Minority Ethnic (BME) backgrounds remain more likely than their White British counterparts to experience poorer health outcomes and limited access to health-care services despite policy initiatives to tackle inequalities (DH, 2012).

BME women are known to experience the worse maternal health outcomes compared with the majority population (Department of Health, 2007, The Marmot Review, 2010, Henderson et al., 2013).

Midwives experienced difficulties in engaging with women whose English was limited.

Expectations of maternity care mismatch between midwives and women's expectations of maternity care. Education for both women and midwives – BME woman re health care system leading to more realistic expectations and Midwives

¹⁹ [Pregnancy as an ideal time for intervention to address the complex needs of black and minority ethnic women: views of British midwives - PubMed \(nih.gov\)](#)

culture competence would better equip them to respond to the needs of an ethnically diverse population.

Complex needs extending beyond maternity care highlighted the necessity of inter-agency working to address women's care holistically when their needs transcend the scope of maternity services eg housing, finances etc

Midwives felt unrestricted access to interpretation and translation services is essential for provision of effective, holistic maternity care.

Complex care needs were identified during pregnancy indicating a greater need for collaboration with the women and other health and care agencies (including independent sector providers).

Key findings

The key findings below are taken from reviewing the council's data and associated strategic documents:

- There are 10,165 children aged 0-2 years living in Cheshire West and Chester, accounting for 2.8% of the population (Mid-year population estimates, June 2021²⁰). This is lower than the England average of 3.2% and although poverty data is not available by age of child, if we apply the estimate of 22% to children aged 0-2 years, this gives us an estimation of approximately 2,200 children who may be living in poverty.
- We have seen reduction in the number of referrals and open Team Around the Family (TAF), Children in Need (CIN) and Looked After Children plans (LAC) for our vulnerable children aged 0-2 years, despite increases in other age bands.
- There has, however, been a rise in looked after children who are aged under 2 years.
- Children affected by neglect, health issues (mainly parental mental health and substance misuse) and living in families affected by domestic abuse are amongst those children referred to statutory services.
- We have seen an increase in the numbers of children on a Child Protection plan for children aged 0-2 years Child Protection rate compared to the wider 0-17 population. The latest year has witnessed the most significant amount increase for this age range of children requiring a Section 47 investigation.
- Information from referrals and contacts information demonstrates that domestic abuse, child physical abuse, neglect and health issues (mainly mental health and substance abuse) are the most prevalent presenting factors.

²⁰ [Population estimates - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/population-demography/population/population-estimates)

Conclusion

Children aged 0-2 years are uniquely vulnerable and dependent on their caregivers to achieve their outcomes. Capacity of parents directly impacts a child's ability to have the best start in life. We must provide an effective and compassionate response to families facing conditions of adversity to improve the lives of the children and prevent them from being subject to intrusive levels of statutory intervention.

Domestic abuse is a significant factor for this cohort of children. The Early Intervention Foundation reports a significant lack of evidence around what works to support families experiencing domestic abuse. However, there is emerging evidence that there is a link between spending on help for families and reduced demand on children's social care. As a Council we are committed to ensuring support is not limited to just those at high risk of harm from domestic abuse.

People harmed due to domestic abuse use health care services more than non-abused individuals and are admitted to hospital and issued more prescriptions than the general population. They identify healthcare workers as the professionals they are most likely to speak to about their abuse (Safe Lives, 2015²¹). Health care professionals are in a prime position to create the opportunity for disclosure of domestic abuse and identify any needs. If someone asks for help or there is a concern or suspicion of domestic abuse the person being spoken to are met with a caring, understanding, and informed response that gets them the help that they need within an environment where they feel safe.

Across the partnership we must remove barriers for vulnerable families to access early intervention, especially those who find it difficult to engage with services, often referred to as "hard to reach". We need to consider where and how families are encouraged to access services, increase digital offers, and place services at locations views by as familiar, welcoming and convenient to them.

Based on localised data, audits, research and feedback we believe that there is good and innovative practices being delivered across Cheshire West and Chester which are aimed at improving the outcomes of vulnerable families with children aged 0-2 years. The available evidence demonstrated continued efforts to deliver early intervention at the earliest opportunities across the Council and the partnership. However, it is acknowledged that there is more we could do, and that we make the following recommendations:

Recommendations

- Prevent domestic abuse. Take steps to change attitudes, raise awareness of the signs and impact of domestic abuse. Be pro-active in prevention, identifying domestic abuse as early as possible to prevent situations escalating, reducing impact, and reducing likelihood of repeat by supporting recovery that builds resilience.

