

Shropshire Early Help Needs Assessment 2015/16

DRAFT

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2 Introduction

2.1 Purpose of the needs assessment

This needs assessment has taken place to inform the Early Help Commissioning Project. It seeks to provide an analysis of the nature and extent of the need for Early Help support across Shropshire (where possible on a locality basis) and as such inform the commissioning of Early Help services.

This needs assessment should be read in line with the following documents:

- Early Help Market Assessment
- Children's Centre Services Delivery Overview
- Early Help Strategy (2016/2018)

2.2 What is Early Help?

Early Help - means '*providing support as soon as a problem emerges, at any point in a child's life*'. By 'early help' we mean the type of early intervention and support that can be provided when the needs of children, young people and their families are not being met by the provision of universal services, but they do not meet the threshold for a specialist service such as Children's social care.

Providing early help is more effective in promoting the welfare of children than reacting later. Early help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child protection plan has ended.

Effective early help relies upon local agencies working together to:

- identify children and families who would benefit from early help
- undertake an assessment of the need for early help
- and provide **targeted early help services** to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child (*Working together to safeguard children, 2015*)

Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote interagency cooperation to improve the welfare of children.

2.3 Early Help in Shropshire

Shropshire Early Help vision

The Early Help vision for children and families is:

'A child-centred and coordinated approach, working with the whole family to enable prevention and early assistance where the voice of the child is heard and the family voice is visible and their experience of life is understood by all professionals working with them'

The vision sits within the wider council and partnership approach to focus on prevention and well-being through the offer of advice support and assistance to the people and communities of Shropshire to help them help themselves.

This vision sees the home and community as the first place to look for enabling care and support including promoting engagement of the community and the voluntary sector to identify and meet the needs of their local community.

Strengthening Families through Early Help

The Troubled Families expanded programme (2015-2020) requires Local Authorities and their partners to engage in ongoing service reform according to evidence of effectiveness and savings. It aims to transform the way that public services work with families with multiple problems to take an integrated whole family approach, to help reduce demand for reactive services.

Following consultation and co-design with stakeholders the Shropshire Strategic Group for Troubled Families agreed the approach for the expanded programme in Shropshire should further integrate early help provision and activity and maximise the effectiveness of locality working through both networks of people and places working towards an agreed set of outcomes. This approach was named “**Strengthening Families**” and incorporates the Troubled Families programme and Early Help.

The agreed aims of the Strengthening Families programme in Shropshire include:

- Providing relevant, timely support to families, some of whom will be included in the Troubled Families Programme
- Working with families at the earliest stage to make positive changes and build their resilience, at the same time reducing the chance that they will need further support in the future
- Providing more emphasis on allocating the right intervention to families with more complex needs and developing a shared responsibility to agree how this is delivered.

Under Strengthening Families, the Early Help process and provision are being integrated with the Troubled Families programme to align to the aims, essentials and principles of Strengthening Families and work towards the jointly agreed Strategic Goals of this programme. The intention being to further develop and succeed in ways of working that strengthen families at the earliest stage to make positive changes and build resilience to prevent further problems from arising or escalating.

Locality approach to delivery of Early Help

In support of the Early Help offer to families across Shropshire the aim is to develop a locality approach to delivery. This approach aims to support people in communities to take control of their own lives, and to live in a place where they feel happy and safe, and where they can feel a sense of pride and ownership.

The strength of a locality approach is that it should be delivered by the community for the community, it should respond to local needs and it should build on concepts of community resilience and self-help.

The locality approach will be based on a detailed understanding of local need, future need and existing providers supported by strong stakeholder engagement throughout. Each community is different and while the principles of the approach will be the same, the solutions may differ.

2.4 What have we learnt from Early Help in the last 2 years?

The Early Help Strategy: 2014 (currently under review) outlines the position of early help in Shropshire from 2014 to 2015. There are many examples of successful partnership working and delivery of positive outcomes. In March 2015, the 'Effectiveness of Early Help Report 2014/2015 provided the Local Safeguarding Board with information on the delivery of the Early Help Strategy (2014) and its effectiveness. Feedback included:

- Practitioners understanding and confidence in using the system of early help and how they managed cases had improved;
- Where outcomes of early help intervention had been evaluated with families, they had been shown to improve;
- The clarity of the process and pathways needed to continue to improve.

An analysis of the effectiveness of Early Help 2015/2016 (an Early Help impact analysis) is currently being undertaken.

Regular contract monitoring of the effectiveness of commissioned services is showing that interventions are resulting in most cases being closed with all or partially met outcomes.

The Local Government Authority Peer Review (2015) commented on good evidence of early help provision activity; the early help partnerships based in communities across the county were considered to be an example of good multi agency cooperation at the early help stage and both Children's Centres and schools were considered to be clearly committed to safeguarding with early help being particularly well supported by them.

Nationally, the key findings of the Ofsted thematic inspection of Early Help (2015) were that:

- In all the local authority areas visited, arrangements were in place to provide early help to children and their families.
- Partner agencies in those places inspected were committed to an early help approach and improving the coordination of the local early help offer.
- Opportunities to provide early help for children and their families were missed by all statutory partners with a responsibility for this.
- Many assessments were ineffective because they failed to sufficiently analyse or focus on what the child and family needed.
- Professionals did not always identify or meet the individual needs of children within a family. Early help plans did not focus sufficiently on the child, often lacked clear

objectives, failed to specify what needed to change and were not regularly or robustly reviewed.

- Management oversight of early help was often underdeveloped and failed to identify or rectify weaknesses in the work being undertaken.
- When children were referred to social care services because there were concerns about their welfare, the service or referrer often did not consider or follow through the need for early help. As a result, nothing was put in place to prevent the child's circumstances from deteriorating. This led to further referrals for statutory social care support.
- Too often, feedback on referrals was neither sought nor offered.
- Partner agencies did not fully evaluate the impact and effectiveness of their early help services.
- The planning of local services did not sufficiently recognise or address the needs of children living with parental substance misuse, mental ill health or domestic abuse.
- LSCBs were not effectively overseeing or challenging partner agencies with regard to effective early help.
- The current statutory framework does not give sufficient clarity and priority to the roles and responsibilities of individual agencies for early help provision.
- The inability to sufficiently prioritise and resource early help across agencies meant that lessons learned from serious case reviews were not being fully addressed.

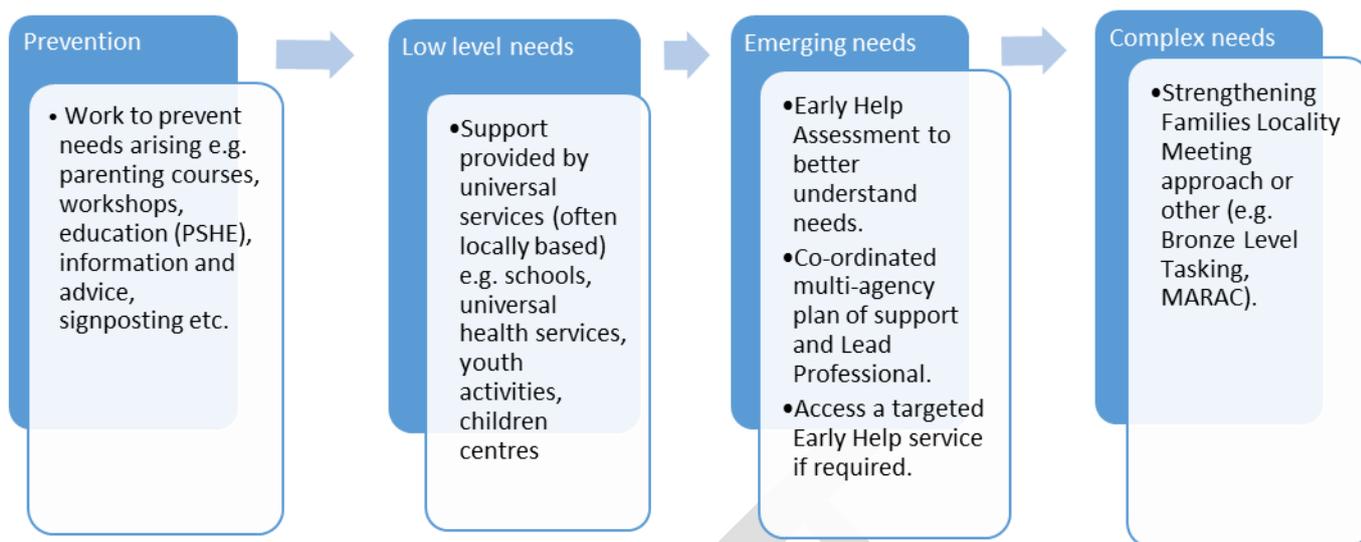
2.5 Current Early Help provision in Shropshire

The Early Help Market and Provider Assessment sets out in detail the current provision of services delivering Early Help support and potential provision and services. A brief summary of provision is provided below.

Early Help support

The Shropshire Safeguarding Children Board Multi-agency Guidance on Threshold Criteria to help support Children, Young People and their Families in Shropshire provides a threshold framework to enable professionals to work with families at the right threshold at the right time. Across all threshold levels, COMPASS (the Shropshire Multi-Agency Hub) can be accessed to direct professionals to the right service to meet the needs of the child and family and to provide advice on identifying risk or offering Early Help.

The diagram below provides a picture of the spectrum of Early Help support:



Universal The majority of children in Shropshire who require services receive them through universal provision within their local community. Universal services actively promote key health and development messages; assess needs and potential risks at the earliest opportunity; and provide support designed to counteract risk and prevent need.

Early Help Where there are specific additional needs of a child or issues impacting on parental capacity that are relatively low level, universal services may be able to take swift and helpful action within the community or setting to meet these.

Targeted Early Help If a child or young person's situation is not fully understood, or if there are indicators that a child and family would benefit from coordinated support from one or more agency, an Early Help Assessment and/or Webstar assessment is completed with consent. The range of early help provision required is identified through the assessment and monitored and reviewed through an Early Help Plan. An Early Help plan can also be put in place when risks and needs de-escalate and a child is "stepping down" from a social work plan or specialist service.

Early Help targeted support

The current approach to the delivery of targeted early help services is through a combination of directly delivered services and support (provided directly by the Council) and services provided by third party providers. Targeted Early Help Services are provided by the following services:

- Children's Centre Services (Shropshire Council)
- Targeted Youth Support (Shropshire Council)
- Lifelines (Shropshire Council)
- Parenting Team (Shropshire Council)
- EnHance (Commissioned)
- Autism West Midlands (Commissioned)
- British Red Cross Young Carers (Commissioned)

These services are available through both universal and targeted access do have a level of coherence and connectedness and have demonstrated to be responsiveness to need countywide.

3 Methodology

3.1 Overview

This needs assessment has taken account the alignment of Early Help and Strengthening Families in Shropshire, in line with the Early Help strategy.

It has drawn on data and information from across a range of partners, and considered information at a population level as well as within localities.

3.2 Early Help Needs

Working Together (2015), suggests that professionals working with children and their families should be alert to needs of particular groups of children, including the potential need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs;
- is a young carer;
- is showing signs of engaging in anti-social or criminal behaviour;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems and domestic violence;
- has returned home to their family from care; and/or
- is showing early signs of abuse and/or neglect.

The Ofsted thematic inspection of early help 2015 found that a wide range of professionals working in universal services are identifying additional needs for children and families. The children concerned had a variety of needs that led to professionals from different disciplines working together to support them and their families.

The inspection uses the research undertaken to highlight common early help needs. It highlights that support is required where the following factors are identified:

- Parents struggling to manage their child or children's behaviour
- Children with a learning difficulty, such as an autistic spectrum disorder
- A child displaying inappropriate sexualised behaviour
- Parental or child isolation
- Low-level parental mental health or physical ill health
- Vulnerable young parents
- Bereavement
- Parent alcohol misuse

- Financial difficulties/ debts
- Parental learning difficulty
- Early Neglect
- Housing Difficulties (overcrowding and homelessness).
- Risk of school exclusion
- Poor attachment between child and parent

The Troubled Families programme outlines six “problems” for identifying families for inclusion in the programme with the aim of “turning the family around” (each family member making sustained and significant progress against each of their relevant problems). To be eligible for inclusion in the programme, a family needs to meet at least two of the six problems:

1. Parents and children involved in crime or anti-social behaviour.
2. Children who have not been attending school regularly.
3. Children who need help: children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan
4. Adults out of work or at risk of financial exclusion and young people at risk of worklessness.
5. Families affected by domestic violence and abuse.
6. Parents and children with a range of health problems.
 - 3 main health priorities have been identified:
 - a) Mental illness
 - b) Substance abuse
 - c) Vulnerable new mothers

The diagram below shows these problems in more detail:

Shropshire Strengthening Families: six problems

Shropshire Strengthening Families: Identifying Families

Principles

- All families must include dependent children (0-15 in household, 16-18 in full-time education/training or unemployed)
- The programme is designed for families with *multiple high cost problems* who will benefit from an *integrated and whole family* approach

Problem 6: Health problems

- Parents and/or children with a range of health problems.
- 3 main priorities: mental health, substance misuse and vulnerable new mothers



Problem 5: Domestic violence and/or abuse

- Families experiencing or at risk of experiencing domestic violence and abuse. This includes perpetrators and victims.



Problem 4: Worklessness (or risk of) or at risk of financial exclusion

- Adults out of work and on benefits
- Young people not in education, training or employment or at risk of worklessness
- Families at significant risk of financial exclusion



Problem 1: Crime and/or anti-social behaviour

- Parents and/or children involved in crime and/or anti-social behaviour
- Parents leaving prison or serving community orders or suspended sentences
- Families with a potential crime problem and potentially wider issues



Problem 2: Children not attending school regularly

- Children missing 10% or more of sessions (authorised and/or unauthorised) and/or have received 3 fixed term exclusions and/or permanent exclusion in the last 3 terms
- Children missing education
- Children in alternative provision (behaviour)



Problem 3: Children who need help

- Not taking up Early Years entitlement
- Social, emotional and mental health problems
- Needing Early Help
- Missing and/or at risk of sexual exploitation
- Child "in need", or subject to an enquiry under Section 47, or subject to a child protection plan

Each family must have at least **two** of the following six problems (or an equivalent cause for concern)

3.3 Early Help needs: scope of the needs assessment

In defining the scope for this needs assessment, the needs identified within the Ofsted thematic report and the six troubled families problems have been used to provide a structure for understanding the need for Early Help of children and families in Shropshire, with the problems being identified as predictors for the need for Early Help support.