²¹ [Getting it right first time - complete report.pdf \(safelives.org.uk\)](https://www.safelives.org.uk/getting-it-right-first-time-complete-report.pdf), SafeLives 2015

- Provide seamless support for families through a coherent joined-up 'Start for Life' offer available to all families across Cheshire West and Chester.
- Improve digital and virtual information, advice, and guidance for families in aiming to reduce barriers to access services and support available.
- Have a go to rather than opt in model that supports vulnerable parents/caregivers to build confidence in the system and promote relationships that are built on strengths and working in partnership with them. Improve data for this group by improving quality, evaluation, outcomes, and ability to safely share information across the partnership to improve service delivery.
- Ensure strengths-based identification of needs approach is taken by all services. Identifying needs in partnership with parents, children and young people using an approach that builds on their strengths as well as identifying any difficulties, supported by professional judgement used alongside formal screening and assessment tools.
- Prioritise early intervention and prevention in aiming to tackle increasing children in care
- Understand the impact of the 0-19 Starting Well Service on children's services contacts and TAF volumes. Understanding if, because of the model embedding an integration model are vulnerable families being provided with more universal services.
- Continue to deliver a universal offer at the earliest opportunity in a child's life. Utilising an integrated model that includes midwifery, health visiting and children centres.
- Ensure that outcome measures are aligned between health and education (including early years settings) to enable shared responsibility for outcomes across the health, early help and prevention and social care systems.
- Develop and deploy strategies to engage with vulnerable families who have children aged 0-2 years and demonstrate improved outcomes for these families.
- Explore opportunities to enhance parenting support services across the continuum of need, to offer more evidence-based interventions that will enable parental capacity to change.
- Continue to deliver parenting support services, potentially increasing these services to offer more opportunities for engagement.
- Work in partnership through a multi-agency approach to improve outcomes and reduce at the earliest opportunity.
- Prioritise service provision in local communities for vulnerable families with children aged 0-2 years based in the most disadvantaged areas across Cheshire West and Chester with an aim to improve outcomes for these families.
- Continue to take a robust approach to reaching families in the borough and, allocate resources to continue to improve both reach and outcomes for vulnerable families.
- Be more considerate of practical considerations to how we deliver our services. To inform this we will consider what we know about our vulnerable children aged 0-2 using localised data and research we have reviewed.
- Making sure that we consider how service providers engage with disadvantaged and socially isolated children and families.

- Develop a strategy for obtaining lived experience by way of authentic voice and evidence how this has been used to inform developments.
- The 'Think Family' concept needs to be disseminated and better embedded within adult social care and mental health services.
- Taking learning from local case reviews we will seek assurance from Starting Well Services and Early Help and Prevention that they are applying the criteria and Continuum of Need thresholds appropriately to ensure that vulnerable families can effectively access the right service at the right time in the right place.
- The Local Authority and ICB should take steps to assure the Safeguarding Children Partnership that the current arrangements for GP practices to have a link health visitor are appropriately joined up throughout the local GP network.
- Maximise the contribution that the Charity/Voluntary sector make in this space.

Appendix A – 0-2 Service Provision Directory

Live Well Cheshire West (www.livewell.cheshirewestandchester.gov.uk) provides a directory of local service providers and activities. The website produced by the Council, working with the NHS, providing information about local services, support, activities, and events for everyone across a broad range of subjects including social care, health and wellbeing, education, employment, support for carers and much more. Users can filter to specific areas of interest, focus or age. The below is a list provisions available to 0-2 years.

Service	Brief Description
• 0-19 Starting Well Service • 0-19 Starting Well Service – children's centres • 0-19 Starting Well Service – Early Years Education • 0-19 Starting Well Service – Health Visiting and Family Nurse Partnership	The 0-19 Starting Well Service aims to deliver a high-quality preventative service to improve the health and wellbeing of children, young people and their families across west Cheshire.
• Abbey Respite Centre (The ARC)	Emergency respite and short breaks The Arc is equipped to provide accommodation, support for planned short breaks and emergency respite placements.
• ABLEize	Welcome to the largest and most viewed UK disability, special needs and mobility website on the net. Here you will find 430 plus categories filled with everything from mobility and daily living aids through to support, disability sports, arts, access and travel, accessible holidays, education, care providers and a whole range of social and