These needs and problems draw in a wide range of research from across the country, helping us to objectively identify the full spectrum of Early Help needs and map Shropshire data against these to understand whether these needs exist in Shropshire, what their prevalence is and whether there are regional variations across the county.

The Strengthening Families problems and Early Help needs informed the development of a framework where the six problems act as predictors for the need for Early Help, with the needs mapped against them. This was done by the Early Help Commissioning project group, and has been used to inform the analysis of the information and to help understand patterns of need and demand in the different parts of the County.

The following diagram shows the six problems/criteria matched to the needs identified in the Ofsted thematic report:



Strengthening Families problems and Early Help needs



Where availability of data has allowed, the problems and needs outlined above have been explored in more detail within this Needs Assessment. These needs have also been used to inform the market assessment methodology.

3.4 Strengthening Families locality areas

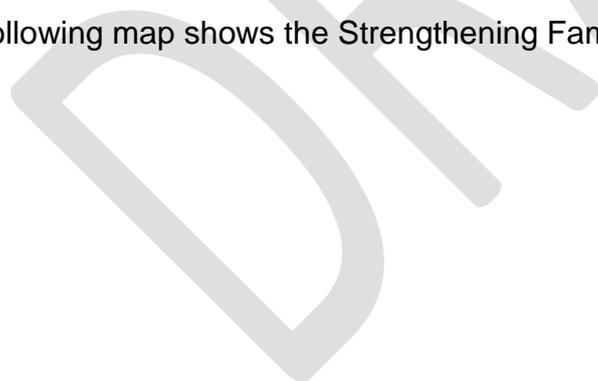
As part of Strengthening Families, six geographies (Strengthening Families areas/localities) were developed based around the Children Centre areas, with each Strengthening Families area being comprised of a number of Children’s Centre Areas.

The areas are:

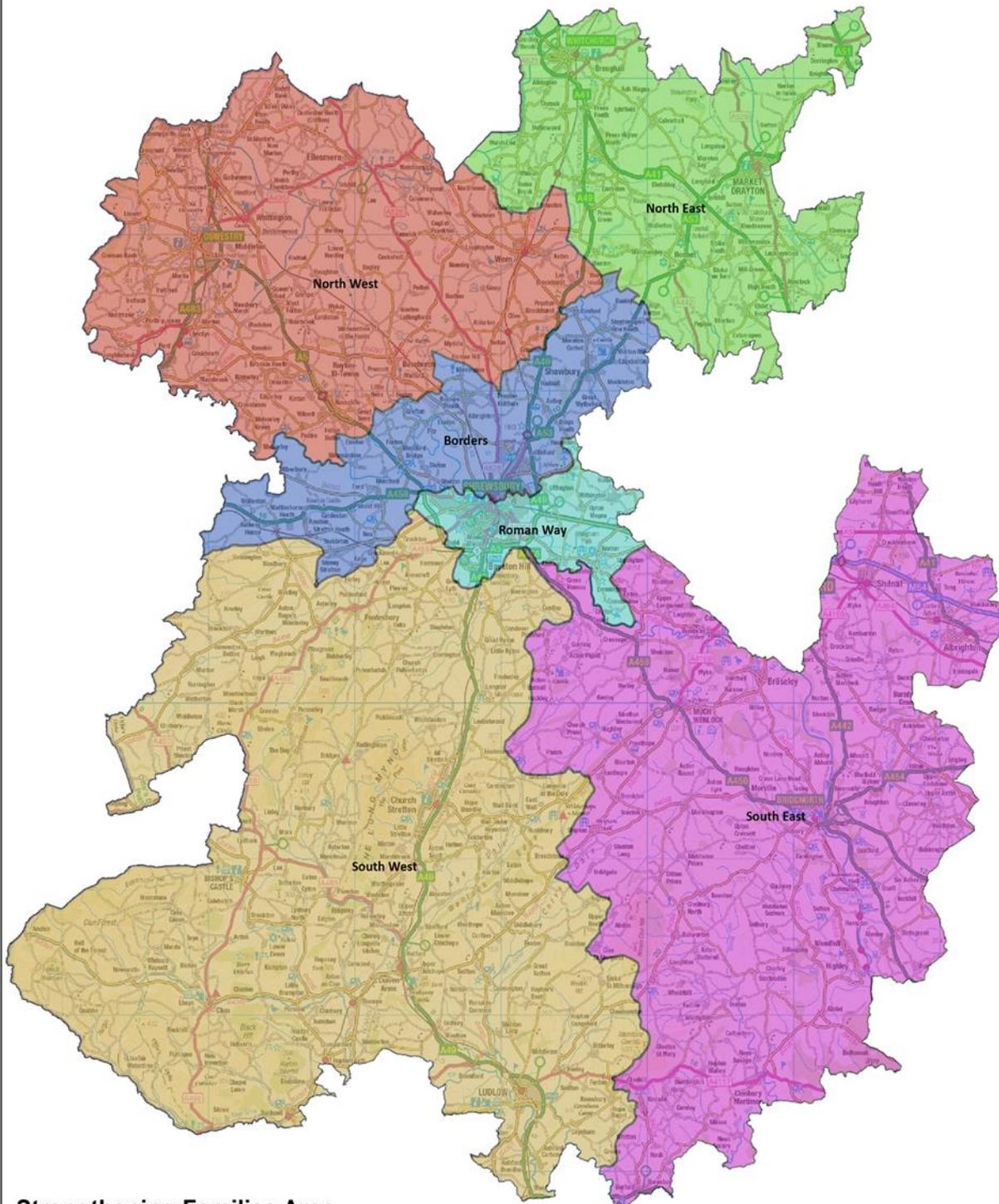
Strengthening Families Area	Children’s Centres Areas covered
North East	Whitchurch, Market Drayton
North West	Oswestry, Ellesmere and Wem, South Oswestry
Borders	Borders
Roman Way	Roman Way
South West	Shropshire Hills, Mortimer Forest
South East	Severn Valley, Pebble Brook, River Rea

This recognises the important contribution and role of schools in Early Help and maintains the integrity of the Children’s Centre performance reporting framework which is a requirement of the Ofsted inspection schedule.

The following map shows the Strengthening Families areas:



Strengthening Families Areas



Strengthening Families Area

-  Borders
-  North East
-  North West
-  Roman Way
-  South East
-  South West



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The data and information used within this needs assessment has been considered at a county wide level, and, in line with the Strengthening Families locality approach, at locality level. Where data at a locality level has been unavailable, other available geographies have been used (and noted). For example, social worker assessments have been mapped against three geographies (North/Central/South) that align with the localities.

3.5 Methodology of data analysis

In order to identify the number of families in each locality area that have 2 or more of the Strengthening Families problems, individual level data for each indicator within each of the six problems was matched together.

These families that met 2 or more of the problems, were then mapped by postcode against the six localities to identify the concentrations of families (Appendix A). (*Note that these maps are to support the needs assessment only and are not for wider circulation*). The most common combinations of problems for these families were noted.

A population level matrix (the Early Help Needs Matrix: Appendix B) was also produced that looked at the incidences across Shropshire of **all** individuals for all possible measures under each of the Strengthening Families problem and disaggregated by the Strengthening Families locations.

This enabled a comparison of the indicators for each problem within each area. In order to carry out this comparison, any indicators in each area that had a rate (per 1000 of the population) that was higher than 10% of the Shropshire average or lower than 10% of the Shropshire average were noted.

Where individual data level data was not available, further data sources were taken into account where possible.

3.6 Data sources

All available data sources relating to indicators within each of the six Troubled Families problems were used. Where possible individual level data was used in order to map need to locality areas. Where this was not possible, additional aggregated data was sought.

Data sources included:

- Social care
- Education
- Early Help
- Public Health
- Police
- Early Years

Limitations

There was limited data for problem 6 (health problems) available on an individual level. This meant that the data for this problem within the Early Help matrix and the data used for data matching (i.e. to identify families with 2 or more problems) was limited.

In order to inform the analysis by area for this problem, a report by Shropshire Public Health report looking at health indicators against Children's Centre area and data analysis carried out by Public Health as part of the Joint Strategic Needs Assessment was used. Indicators that were significantly better or worse than the Shropshire average were noted and included in the area summaries. Data from the 2011 Census relating to health was also used

Some data was used within the Early Help Needs Matrix, but was not used for the matching of families as this was not available at an individual level. This data was:

- Provision of unpaid Care (young carers): Census 2011
- Long term health problem or disability: Census 2011
- Children reporting bad or very bad health: Census 2011
- Income Deprivation Affecting Children from the Indices of Multiple Deprivation (September 2015)
- Children in families in receipt of Child Tax Credit (<60% median income) or Income Support/Job Seekers Allowance

Other indicators within the matrix had limitations as follows:

- Early Years Entitlement take up – some entitlement may be taken up over the border and we would not be aware of this within the data
- Early Help data – this is dependent on agencies ensuring Early Help activity is logged centrally
- Anti-Social Behaviour – this includes reporting from Police and Housing, however would not give a complete picture. The Housing information is manually collated by the three main Social Landlords
- Education data – this includes all schools that have attendance recorded on the ONE system; there is a small proportion of schools that do not record on ONE.
- Worklessness – Free School Meals has been used as a proxy indicator for worklessness
- Domestic violence – data used was Police domestic violence incidents, however unreported incidents will not be included
- Some indicators had only very small numbers and were not included in the overall analysis
- Gaps in data include:
 - Probation
 - Health – mental health, alcohol/substance misuse, vulnerable new mothers
 - Social work assessments risk factors by locality area breakdown (overall analysis has been taken into account)

- A Needs Assessment of Alcohol Misuse and Adult Drug Misuse in Shropshire 2013/2014 is available which can be taken into account alongside this needs assessment, along with the following reports:
 - Young People in Specialist Substance Misuse Services in Shropshire 2013/2014
 - Shropshire CAMHS Referrals 2013-14

For the purposes of this needs assessment, data relating to the targeted Early Help services that are referred to via the targeted Early Help referral process has been used. These are:

- EnHance
- Parenting Team
- Targeted Youth Support
- Children's Centre Services
- Lifelines

4 The population of Shropshire

Shropshire is a large county in the West Midlands, with a population of around 306,129 (2011 census) of mainly white British ethnicity and a high proportion of people aged over 50 years old.

Shropshire remains one of the least dense populations in England and Wales and far lower than average levels regionally and nationally. Shropshire is the 6th most sparsely populated County in England. Shropshire has experienced an 8% growth in population between 2001 and 2011 which is in line with the population growth of England (also 8%).

Overall the county is fairly affluent, however there are areas of deprivation and factors of rural sparsity which create issues with access to services. Shropshire also has low earnings rate, although it benefits from a low unemployment rate and the majority of employment is in the public sector.

Shropshire covers a large area of 1235 square miles, of which only approximately 6% comprises suburban and rural development and continuous urban land. The geography of Shropshire is diverse. The southern and western parts of the county are generally more remote and self-contained.

Shropshire is entirely inland and borders Mid Wales, Cheshire, Staffordshire, Telford and Wrekin and onto the West Midlands, Worcestershire and Herefordshire.

The table below shows a breakdown of Shropshire's population based on 2011 census data:

Table 1: Population of Shropshire by age and gender (2011 Census)

Shropshire	Numbers (2011 census)			Percentage of total population	
	Males	Females	Total	2011 census	2001 census
0 to 4	8,009	7,689	15,698	5.10%	5.40%
5 to 14	16,942	16,605	33,547	11.00%	12.40%
15 to 19	10,035	8,916	18,951	6.20%	6.30%
20 to 29	17,226	15,012	32,238	10.50%	10.00%
30 to 44	27,799	27,559	55,358	18.10%	21.20%
45 to 59	32,237	32,501	64,738	21.10%	20.90%
60 to 64	10,798	11,502	22,300	7.30%	5.70%
65 to 74	16,541	17,671	34,212	11.20%	9.60%
75 to 84	9,288	11,392	20,680	6.80%	6.30%
85+	2,731	5,676	8,407	2.70%	2.20%
Total	151,606	154,523	306,129	100%	100%

49.5% of the overall population were male and 50.5% were female. In the under 19s age groups, there were slightly more males than females (overall 51.3% were male and 48.7% were female).

Similar to other rural areas, the overall Shropshire population is getting older. In the 2011 census, the 45-59 age bands accounted for the largest proportion. All age bands aged 45 and over saw a proportional increase compared to 2001, whereas age bands younger than this saw proportions remain about the same or fall. All age bands under 19 saw a slight fall.