	fun clubs and groups near you. Basically we have disability covered
• Adoption Matters Northwest	we are a specialist voluntary adoption agency providing a comprehensive advice and support service for all those who are considering adoption, or who have been touched by it.
• Bevris Support	Supporting children, adults and families affected by Birth Injuries, Traumatic Accidents, Autistic Spectrum Conditions & Physical Disabilities. Bevris Support are a registered provider with both the Care Inspectorate Wales (CIW) & the Care Quality Commission (CQC)
Brio Leisure • Brio Leisure, Northgate Arena • Brio Leisure, Winsford Lifestyle Centre • Ellesmere Port Sports Village, Brio Leisure • Christleton Sports Centre, Brio Leisure • Rudheath Leisure Centre, Brio Leisure • Frodsham Leisure Centre, Brio Leisure • Northwich Memorial Court, Brio Leisure • Brio Leisure, Neston Recreation Centre	There's plenty to do for you and your whole family at your local Brio Leisure centre! We'll keep you active, entertained and having fun!
• British Heart Foundation Heart Helpline	Our experienced Cardiac Nurses can help with lots of queries and concerns about heart and circulatory diseases, and their risk factors.
• Community Paediatric Service (Chester and Ellesmere Port and surrounding areas) • Community Paediatrics (Northwich and Winsford and surrounding areas) • Referrals to Paediatric and other Health Services	Community Paediatric Services Other Health Services including CAMHS
• Central Cheshire Integrated Care Partnership (CCICP) Children and Young People Speech and Language Service	The CCICP Children and Young People Speech and Language Service aims to provide high quality specialist assessment and evidenced based interventions for children and young people with a range of speech, language and communication difficulties and/or dysphagia (swallowing).

• Central Cheshire Integrated Care Partnership (CCICP) Paediatric Physiotherapy and Occupational Therapy	Paediatric Physiotherapy and Occupational Therapy Services provide targeted and specialist intervention for babies, children and young people from birth to 16 years of age (18 years of age for those with complex needs) living in Northwich, Winsford and rural areas.
• Children's Physiotherapy, Occupational Therapy Countess of Chester NHS Foundation Trust	Children's Physiotherapy, Occupational Therapy and Dietetics Countess of Chester NHS Foundation Trust
• Cheshire Autism Practical Support (ChAPS)	Cheshire Autism Practical Support (ChAPS) We support families with Autism Spectrum Condition, whether diagnosed or not living in Cheshire.
• Cheshire Autism Practical Support (CHAPS) - Parent/Carer Autism Awareness Training and Support	6 week parent/carer training programme on autism, one-off specialised training workshops, as well as personalised support via our closed facebook group and our Support/families team.
• Cheshire BookTrust Team	BookTrust is the UK's largest children's reading charity. They are dedicated to getting children reading. Each year they reach 3.9 million children across the UK with books, resources and support to help develop a love of reading because we know that children who read and share stories are happier, healthier, more empathetic and more creative.
• Claire House Children's Hospice	Laughter, positivity and care, that's what Claire House is all about. Located on the Wirral, we look after families from across Merseyside, Cheshire, North Wales, West Lancashire and the Isle of Man and provide a home-from-home environment for children and young people, helping enrich their lives so they can live them to the full.
• Community Connections	Disability Positive has been commissioned by Cheshire West and Chester Council to deliver a new service, 'Community Connections'. The service enables children and young people up to 18 years of age to access a range of short break opportunities which are driven by the interests of the child /young person and provide parents/carers with a break from their caring role.
• Contact	For every shape and size family, whatever they need and whatever their child's disability, we're here.

• Cystic Fibrosis Trust	Cystic Fibrosis Trust are the largest charity finder of cystic fibrosis research in the UK.
• Disabled Children and Young People Service	The Disabled Children and Young People Service works with Children and young people up to the age of 25 who have complex or severe disabilities.
• Down's Syndrome Association	We walk along life's journey with those who have Down's Syndrome from birth to old age
• Early Years Specialist Teaching Service	The Early Years Specialist Teaching Service (EYSTS) is part of Cheshire West and Chester and Chester Specialist Support Team.
• Family Support Services- Together Trust	Together Trust provides a range of Special Educational Needs and Therapy services to enable families caring for children and young people with complex conditions, including autism and learning difficulties to get the help they need at specific times. The services offer practical solutions, help and support to ensure that families, children and young people get the best from their school and home life.
• Hartbeeps	The original musical story tellers and creators of multi-sensory play for babies and young children.
• Home-Start Warrington and Cheshire	Home-Start provides support to all families with at least one child from pregnancy to 5 years in Warrington, Northwich and Winsford.
• Inclusive Teaching (IT) Matters	IT Matters provide consultancy and training services to parents and carers, professionals and organisations supporting children with SEN. Services covered include areas such as: Makaton
• Jane Mullen Speech Therapy Ltd.	Jane Mullen Speech Therapy Service offers over 10 years experience working with children with a speech, language or communication difficulty.
• Koala North West	We support Children (up to the age of 11yrs) and Families within their home environment offering emotional & Practical Support, a free confidential home visiting service with trained Family mentors who volunteer their time for up to 3 hours per week. All mentors have parenting experience.