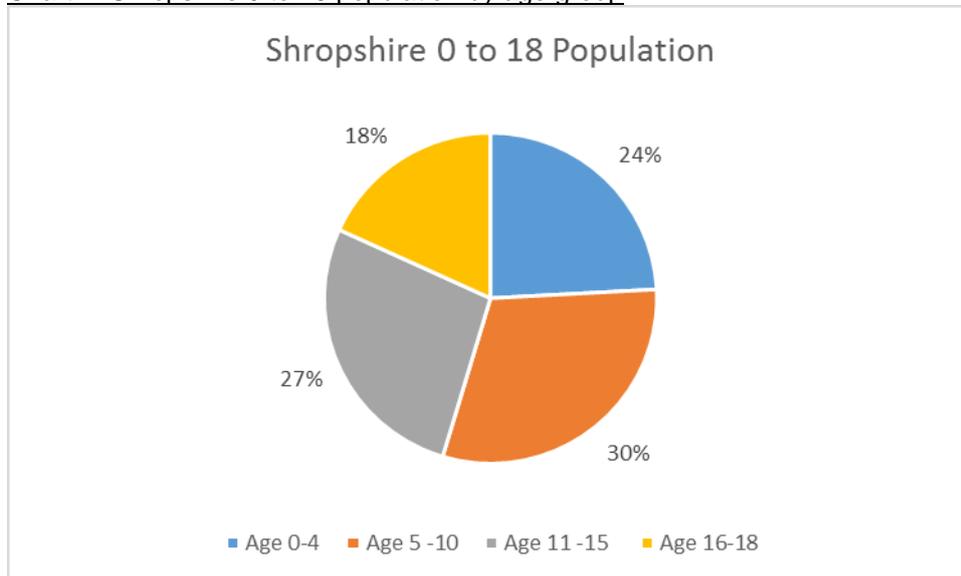
The number of children aged 0-4 years in Shropshire was 15,698 or (5.1%) of the total population. This is less than regionally and nationally where the proportions were (6.3%) and (6.0%). The proportion of children aged 0-4 has fallen slightly since 2001 when the proportion was 5.4%. Nationally and in Shropshire there has been a long term decline in birth rates. This appeared to increase in 2010 but it is yet to be seen if this is the start of a long term trend.

In Shropshire the 0-14 year age group accounts for (16.1%), 49,200 of the total population. This is significantly less compared to regional and national proportions of (18.2%) and (17.4%). This proportion has fallen slightly since 2001 when (17.8%) of the population were aged 0-14 years. If Shropshire's resident population were to match the age structure of England and Wales there would be an around 5,000 additional 0-14 year olds in the county.

In comparison to England, Shropshire has a noticeably smaller percentage of the population aged 0-9 and 20-39. The smaller percentage of 20-39 year olds is likely to reflect young people seeking higher education and employment opportunities outside of Shropshire. The percentage of 10-19 year olds in the county is broadly similar to England, although there are fewer females in the 15-19 age group (2.9%) compared to England (3.1%).

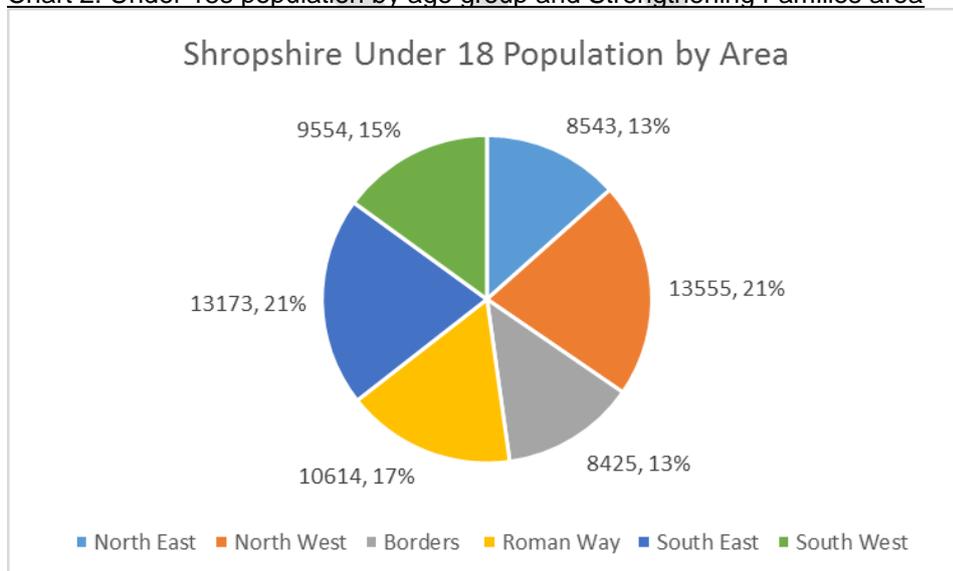
In order to provide an overview of the under 19 population in Shropshire by Strengthening Families locality area, the 2013 mid-year estimate and a “best fit” of Lower Super Output Area to the Strengthening Families areas has been used. The chart below shows the 0 to 18 age group breakdown for Shropshire based on these figures:

Chart 1: Shropshire 0 to 18 population by age group



The following charts and table shows the proportion of the under 18s population in each Strengthening Families area:

Chart 2: Under 18s population by age group and Strengthening Families area

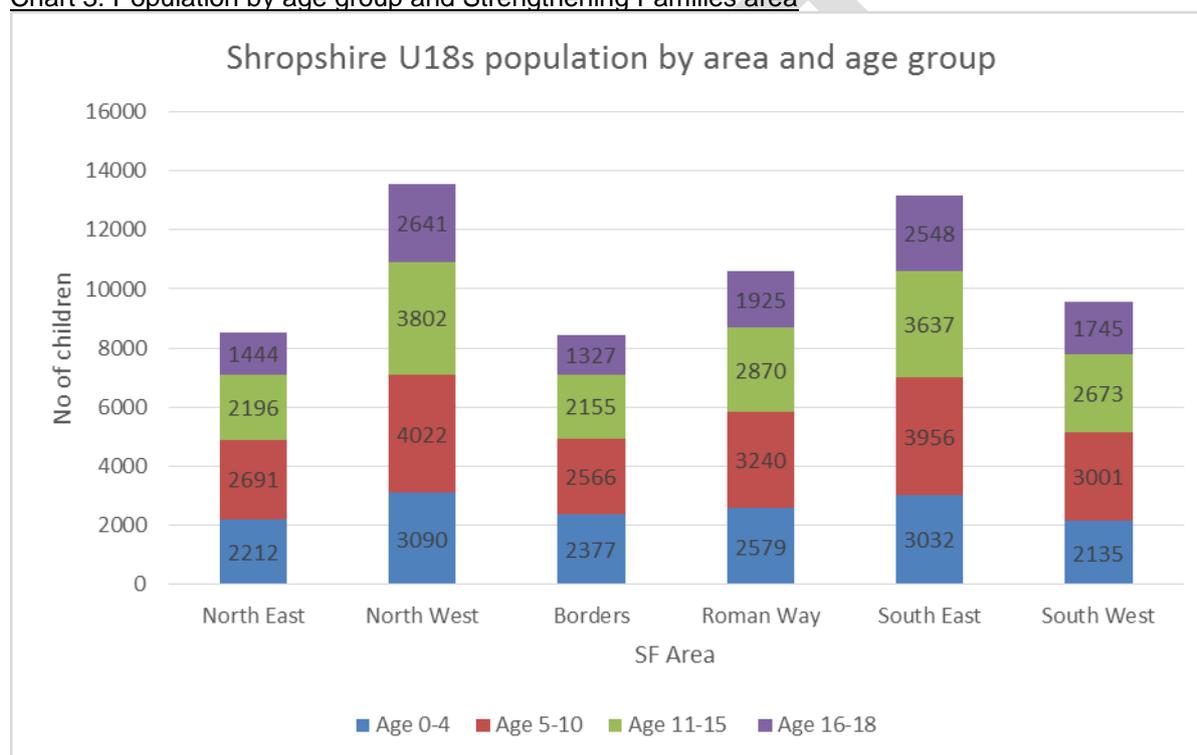


The largest proportion of the under 18s population is within the North West and South East (21% in each area), and the lowest proportion is within the Borders and North East (13% in each area).

Table 2: Population by age group and Strengthening Families area

Age group	Population in each Strengthening Families area						
	North East	North West	Borders	Roman Way	South East	South West	Shropshire
Age 0-4	2212	3090	2377	2579	3032	2135	15425
Age 5-10	2691	4022	2566	3240	3956	3001	19476
Age 11-15	2196	3802	2155	2870	3637	2673	17333
Age 16-18	1444	2641	1327	1925	2548	1745	11630
Population under 18	8543	13555	8425	10614	13173	9554	63864
Population 18+	31513	48951	28390	41317	53915	40617	244703

Chart 3: Population by age group and Strengthening Families area



The following table shows the percentage of each age group within each area compared with the percentage overall in Shropshire:

Table 3: Percentage of under 18s population by age group and Strengthening Families area

Age group	Population in each Strengthening Families area						
	North East	North West	Borders	Roman Way	South East	South West	Shropshire
Age 0-4	26%	23%	28%	24%	23%	22%	24%
Age 5-10	31%	30%	30%	31%	30%	31%	30%
Age 11-15	26%	28%	26%	27%	28%	28%	27%
Age 16-18	17%	19%	16%	18%	19%	18%	18%
Population under 18	100%	100%	100%	100%	100%	100%	100%

The North East area has a slightly higher percentage of children in the 0 to 4 age group (26% compared with 24% in Shropshire overall) and a slightly higher percentage of children aged 5 to 10 (31% compared with 30%). It has a slightly lower percentage of young people aged 11 to 15 (26% compared with 27% in Shropshire) and young people aged 16 to 18 (17% compared with 18%).

The North West area has a slightly higher percentage of young people aged 16 to 18 (19% compared with 18% in Shropshire overall) and a slightly higher percentage of young people aged 11 to 15 (28% compared with 27%). It has a slightly lower percentage of children aged 0 to 4 (23% compared with 24% in Shropshire).

The Borders area has a relatively higher percentage of children aged 0 to 4 (28% compared with 24% in Shropshire overall) and a slightly lower percentage of young people aged 11 to 15 (26% compared with 27%) and young people aged 16 to 18 (16% compared with 18%).

Roman Way has a slightly higher percentage of children aged 5 to 10 (31% compared with 30% in Shropshire overall).

The South East area has a slightly higher percentage of young people aged 16 to 18 (19% compared with 18% in Shropshire overall) and a slightly higher percentage of young people aged 11 to 15 (28% compared with 27%). It has a slightly lower percentage of children aged 0 to 4 (23% compared with 24% in Shropshire).

The South West area has a slightly higher percentage of young people aged 5 to 10 (31% compared with 30% in Shropshire overall) and a slightly higher percentage of young people aged 11 to 15 (28% compared with 27%). It has a slightly lower percentage of children aged 0 to 4 (22% compared with 24% in Shropshire).

The following chart shows the percentage of children in each age group as a percentage of the Shropshire total for each age group:

Table 4: Percentage of under 18s population by age group and Strengthening Families area

Age group	Population in each Strengthening Families area						Shropshire
	North East	North West	Borders	Roman Way	South East	South West	
Age 0-4	14%	20%	15%	17%	20%	14%	100%
Age 5 -10	14%	21%	13%	17%	20%	15%	100%
Age 11 -15	13%	22%	12%	17%	21%	15%	100%
Age 16-18	12%	23%	11%	17%	22%	15%	100%
Population under 18	13%	21%	13%	17%	21%	15%	100%
Population 18+	13%	20%	12%	17%	22%	17%	100%

4.1 Migration

In total, 291,742 (95.3%) people living in Shropshire, at the time of the 2011 Census, were born in the UK. Nationally this figure is 86.6%.

4.2 Ethnicity

In 2011, 98% of the population in Shropshire were classed as white (95.4% were classed as White: English/Welsh/Scottish/Northern Irish/British). This percentage was considerably higher than regionally and nationally.

All ethnic groups in Shropshire had a smaller percentage of resident population when compared to regional and national figures, apart from White: Gypsy or Irish Traveller (which was the same as regionally and nationally: 0.1%). In Shropshire, there were four ethnic groups (apart from White: English/Welsh/Scottish/Northern Irish/British) with more than 1,000 people. They were:

- White: Polish (1,620 or 0.5% of all usual residents)
- White: Irish (1,410 or 0.5%)
- Asian/Asian British: Chinese (1,020 or 0.3%)
- And White: Other Western European (1,013 or 0.3%).

4.3 Religion

In the 2011 census, 68.7% of the population in Shropshire described their religion as Christian (an 11.2% decrease compared to the 2001 census). The second largest response was people describing themselves as having no religion (22.8%: 10.6% increase compared to the 2001 census).

In the 2011 census there were increases in the percentage of people who answered Buddhist (0.2% in 2001 to 0.3% in 2011), Muslim (0.2% to 0.3%) and Other Religion (0.2% to 0.4%).

The table below shows a breakdown of religion in Shropshire according to 2011 census data:

Table 5: Number and percentage of population by religion

Religion	Number of people	%
Christian	210268	68.7%
No religion	69725	22.8%
Not stated	22481	7.3%
Other religion	1113	0.4%
Muslim	989	0.3%
Buddhist	792	0.3%
Hindu	378	0.1%
Sikh	256	0.1%
Jewish	127	0.0%
Total	306129	100.0%

4.4 Health

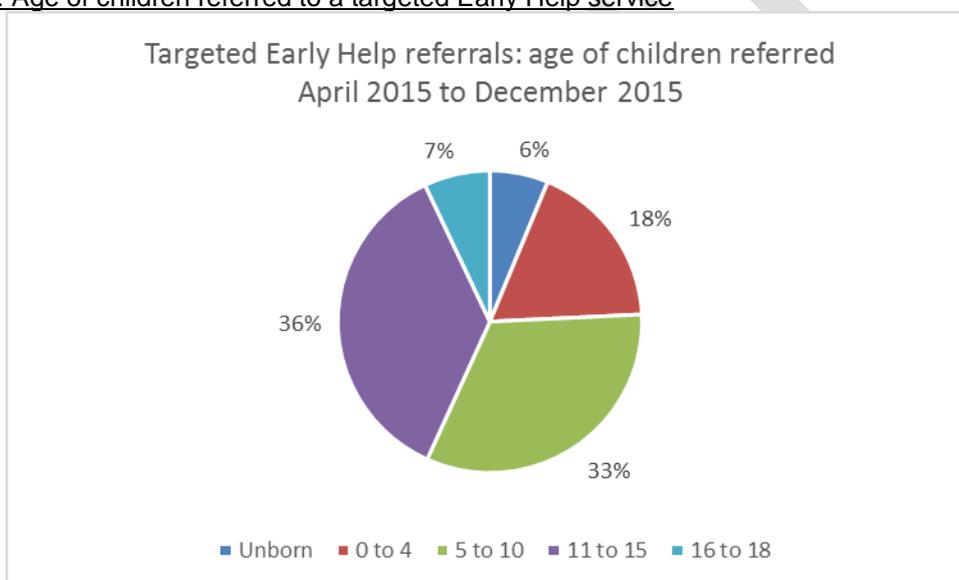
In the 2011 census 18.6% of the population described themselves as having a limiting long term illness. In total 35% of people thought their health was good, 13.5% fairly good and 5.0% bad/very bad.

4.5 Early Help service users

Age of service users

Currently the majority of children/young people being referred for targeted Early Help support are aged 11 to 15 (36%) and 5 to 10 (33%), with 18% aged 0 to 4, 7% aged 16 to 18 and 6% for unborn children. The chart below shows the breakdown of Early Help referrals by age:

Chart 4: Age of children referred to a targeted Early Help service



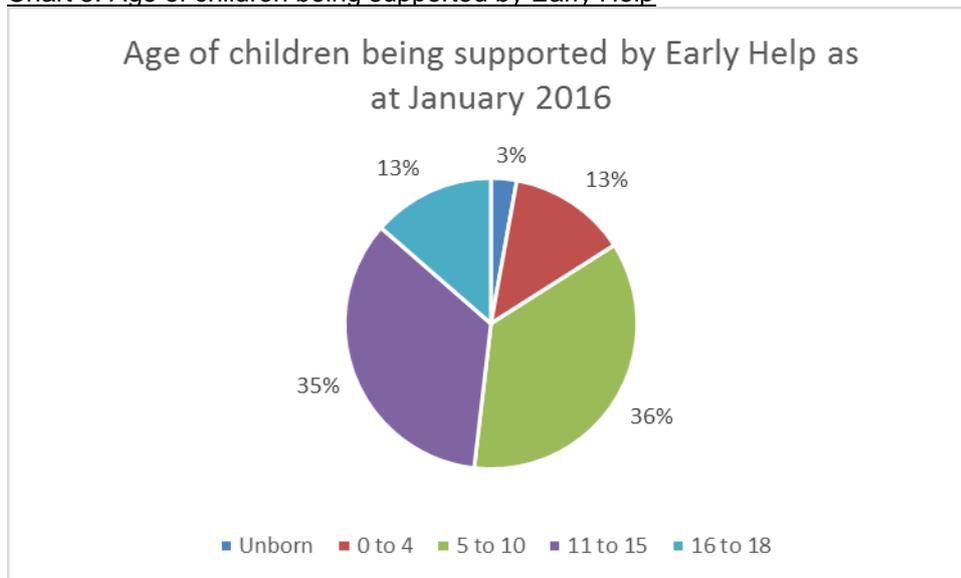
From April 2014 to March 2015, the age group with the highest proportion of referrals was 0 to 5 (42%), with 37% 11 to 15 year olds, 11% 0 to 4 year olds, 7% 16 to 18 year olds and 3% unborn. However it should be noted that there were some gaps in data recording during this period, particularly around referrals for services for the 0 to 4 age group.

Within the 0 to 18 population in Shropshire, the age group with the highest proportion of children is 5 to 10 (30%), with 27% 11 to 15 year olds, 24% 0 to 4 year olds and 18% 16 to 18 year olds.

As at January 2016, there were 953 children being supported by a targeted Early Help plan (with Early Help activity within the last 12 months). This includes those children being supported by a targeted service and those being supported by other agencies. Of these, the largest proportions of children are within the 5 to 10 age group (36%) and 11 to 15 age group (35%).

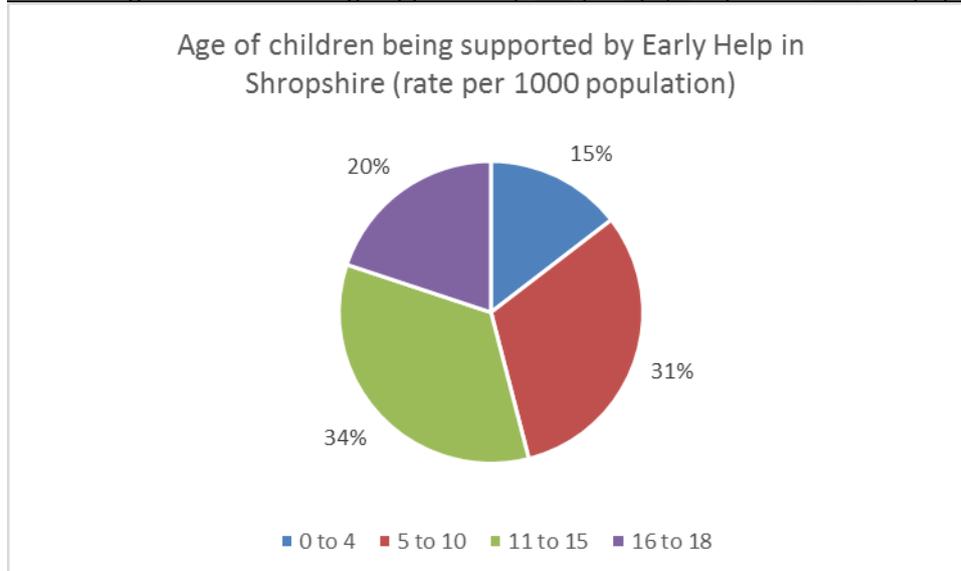
The chart below shows the breakdown by age group of those children being supported by Early Help:

Chart 5: Age of children being supported by Early Help



Again, this shows that there are a largest proportion of Early Help support is currently for 5 to 10 year olds and 11 to 15 year olds. This is true when calculated as a rate per 1000 of the population as the chart below shows:

Chart 6: Age of children being supported by Early Help (rate per 1000 of the population)



The following charts show the ages of children being supported by an Early Help plan during the period April 2014 to March 2015 by Strengthening Families area:

Chart 7: Age of children being supported by Early Help by Strengthening Families area (actual numbers)

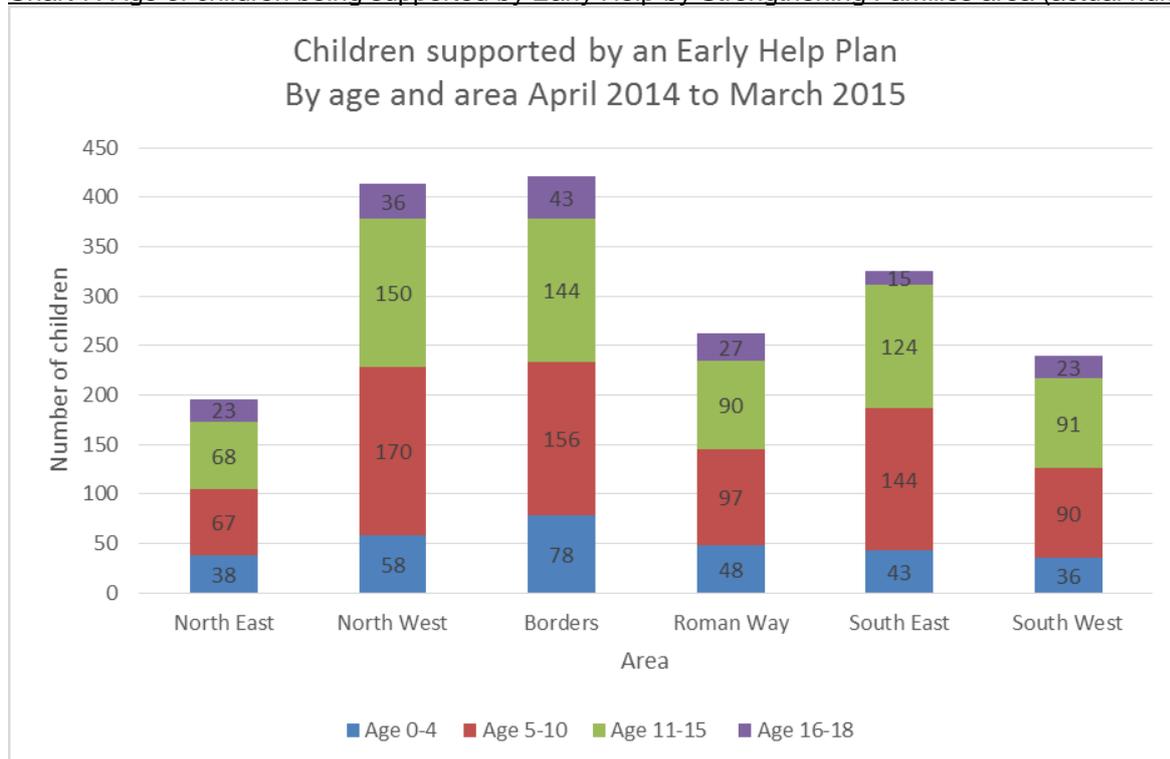
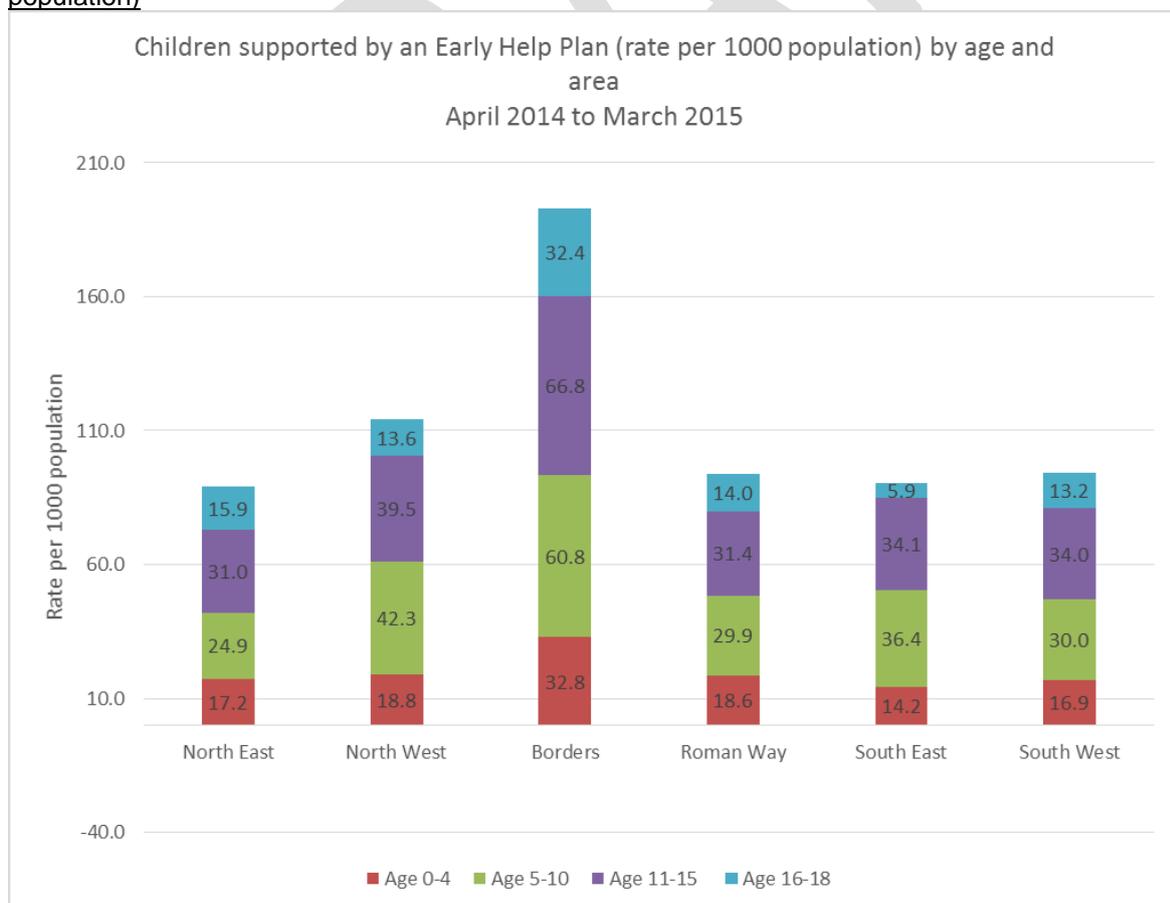


Chart 8: Age of children being supported by Early Help by Strengthening Families area (rate per 1000 population)

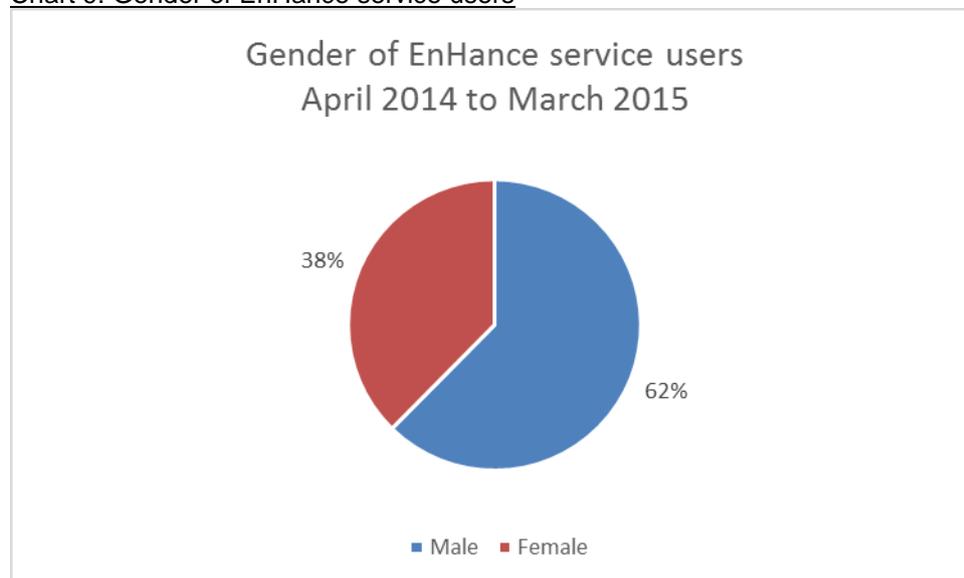


Gender of service users

The demographic information below for EnHance gives an example of the demographics of the service users of targeted early help services.