• Koala North West - Starting Young - Healthy Lifestyles	A 5 week programme to support parents and carers to find practical ways to give their children healthy, active lifestyles and inspire healthy habits for life.
• Koala Sleep Service	Supporting families to encourage their children to get a good night's sleep *Aged 1 to 11 year olds*.
• Koala - Little Lungs Wirral and Cheshire West	Supporting families with respiratory condition in children aged 0-5
• Live!	We are a small vibrant charity that provides a varied programme of fully inclusive and accessible clubs and social activities for children, young people and adults.
• Making Carers Count Parent Carer Support Service	Our Parent Carer Support Service provides tailored information, advice and support for all parents, carers and guardians of children with additional needs, disabilities or long-term health conditions up to the age of 25.
• Paediatric Continence Service, CWP	Continence problems are very common, continence can be an embarrassing and distressing condition. However with effective management continence can often be cured or improved.
• Paediatric Dietitians	Paediatric Dietitians help babies, children and teenagers to eat and drink well. We support and children, young people and their families where nutrition or special diets are part of their treatment. This can include management of allergies, issues with growth or longer term conditions.
• Paediatric Physiotherapy	Physiotherapists (PTs) employed by the Countess of Chester NHS Foundation Trust, provide high quality specialist assessment and evidenced based interventions for children and young people to help them achieve their maximum potential with regard to mobility and independent life skills at home and at school.
• Parent Carer Forum	The Parent Carer Forum is a voluntary group of Parents & Carers in Cheshire West & Chester who have children / young people with special education needs and / or disability.
• Paws for Assistance Emotional Support Dog Training	I am a dog trainer and behaviourist and work with dog owners to train their family pet dog to act as an emotional support dog for people in their family.

• Polaris Children's Services	An Emotional Health and Wellbeing Service for children and young people aged 0-19 years (and up to 25 years with additional needs) who are in care.
• REMAP (North East Wales)	Remap custom-makes equipment to help disabled people live more independent lives
• Safeguarding Children's Partnership (SCP)	Our aim is to work together so that children in Cheshire West and Chester can be safe from abuse or harm at home and within our community.
• Sense Children's Specialist Services	Sense is a national charity that supports and campaigns for children and adults who are deafblind.
• Special Educational Needs (SEN) Team	The Special Educational Needs (SEN) Team are responsible for considering requests from Educational Institutions and Parents/Young People for Education, Health and Care Needs Assessments.
• Special Needs Nursing Service - Central Cheshire Integrated Care Partnership (CCIP)	The Special Needs Nursing Service in CCICP provides a service to those children who have identified nursing needs and who attend Hebden Green Community.
• Specialist Speech and Language Therapy Network for Deaf People (Cheshire and Merseyside)	Our aim is to provide a specialist Speech and Language Therapy service to children and young people diagnosed with a severe to profound permanent hearing level.
• Specialist Support - Sensory Service (View on map)	The Sensory Service is a highly specialised team experienced in working with and supporting children and young people who have hearing loss, vision or multi-sensory impairments.
• Speech and Language Therapist	I am an enthusiastic paediatric Speech and Language Therapist with extensive experience of working with children of all ages. I offer assessment, monitoring and intervention.
• Start 4 Life	Trusted NHS help and advice during pregnancy, birth and parenthood
• Team Around The Family (TAF) - Information For Parent Carers And Children	A Team Around the Family, also known as a TAF, is used to get everyone together who is or could be working with your family. With your agreement they will work together to identify the needs and strengths of your family. It will be used to find out

	what works well in your family, any extra support your family may need and the best way to help you with this.
• The Movement Centre	The Movement Centre works with children and their families from across the UK to provide a unique, evidence-based therapy called 'Targeted Training.'
• Wizzybug – early years powered wheelchairs	Wizzybug – early years powered wheelchairs Wizzybug is a fun, innovative powered wheelchair provided FREE of charge to young children in the UK by Designability a charity based in Bath.
• Parenting Programmes	Here you will find information on: 1-2-3 Magic Family Links Nurture Programme Incredible Years Parenting Programmes Netmums and Family Links Free online parenting course Tripple P
• Catch App	CATCH is a free NHS health app for parents and carers of children from pregnancy to age 5.
• Healthbox Sleep Support for Parents	Healthbox Community Interest Company (CIC) Supporting parents and children achieve a good nights sleep.
• SPACE	SPACE - for Sensory Play and Support An Inclusive support and play centre for families of children with special needs
• Navigate	Scope Navigate is a national mentoring service, that provides online emotional support for parents and carers of disabled children who are finding out about their child's additional needs.
• Gingerbread Northwich Single Parents Support	Gingerbread Northwich is a peer support group to combat social isolation, poverty and promote mental and emotional wellbeing. We have a Facebook group, regular online zoom chats, regular meet up events with children and without children.
• Blacon Autism Support Group (View on map)	A new friendly support group for families who have children with an Autism Spectrum Disorder. A safe and relaxed space for parent and carers to feel more confident and less isolated.

• Who Let the Dads Out?	Toddler Group for dads/male carers and their children.
• Early Years Roadmap	*see useful resources
• Early Years Provision • Information to support parents	Different types of of childcare provision and their contact information available information to support parents in relation to Early Years Provision .

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