The majority of service users are male (62%) as the chart below shows:

Chart 9: Gender of EnHance service users

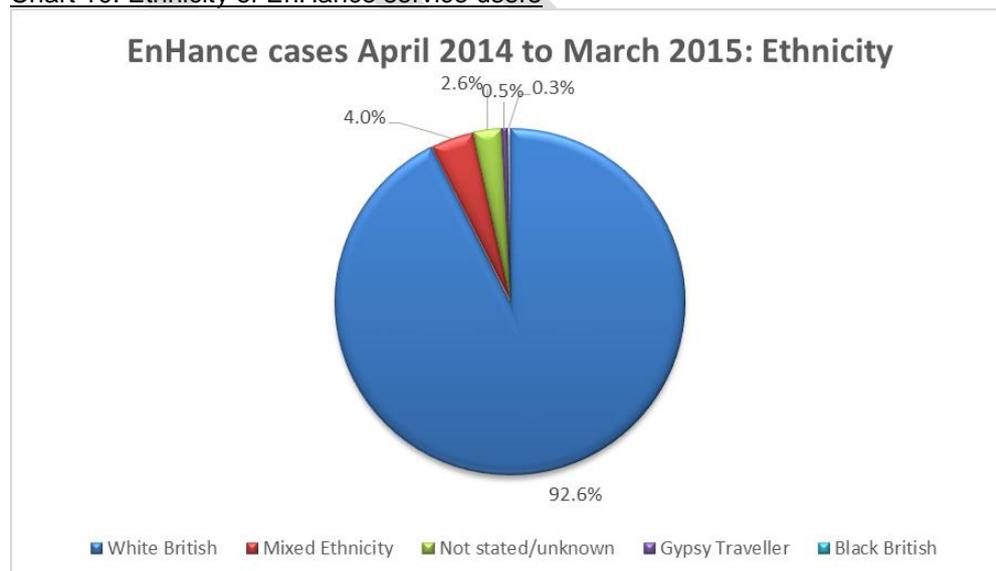


It is worth noting that in Shropshire there are slightly more males than females in the under 19s age groups.

Ethnicity of service users

The majority of EnHance service users are White British (93%), with 4% being of mixed ethnicity, 2.6% being unknown or not stated, 0.5% being Gypsy Traveller and 0.3% being Black British as the chart below shows:

Chart 10: Ethnicity of EnHance service users



The percentage of service users that are White British is slightly lower than the percentage within Shropshire (92.6% compared with 95.4% in Shropshire).

5 Needs assessment: analysis and key findings

5.1 Early Help needs: Outcome evaluation of positive family life

In Shropshire, when a targeted service starts an intervention, an evaluation tool is completed for each family to identify their needs and to measure the impact of the intervention. The needs recorded in the tool are:

- **Healthy Lifestyles**
 - Weight
 - Smoking
 - Physical activity
 - Breastfeeding
 - Lack of involvement in positive leisure activities/clubs
- **Relationships**
 - Parent/child relationships
 - Other relationships
 - Attitude to self-esteem/emotional wellbeing
- **Learning and development**
 - Attendance at a registered early years setting for access to 2, 3 or 4 year old free early education
 - Educational attendance for a child
 - Lack of education/training skills for an adult
 - Worklessness
- **Community engagement**
 - Lack of social connectedness/isolation
 - Involvement in anti-social behaviour/crime
- **Safeguarding**
 - Domestic abuse
 - Risk of a child being missing
 - Risk of a child being sexually exploited
 - Misuse of substances (drugs or alcohol)

These needs align to the six Strengthening Families problems, however note that the tool was developed during phase 1 of the Troubled Families programme using the phase 1 criteria/problems.

From April 2014 to December 2015, the most common need identified for families being worked with by Early Help targeted services is related to mental health: 'attitude to self-esteem/emotional well-being' (**85%** of families had this identified as an issue: 338 families). For 79% of families, this had improved at the end of the intervention.

Other common needs were around relationships:

- Child and parent relationships (78%)
- Other relationships (71%)

- Lack of involvement in positive leisure activities/clubs (44%)
- Lack of social connectedness (38%)
- School attendance (38%)

The most common needs and issues were also where the most impact was made due to the intervention:

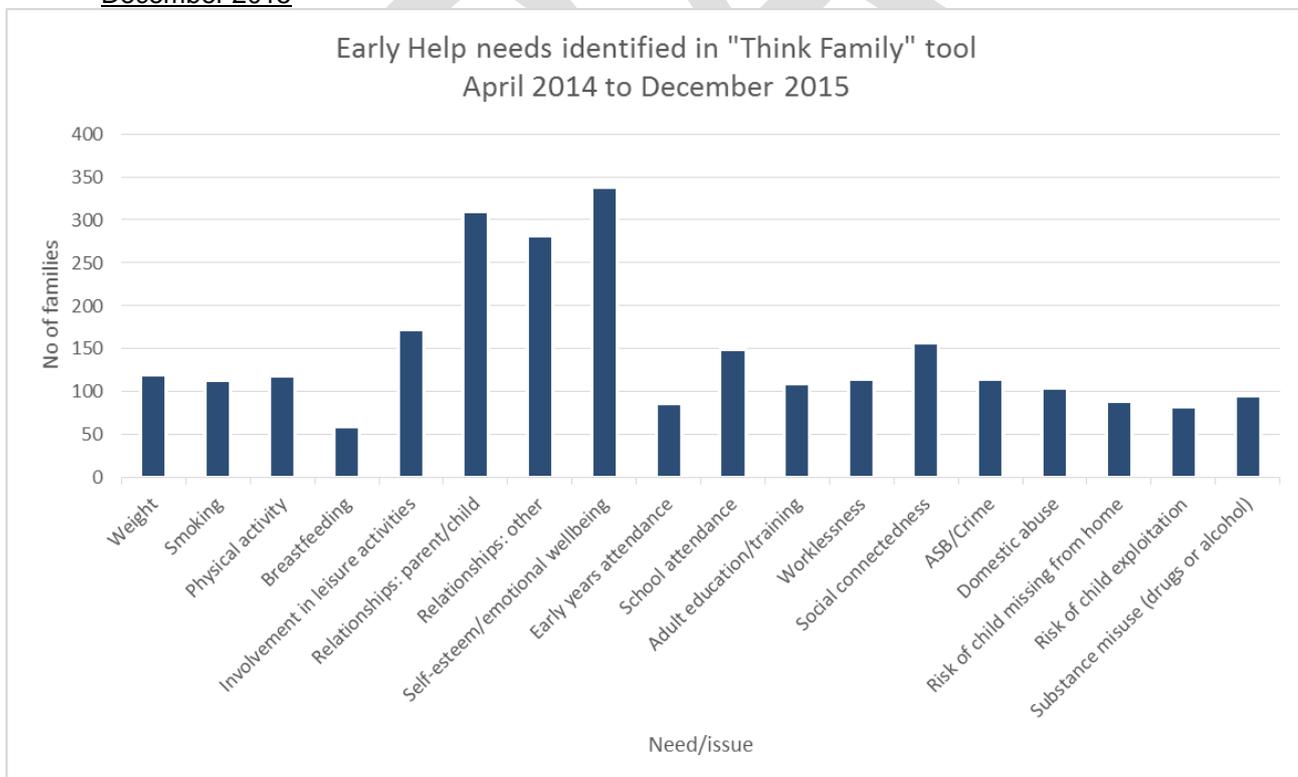
- Self-esteem and wellbeing: 79% of families improved
- Parent/child relationships: 79% of families improved
- Other relationships: 60% of families improved
- Involvement in leisure activities: 63% of families improved
- School attendance: 60% of families improved

Domestic abuse was an issue for 104 families (28%) and improved in 50% of families, with 48% of families not making any change in this area and 2% getting worse.

Substance abuse (alcohol and drugs) was an issue for 96 families (27%) and improved in 34% of families, with 60% of families not making any change in this area and 5% getting worse.

The following chart shows the number of families with each need/issue:

Chart 11: Early Help needs identified at the start of or during targeted services interventions April 2014 to December 2015



Generally across the needs, there was either improvement for the families or the needs remained the same, with only a very small proportion of families having needs that had worsened overall.

The most common needs where no impact was made by the intervention (there was no improvement but things did not get worse) were:

- Breastfeeding: 100% of families remained the same
- Smoking: 84% of families remained the same
- Adult education and training and worklessness: 76% of families remained the same
- Early years attendance: 61% of families remained the same
- Risk of child exploitation: 71% of families remained the same
- Risk of child being missing from home: 69% of families remained the same
- Weight: 64% of families remained the same
- Substance misuse (alcohol and drugs): 60% of families remained the same
- Anti-social behaviour/crime: 57% of families remained the same

Although they were small proportions, the main needs/issues where needs got worse were:

- School attendance: 6% of families
- Substance misuse (drugs and alcohol): 5% of families
- Risk of child exploitation: 5% of families
- Parent/child relationships: 3% of families

5.2 Social Work Assessment Risk Factors

Additional information has been considered from a quality assurance report analysing risk factors identified in social work assessments (2014/15). The identification of risk factors at the end of social work assessments allows social workers to quickly identify the main risk factors for the child and it allows us to monitor the needs and demands of children and families referred for assessment to Shropshire's social workers. It may also be considered that this information indicates a predictor of where Early Help may have been beneficial.

This report showed that out of the 1699 assessments, 1171 had a risk of one or more categories listed against either the child, parent and/or significant other.

The risk factors are pre-defined and identified in six categories which align to the Strengthening Families problems of 'families affected by domestic violence and abuse' and 'parents and children with a range of health problems'

- Alcohol misuse
- Substance misuse
- Domestic violence
- Mental Health
- Physical Disability

- Learning disability

The analysis identified that domestic abuse is the most common risk which appears on our social work assessments as a single risk or as a risk compounded with others.

34% of assessments in each area (north, central and south) identified mental health as a risk.

5.3 Mental health needs

Data around mental health of service users is limited. However, the most common need for families being worked with by Early Help targeted services is related to mental health - attitude to self-esteem/emotional well-being (85% of families had this identified as an issue – 338 families).

From April to December 2014, EnHance had 95 referrals where the reason for the referral was related to mental health (42% of all referrals for the period).

These referrals were for the following issues:

- Anxiety
- Lack of self-esteem
- Autistic Spectrum Disorder
- Attention Deficit Hyperactivity Disorder
- Self-harm
- Managing anger
- Promoting feelings of safety
- Parents with mental health issues
- Parents with alcohol/substance misuse issues
- Autistic Spectrum Disorder traits, but not diagnosed or awaiting diagnosis

Please note that the EnHance manager has noted that these figures are likely to be under representative due to the method of reporting, however give an indication of the proportion of children with needs relating to mental health.

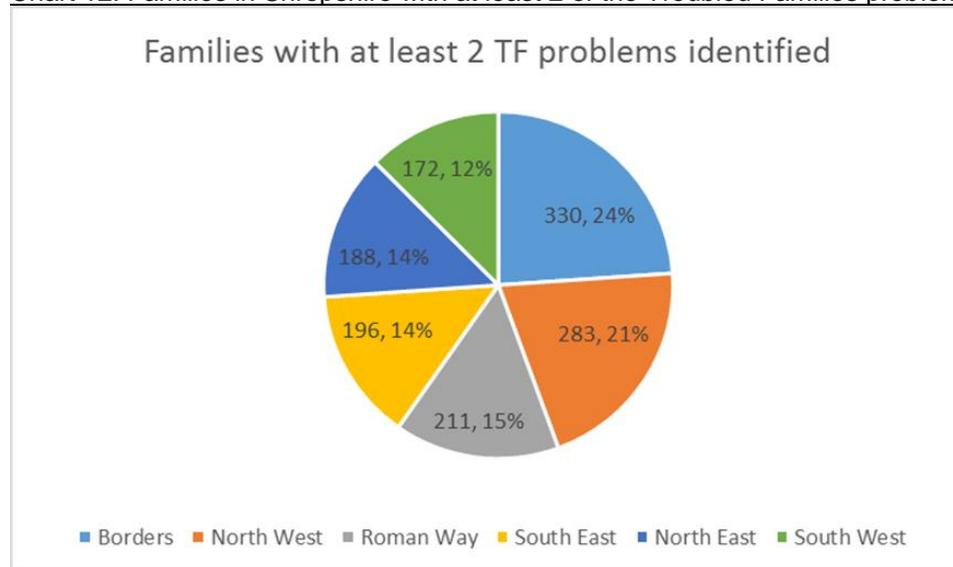
From April 2014 to March 2015 34% of social work assessments in each area (north, central and south) identified mental health as a risk factor.

5.4 Strengthening Families matched data: “Troubled Families” in Shropshire

The available data (2014/2015 or most recent) shows that overall in Shropshire **1380** families have 2 or more of the Troubled Families problems.

The number of families varies by area, with Borders and North West having a higher numbers of families identified:

Chart 12: Families in Shropshire with at least 2 of the Troubled Families problems



Note that the proportion of these families of the total families in Shropshire/each area is not known as the number of families in Shropshire/each area is not known.

The table below shows the number and percentage of families who have 2 or more of the Strengthening Families problems by each of the six localities and also how many problems they have. The areas highlighted yellow show where there is a higher proportion of families meeting a number of criteria than the Shropshire average. *Note that health data on an individual level was limited and therefore identified as a problem in only a small number of families.*

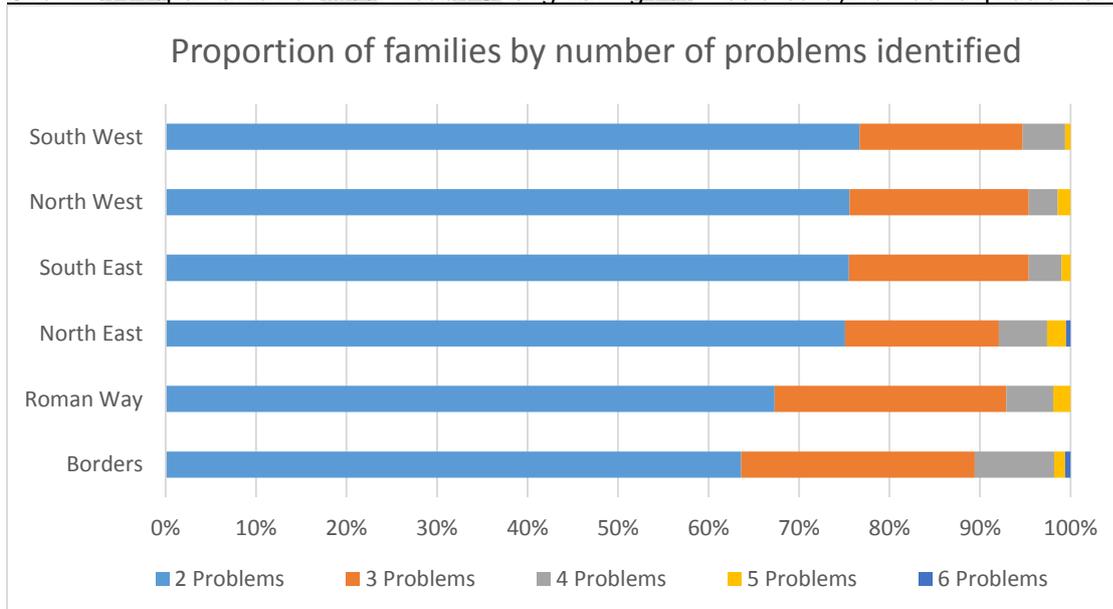
Table 6: Families in Shropshire with at least 2 of the Troubled Families problems broken down by area and number of problems

Strengthening Families area	Number of families with 2 Problems	Number of families with 3 Problems	Number of families with 4 Problems	Number of families with 5 Problems	Number of families with 6 Problems	Total Number of families with 2 or more problems
Borders	210	85	29	4	2	330
% of families in area	63.6%	25.8%	8.8%	1.2%	0.6%	

North East	141	32	10	4	1	188
% of families in area	75.0%	17.0%	5.3%	2.1%	0.5%	
North West	214	56	9	4		283
% of families in area	75.6%	19.8%	3.2%	1.4%	0.0%	
Roman Way	142	54	11	4		211
% of families in area	67.3%	25.6%	5.2%	1.9%	0.0%	
South East	148	39	7	2		196
% of families in area	75.5%	19.9%	3.6%	1.0%	0.0%	
South West	132	31	8	1		172
% of families in area	76.7%	18.0%	4.7%	0.6%	0.0%	
Shropshire County	987	297	74	19	3	1380
% of families in area	71.5%	21.5%	5.4%	1.4%	0.2%	

The graph below shows this more visually and highlights differences in the number of multiple need families in each area, the Borders area appears to have a higher proportion of 3+ need families than other areas.

Chart 13: Proportion of families in each Strengthening Families area by number of problems identified



The problem affecting the highest proportion of families in every area was worklessness/risk of financial exclusion or young people at risk of worklessness. In all areas apart from Borders, the second largest proportion of families were recorded against the problem children not attending school regularly (for borders this was children who need help). For all areas apart from Borders, the third largest proportion of families were recorded against the problem children who need help (for borders this was children not attending school regularly).

The following table shows which problems the matched families (those that had 2 or more of the problems identified) are recorded against:

Table 7: Proportion of families in each Strengthening Families area by problem identified

Area	% of matched families recorded against each problem					
	Crime/ASB	Not attending school regularly	Children who need help	Worklessness	Domestic Violence	Health Problems
Borders	44%	50%	57%	71%	23%	6%
North East	20%	65%	53%	69%	24%	5%
North West	17%	65%	54%	72%	18%	5%
Roman Way	31%	55%	53%	73%	22%	8%
South East	18%	64%	48%	76%	19%	5%
South West	24%	60%	52%	72%	17%	5%
Shropshire Total	27%	59%	53%	72%	21%	5%

The low number of families with health as a problem is due to the limited health data used in the data matching.

5.5 Strengthening Families Area Summaries

The pages below are area summaries that outline for each area:

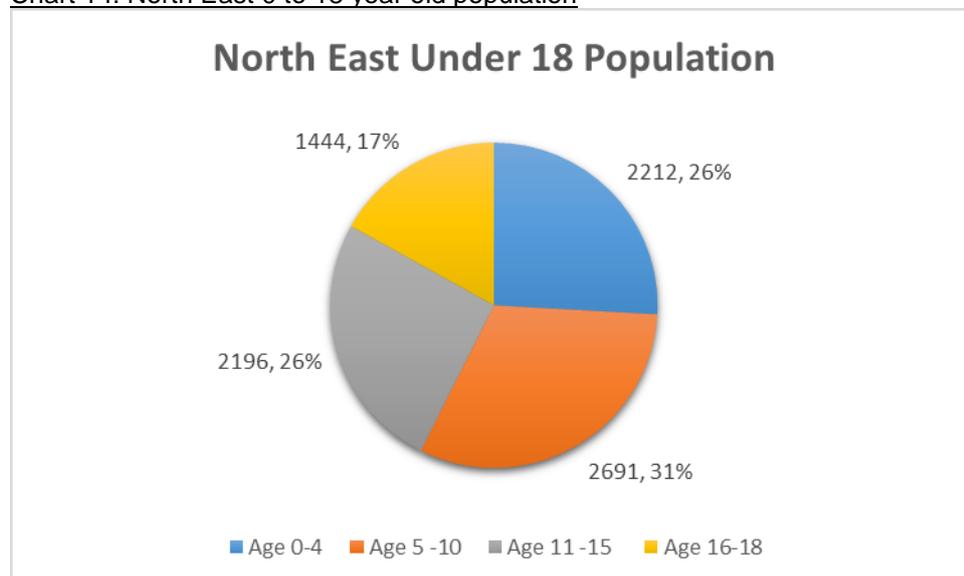
- Demographics
- The number of families that have 2 or more of the Troubled Families problems
- The combination of problems for those families
- Key areas of comparatively higher or lower needs (as per the methodology) within each of the problems identified by the indicators in the Early Help needs matrix and Public Health reports. This uses population level data (i.e. identifying number of individuals/instances within the area for each problem)

Please note that the summaries are intended to give an accessible portrayal of the needs in each area. Please see the Early Help Needs Matrix (Appendix B) for more detailed data and rates per 1000 for the indicators within each Strengthening Families problem.

North East

The chart below shows the proportion of 0 to 18 year olds in each age group within the area:

Chart 14: North East 0 to 18 year old population



The North East area has a slightly higher percentage of children in the 0 to 4 age group (26% compared with 24% in Shropshire overall) and a slightly higher percentage of children aged 5 to 10 (31% compared with 30%). It has a slightly lower percentage of young people aged 11 to 15 (26% compared with 27% in Shropshire) and young people aged 16 to 18 (17% compared with 18%).

The North East area has 172 black and ethnic minority children living within the area (Census 2011) aged 0 to 15 (a rate of 24.0 which is below the Shropshire rate of 32.5 and the lowest rate in Shropshire).

The rate of children aged 0 to 15 affected by income deprivation in the North East area has a 9.1% higher rate than the Shropshire rate: 140.2 compared with 128.5 (*Income Deprivation Affecting Children (IMD 2015), Communities & Local Government, Mid Year Estimates 2013, Office for National Statistics*).

In this area, **188** families had 2 or more of the Troubled Families problems which is **14%** of the Shropshire total. **82** of these families were within the Market Drayton urban area and **66** families within the Whitchurch urban area.

The table below shows the top 5 combinations of problems for these families:

Table 8: Top 5 combinations of problems in the North East

Rank	SF Area	Combination of Problems	Number	%
1	North East	2 Not attending school, 4 Worklessness	63	34%
2	North East	2 Not attending school, 3 Children who need help	23	12%
3	North East	3 Children who need help, 4 Worklessness	23	12%
4	North East	3 Children who need help, 5 Domestic Violence	12	6%
5	North East	2 Not attending school, 3 Children who need help, 4 Worklessness	9	5%

The table below shows the findings from the analysis the Early Help matrix data and Public Health report data (population level data):

Table 9: North East needs

Troubled Families Problem	Higher rates	Lower rates
1 Parents and/or children involved in crime and/or Anti-Social Behaviour	<ul style="list-style-type: none"> • Adult crime 	<ul style="list-style-type: none"> • Under 18s crime • Anti-Social Behaviour (under 18s) • Anti-Social Behaviour (adults)
2 Children who have not been attending school regularly	<ul style="list-style-type: none"> • Fixed term exclusions 	<ul style="list-style-type: none"> • Permanent exclusions • Children in an alternative provision for social, emotional and behavioural problems
3 Children who need help	<ul style="list-style-type: none"> • Not taking up 2 year old Early Years entitlement • Children on a child protection plan • Looked after children • Children who are young carers 	<ul style="list-style-type: none"> • Children not taking up 3 and 4 year old Early Years entitlement • Children with an SEN code of Social, Emotional and Mental Health • Children supported by an Early Help plan
4 Adults out of work or at risk of financial exclusion or young people at risk of worklessness	<ul style="list-style-type: none"> • Children eligible for free school meals • Young people at risk of NEET • Children in families in receipt of Child Tax Credit (<60% median income) or Income Support/Job Seekers Allowance 	
5 Families affected by domestic violence and abuse	<ul style="list-style-type: none"> • Domestic Violence incidents 	
6 Parents and children with a range of health problems	<ul style="list-style-type: none"> • Police mental health warning markers (over 18s) • Children who described their health as bad or very bad (Census 2011) • School action plus (Market Drayton)* • Children with a moderate learning difficulty (Market Drayton)* • Children with Speech, language and communication needs (Market Drayton, Whitchurch)* • Smoking in pregnancy (Market Drayton, Whitchurch)* • Breastfeeding (Market Drayton, Whitchurch)* 	<ul style="list-style-type: none"> • Children with specific learning difficulties (Whitchurch)* • Children with no special educational needs (Market Drayton)*

* Public Health data (not within the matrix)

The above information shows that:

- Out of the families that have 2 or more of the Troubled Families problems, the most common combination of problems was not attending school and worklessness (34%). The remainder of the top five were made up of a combination of children who need help and the other four problems. *Note that health data on an individual level was limited and therefore unlikely to be identified as a combination.*

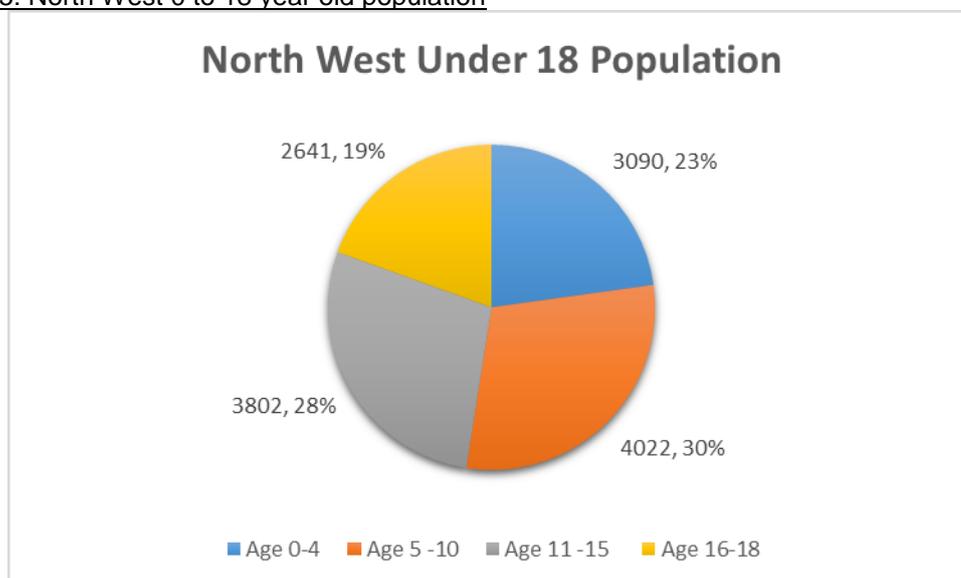
- When analysing data for all individuals with each problem in Shropshire, the North East area has a rate which is higher than 10% of the Shropshire rate for **12** of the matrix indicators and these are across **all six** of the Troubled Families problems. Market Drayton and Whitchurch also have 6 health indicators which are significantly worse than the Shropshire average.
- The North East area has 8 indicators (across four of the problems) that are more than 10% lower than the Shropshire average; this includes children supported by an Early Help plan. The North East also has 1 health indicator which is significantly lower than the Shropshire average.

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North West

The chart below shows the proportion of 0 to 18 year olds in each age group within the area:

Chart 15: North West 0 to 18 year old population



The North West area has a slightly higher percentage of young people aged 16 to 18 (19% compared with 18% in Shropshire overall) and a slightly higher percentage of young people aged 11 to 15 (28% compared with 27%). It has a slightly lower percentage of children aged 0 to 4 (23% compared with 24% in Shropshire).

The North West area has 376 black and ethnic minority children living within the area (Census 2011) aged 0 to 15 (a rate of 33.7 which is just above the Shropshire rate of 32.5).

Overall, the rate of children aged 0 to 15 affected by income deprivation in the North West is similar to the Shropshire rate: 128.3 compared with 128.5, however the rate for children aged 0 to 4 is slightly (2.2%) higher than the Shropshire rate for that age group (*Income Deprivation Affecting Children (IMD 2015), Communities & Local Government, Mid-Year Estimates 2013, Office for National Statistics*).

In this area **283** families had 2 or more of the Troubled Families problems which is **21%** of the Shropshire total. **121** of these families were within the Oswestry urban area, **27** in the Wem urban area and **22** in the Ellesmere urban area.

The table below shows the top 5 combinations of problems for these families:

Table 10: Top 5 combinations of problems in the North West

Rank	SF Area	Combination of Problems	Number	%
1	North West	2 Not attending school, 4 Worklessness	87	31%
2	North West	3 Children who need help, 4 Worklessness	45	16%
3	North West	2 Not attending school, 3 Children who need help	38	13%
4	North West	2 Not attending school, 3 Children who need help, 4 Worklessness	27	10%
5	North West	3 Children who need help, 5 Domestic Violence	10	4%

The table below shows the findings from the analysis the Early Help matrix data and Public Health report data (population level data):

Table 11: North West needs

Troubled Families Problem	Higher rates	Lower rates
1 Parents and/or children involved in crime and/or Anti-Social Behaviour		<ul style="list-style-type: none"> • Anti-Social Behaviour (under 18s) • Anti-Social Behaviour (over 18s)
2 Children who have not been attending school regularly	<ul style="list-style-type: none"> • Children persistently absent • Permanent exclusions • Children who are in alternative provision for social, emotional and behavioural difficulties 	<ul style="list-style-type: none"> • Children missing education
3 Children who need help	<ul style="list-style-type: none"> • Children on a child protection plan 	<ul style="list-style-type: none"> • Children with a SEN code of Social, Emotional and Mental Health
4 Adults out of work or at risk of financial exclusion or young people at risk of worklessness		
5 Families affected by domestic violence and abuse		
6 Parents and children with a range of health problems	<ul style="list-style-type: none"> • Police mental health warning marker (over 18s) • Childhood obesity (Oswestry town, Wem)* • Breastfeeding (Oswestry)* • Smoking in pregnancy (Oswestry)* • Children on School Action (Oswestry)* • Children with speech, language and communication needs (Oswestry)* • No Special Educational Needs (South Oswestry and Ellesmere and Wem)* 	<ul style="list-style-type: none"> • Children on School Action and School Action Plus (South Oswestry and Ellesmere and Wem)* • Children with speech, language and communication needs (South Oswestry and Ellesmere and Wem)* • Children with specific learning difficulties (Ellesmere and Wem)* • Children with no Special Educational Needs (Oswestry)*

* Public Health data (not within the matrix)

The above information shows that:

- Out of the families that have 2 or more of the Troubled Families problems, the most common combination of problems was not attending school and worklessness (31%). The remainder of the top five were made up of a combination of children who need help and the other four problems. *Note that health data on an individual level was limited and therefore unlikely to be identified as a combination.*
- The North West area has a higher rate for 5 of the matrix indicators and these were across three of the Troubled Families problems (children who have not been attending school regularly, children who need help and health). There were also 6 health indicators which are significantly worse than the Shropshire average (mainly in Oswestry).

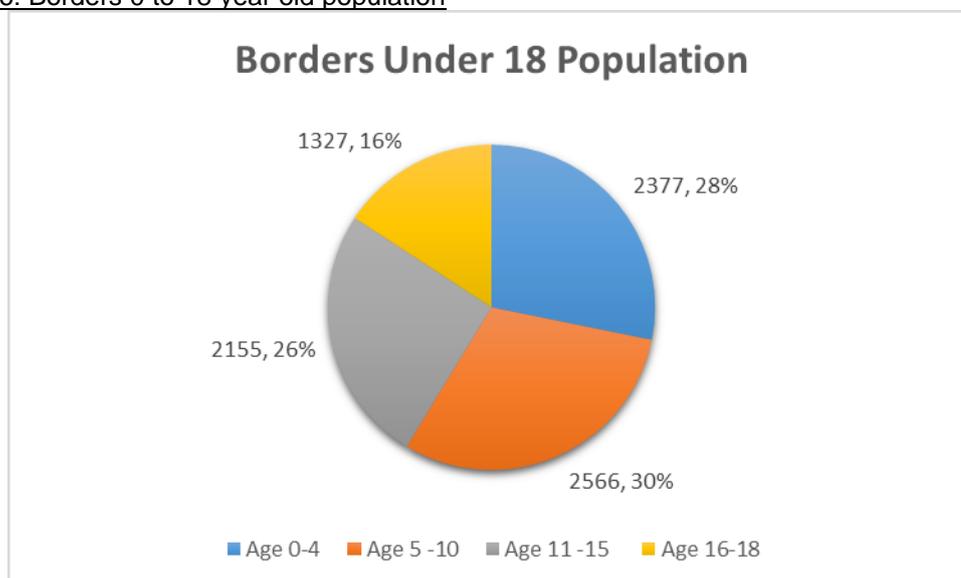
- The North West has 4 indicators (across four of the problems) that are more than 10% lower than the Shropshire average, this included children who are supported by an Early Help plan and also 1 health indicator which was significantly lower than the Shropshire average.

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Borders

The chart below shows the proportion of 0 to 18 year olds in each age group within the area:

Chart 16: Borders 0 to 18 year old population



The Borders area has a relatively higher percentage of children aged 0 to 4 (28% compared with 24% in Shropshire overall) and a slightly lower percentage of young people aged 11 to 15 (26% compared with 27%) and young people aged 16 to 18 (16% compared with 18%).

The Borders area has 218 black and ethnic minority children living within the area (Census 2011) aged 0 to 15 (a rate of 30.8 which is below the Shropshire rate of 32.5).

The rate of children aged 0 to 15 affected by income deprivation in the Borders area has a **73.7% higher rate** than the Shropshire rate: 223.2 compared with 128.5. The rate is significantly higher across all age groups (*Income Deprivation Affecting Children (IMD 2015), Communities & Local Government, Mid Year Estimates 2013, Office for National Statistics*).

In this area **330** families met 2 or more Troubled Families Problems, which is **24%** of the total. **294** of these families are within the Shrewsbury urban area and **8** families are within the Shawbury area.

The table below shows the top 5 combinations of problems for these families:

Table 12: Top 5 combinations of problems in Borders

Rank	SF Area	Combination of Problems	Number	%
1	Borders	2 Not attending school, 4 Worklessness	61	18%
2	Borders	3 Children who need help, 4 Worklessness	43	13%
3	Borders	1 Crime and/or ASB, 3 Children who need help	24	7%
4	Borders	2 Not attending school, 3 Children who need help	24	7%
5	Borders	1 Crime and/or ASB, 3 Children who need help, 4 Worklessness	22	7%

The table below shows the findings from the analysis the Early Help matrix data and Public Health report data (population level data):

Table 13: Borders needs

Troubled Families Problem	Higher rates	Lower rates
1 Parents and/or children involved in crime and/or Anti-Social Behaviour	<ul style="list-style-type: none"> • Under 18 committing a proven offence • Over 18s committing a proven offence • ASB - Over 18s • ASB - Under18s 	
2 Children who have not been attending school regularly	<ul style="list-style-type: none"> • Children persistently absent • Number of permanent exclusions • Children with 3+ Fixed term exclusions • Children in alternative educational provision • Children missing education 	
3 Children who need help	<ul style="list-style-type: none"> • Children not taking up Early Years entitlement (2/3/4 year olds) • Children with an SEN Code of Social, Emotional and Mental Health • Children supported by an: <ul style="list-style-type: none"> ○ Early help plan ○ Children in need plan ○ Child protection plan • Looked after children • Children who are young carers 	
4 Adults out of work or at risk of financial exclusion or young people at risk of worklessness	<ul style="list-style-type: none"> • Children eligible for free school meals • Young people who are NEET • Young people at risk of being NEET • Children affected by Income Deprivation • Children in families in receipt of Child Tax Credit (<60% median income) or Income Support/Job Seekers Allowance 	
5 Families affected by domestic violence and abuse	<ul style="list-style-type: none"> • Domestic violence incidents 	
6 Parents and children with a range of health problems	<ul style="list-style-type: none"> • Police Mental Health warning markers (Over 18s) • Children who described their health as bad or very bad (Census 2011) • Children with a long Term Health Problem or Disability Children: <ul style="list-style-type: none"> • With a statement of Special Educational Needs* • On School Action* • On School Action Plus* • With a moderate learning difficulty* • Smoking in pregnancy (North East Shrewsbury)* • Breastfeeding initiation (North East Shrewsbury)* • Breastfeeding 10-14 days (North East Shrewsbury)* • Breastfeeding 6-8 weeks (North East Shrewsbury)* 	<ul style="list-style-type: none"> • Breastfeeding initiation (Shrewsbury Rural)*+ • Breastfeeding 10-14 days (Shrewsbury Rural)*+ • Breastfeeding 6-8 weeks (Shrewsbury Rural)*+

* Public Health data (not within the matrix)

+Shrewsbury

Rural area is the surrounding area of Borders and Roman Way

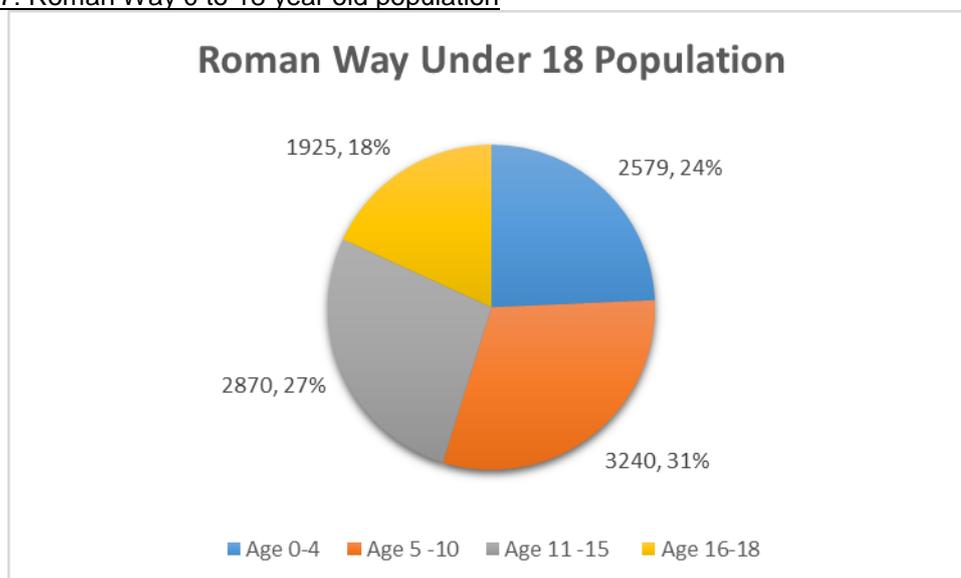
The above information shows that:

- Out of the families that have 2 or more of the Troubled Families problems, the most common combination of problems was not attending school and worklessness (31%). The remainder of the top five were made up of a combination of children who need help and the other four problems. *Note that health data on an individual level was limited and therefore unlikely to be identified as a combination.*
- The Borders area appears to have the highest need in the county across each of the problems.
- The highest proportion (24%) of the families that have two or more of the Troubled Families problems are in the Borders area.
- Borders has the highest rates in Shropshire for almost all of the Early Help matrix indicators and has 25 indicators that are more than 10% higher than the Shropshire rate. Borders also has 8 health indicators which are significantly worse than the Shropshire average.
- None of the matrix indicators were more than 10% lower than the Shropshire rate.

Roman Way

The chart below shows the proportion of 0 to 18 year olds in each age group within the area:

Chart 17: Roman Way 0 to 18 year old population



Roman Way has a slightly higher percentage of children aged 5 to 10 (31% compared with 30% in Shropshire overall).

The Roman Way area has 438 black and ethnic minority children living within the area (Census 2011) aged 0 to 15 (a rate of 50.1 which is 65% higher than the Shropshire rate of 32.5).

The rate of children aged 0 to 15 affected by income deprivation in the Roman Way area has a 21.6% lower rate than the Shropshire rate: 100.8 compared with 128.5 (*Income Deprivation Affecting Children (IMD 2015), Communities & Local Government, Mid Year Estimates 2013, Office for National Statistics*).

In this area **211** families met 2 or more Troubled Families Problems, which is **15%** of the total. **193** of these families are within the Shrewsbury urban area, **33** families are within the Meole Brace urban area and **12** families are within the Shelton area.

The table below shows the top 5 combinations of problems for these families:

Table 14: Top 5 combinations of problems in Roman Way

Rank	SF Area	Combination of Problems	Number	%
1	Roman Way	2 Not attending school, 4 Worklessness	44	21%
2	Roman Way	3 Children who need help, 4 Worklessness	30	14%
3	Roman Way	2 Not attending school, 3 Children who need help	20	9%
4	Roman Way	1 Crime and/or ASB, 4 Worklessness	18	9%
5	Roman Way	2 Not attending school, 3 Children who need help, 4 Worklessness	18	9%

The table below shows the findings from the analysis the Early Help matrix data and Public Health report data (population level data):

Table 15: Roman Way needs

Troubled Families Problem	Higher rates	Lower rates
1 Parents and/or children involved in crime and/or Anti-Social Behaviour	<ul style="list-style-type: none"> • Under 18 committing a proven offence • ASB - Over 18s • ASB - Under18s 	
2 Children who have not been attending school regularly		<ul style="list-style-type: none"> • Children persistently absent • Number of permanent exclusions • Children with 3+ Fixed term exclusions • Children in alternative educational provision • Children missing education
3 Children who need help		<ul style="list-style-type: none"> • Children not taking up Early Years entitlement (2 year olds) • Children not taking up Early Years entitlement (3 and 4 year olds) • Children with an SEN Code of Social, Emotional and Mental Health • Children supported by an: <ul style="list-style-type: none"> ○ Early help plan ○ Children in need plan ○ Child protection plan
4 Adults out of work or at risk of financial exclusion or young people at risk of worklessness		<ul style="list-style-type: none"> • Children eligible for free school meals • Young people at risk of NEET • Children affected by Income Deprivation • Children in families in receipt of Child Tax Credit (<60% median income) or Income Support/Job Seekers Allowance
5 Families affected by domestic violence and abuse		
6 Parents and children with a range of health problems		<ul style="list-style-type: none"> • Children who described their health as bad or very bad (Census 2011) • Children with a moderate learning difficulty* • Children with speech, language and communication needs* • Smoking in pregnancy (South Shrewsbury and West and Central Shrewsbury)* • Breastfeeding initiation (Shrewsbury Rural+, South Shrewsbury and West and Central Shrewsbury)* • Breastfeeding 10-14 days (Shrewsbury Rural+, South Shrewsbury and West and Central Shrewsbury)* • Breastfeeding 6-8 weeks (Shrewsbury Rural+, South Shrewsbury and West and Central Shrewsbury)* • Childhood obesity (South Shrewsbury)*

* Public Health data (not within the matrix)

+Shrewsbury

Rural area is the surrounding area of Borders and Roman Way

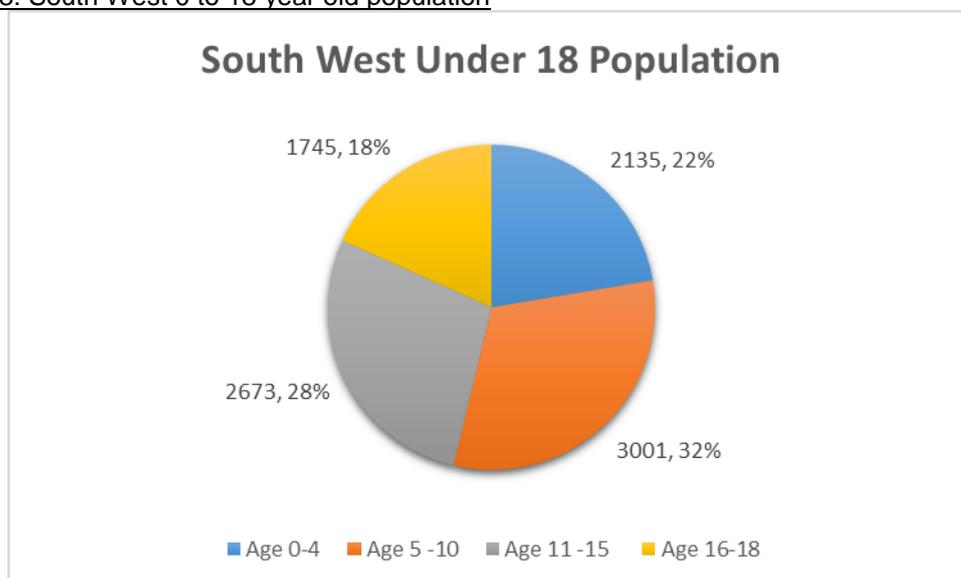
The above information shows that:

- Out of the families that have 2 or more of the Troubled Families problems, the most common combination of problems was not attending school and worklessness (31%). Three of the remainder of the top five were made up of a combination of children who need help and the other four problems. *Note that health data on an individual level was limited and therefore unlikely to be identified as a combination.*
- The Roman Way area has a higher rate for just 3 of the matrix indicators and these were all within the problem of crime and anti-social behaviour.
- There were no health indicators which were significantly worse than the Shropshire average.
- The Roman Way area has 17 indicators (across four of the problems) that are more than 10% lower than the Shropshire average, this included children who are supported by an Early Help plan and also 7 health indicators which were significantly lower than the Shropshire average.

South West

The chart below shows the proportion of 0 to 18 year olds in each age group within the area:

Chart 18: South West 0 to 18 year old population



The South West area has a slightly higher percentage of young people aged 5 to 10 (32% compared with 30% in Shropshire overall) and a slightly higher percentage of young people aged 11 to 15 (28% compared with 27%). It has a slightly lower percentage of children aged 0 to 4 (22% compared with 24% in Shropshire).

The South West area has 304 black and ethnic minority children living within the area (Census 2011) aged 0 to 15 (a rate of 28.2 which is below the Shropshire rate of 32.5).

The rate of children aged 0 to 15 affected by income deprivation in the South West area has a 23.7% lower rate than the Shropshire rate: 98.0 compared with 128.5 and this is the lowest rate of all the areas (*Income Deprivation Affecting Children (IMD 2015), Communities & Local Government, Mid Year Estimates 2013, Office for National Statistics*).

In this area **172** families met 2 or more Troubled Families Problems, which is **12%** of the total. **49** families are within the Ludlow urban area, **20** families are within the Craven Arms area and **10** families are within Church Stretton.

The table below shows the top 5 combinations of problems for these families:

Table 16: Top 5 combinations of problems in the South West

Rank	SF Area	Combination of Problems	Number	%
1	South West	2 Not attending school, 4 Worklessness	47	27%
2	South West	3 Children who need help, 4 Worklessness	28	16%
3	South West	2 Not attending school, 3 Children who need help	27	16%
4	South West	2 Not attending school, 3 Children who need help, 4 Worklessness	13	8%
5	South West	1 Crime and/or ASB, 4 Worklessness	9	5%

The table below shows the findings from the analysis the Early Help matrix data and Public Health report data (population level data):

Table 17: South West needs

Troubled Families Problem	Higher rates	Lower rates
1 Parents and/or children involved in crime and/or Anti-Social Behaviour	<ul style="list-style-type: none"> ASB - Under18s 	<ul style="list-style-type: none"> Under 18 committing a proven offence Over 18s committing a proven offence ASB - Over 18s
2 Children who have not been attending school regularly		<ul style="list-style-type: none"> Children persistently absent Children with 3+ Fixed term exclusions Children missing education
3 Children who need help	<ul style="list-style-type: none"> Children not taking up Early Years entitlement (2 year olds) 	<ul style="list-style-type: none"> Children with an SEN Code of Social, Emotional and Mental Health Children supported by an: <ul style="list-style-type: none"> Early help plan Children in need plan Child protection plan Looked after children Children who are young carers
4 Adults out of work or at risk of financial exclusion or young people at risk of worklessness		<ul style="list-style-type: none"> Children eligible for free school meals Young people who are NEET Children affected by Income Deprivation Children in families in receipt of Child Tax Credit (<60% median income) or Income Support/Job Seekers Allowance
5 Families affected by domestic violence and abuse		<ul style="list-style-type: none"> Domestic violence incidents
6 Parents and children with a range of health problems	<ul style="list-style-type: none"> Childhood obesity (Craven Arms)* Children: <ul style="list-style-type: none"> On School Action (Mortimer Forest)* With a moderate learning difficulty (Mortimer Forest)* With speech, language and communication needs (Mortimer Forest)* With specific learning difficulties (Shropshire Hills)* 	<ul style="list-style-type: none"> Children who described their health as bad or very bad (Census 2011) Children with a long Term Health Problem or Disability Smoking in pregnancy (Bishop's Castle)* Breastfeeding initiation (Craven Arms, Pontesbury and Minsterley)* Breastfeeding 10-14 days (Bishop's Castle)* Breastfeeding 6-8 weeks (Bishop's Castle and Church Stretton)* Children: <ul style="list-style-type: none"> On School Action Plus (Shropshire Hills)* With no Special Educational Needs (Mortimer Forest)*

* Public Health data (not within the matrix)

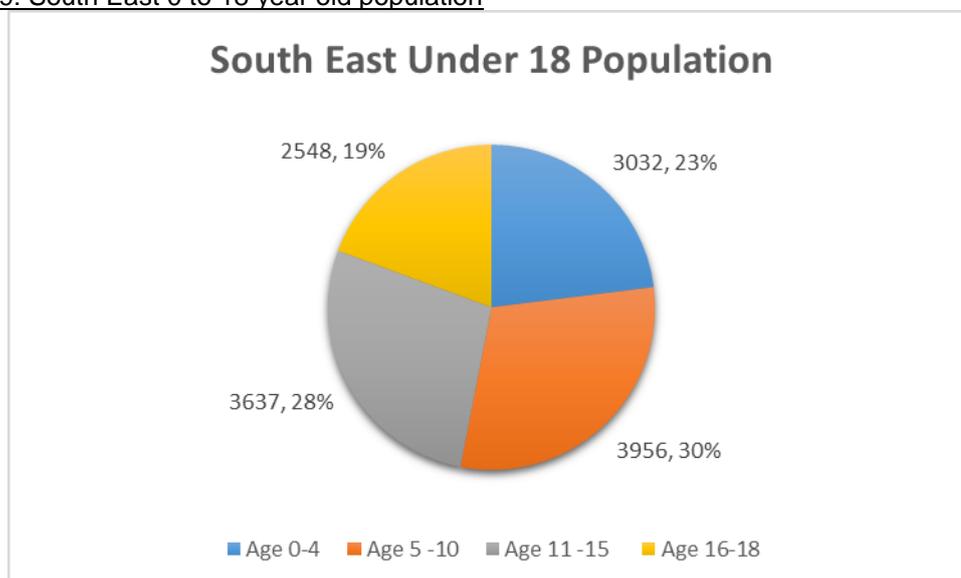
The above information shows that:

- Out of the families that have 2 or more of the Troubled Families problems, the most common combination of problems was not attending school and worklessness (31%). Three of the remainder of the top five were made up of a combination of children who need help and the other four problems. *Note that health data on an individual level was limited and therefore unlikely to be identified as a combination.*
- The South West area has a higher rate for just 2 of the matrix indicators and these were across two of the problems (crime and anti-social behaviour and children who need help).
- There were 6 health indicators which were significantly worse than the Shropshire average.
- The South West area has 19 indicators (across all of the problems) that are more than 10% lower than the Shropshire average, this included children who are supported by an Early Help plan and also 5 health indicators which were significantly lower than the Shropshire average.

South East

The chart below shows the proportion of 0 to 18 year olds in each age group within the area:

Chart 19: South East 0 to 18 year old population



The South East area has a slightly higher percentage of young people aged 16 to 18 (19% compared with 18% in Shropshire overall) and a slightly higher percentage of young people aged 11 to 15 (28% compared with 27%). It has a slightly lower percentage of children aged 0 to 4 (23% compared with 24% in Shropshire).

The South East area has 222 black and ethnic minority children living within the area (Census 2011) aged 0 to 15 (a rate of 27.0 which is below the Shropshire rate of 32.5).

The rate of children aged 0 to 15 affected by income deprivation in the South East area has a 20% lower rate than the Shropshire rate: 102.8 compared with 128.5 (*Income Deprivation Affecting Children (IMD 2015), Communities & Local Government, Mid Year Estimates 2013, Office for National Statistics*).

In this area **196** families had 2 or more of the Troubled Families problems which is **14%** of the Shropshire total. These families are spread across the area as follows: **29** in the Bridgnorth area, **22** in Cleobury Mortimer, **20** in Highley, **19** in Broseley, **15** in Albrighton, **15** in Shifnal and **9** in Alvely.

The table below shows the top 5 combinations of problems for these families:

Table 18: Top 5 combinations of problems in the South East

Rank	SF Area	Combination of Problems	Number	%
1	South East	2 Not attending school, 4 Worklessness	69	35%
2	South East	3 Children who need help, 4 Worklessness	25	13%
3	South East	2 Not attending school, 3 Children who need help	21	11%
4	South East	2 Not attending school, 3 Children who need help, 4 Worklessness	16	8%
5	South East	1 Crime and/or ASB, 4 Worklessness	7	4%

The table below shows the findings from the analysis the Early Help matrix data and Public Health report data (population level data):

Table 19: South East needs

Troubled Families Problem	Higher rates	Lower rates
1 Parents and/or children involved in crime and/or Anti-Social Behaviour		<ul style="list-style-type: none"> • Crime (under 18s and over 18s) • Anti-Social Behaviour (under 18s and over 18s)
2 Children who have not been attending school regularly		<ul style="list-style-type: none"> • Permanent exclusions • Fixed term exclusions • Children who are in alternative provision for social, emotional and behavioural difficulties
3 Children who need help	<ul style="list-style-type: none"> • Children not taking up 3/4 year old entitlement 	<ul style="list-style-type: none"> • Children not taking up 2 year old Early Years Entitlement • Children with an SEN code of Social, Emotional and Mental Health • Children supported by an Early Help plan • Children on a CIN plan • Children on a Child protection plan • Looked after children
4 Adults out of work or at risk of financial exclusion or young people at risk of worklessness		<ul style="list-style-type: none"> • Children eligible for free school meals • Young people who are NEET • Children affected by Income Deprivation • Children in families in receipt of Child Tax Credit (<60% median income) or Income Support/Job Seekers Allowance
5 Families affected by domestic violence and abuse		<ul style="list-style-type: none"> • Domestic violence incidents
6 Parents and children with a range of health problems	<ul style="list-style-type: none"> • Breastfeeding (Highley)* • Smoking in pregnancy (Highley)* • Children on School Action Plus (River Rea)* 	<ul style="list-style-type: none"> • Police mental health warning markers (over 18s) • Smoking in pregnancy (Albrighton and Bridgnorth)* • Breastfeeding initiation (Bridgnorth and Cleobury Mortimer)* • Breastfeeding 10-14 days and 6-8 weeks (Much Wenlock)* • Children on School Action (Severn Valley)* • Children with a statement of Special Educational Needs (Severn Valley and Pebble Brook)* • Children with speech, language and communication needs (Pebble Brook)*

* Public Health data (not within the matrix)

The above information shows that:

- Out of the families that have 2 or more of the Troubled Families problems, the most common combination of problems was not attending school and worklessness (31%). Three of the remainder of the top five were made up of a combination of children who need help and the other four problems. *Note*

that health data on an individual level was limited and therefore unlikely to be identified as a combination.

- The South East area has a higher rate for just 1 of the matrix indicators, which is within the problem of children who need help.
- There were 3 health indicators which were significantly worse than the Shropshire average.
- The South East area has 17 indicators (across three of the problems) that are more than 10% lower than the Shropshire average, this included children who are supported by an Early Help plan and also 7 health indicators which were significantly lower than the Shropshire average.

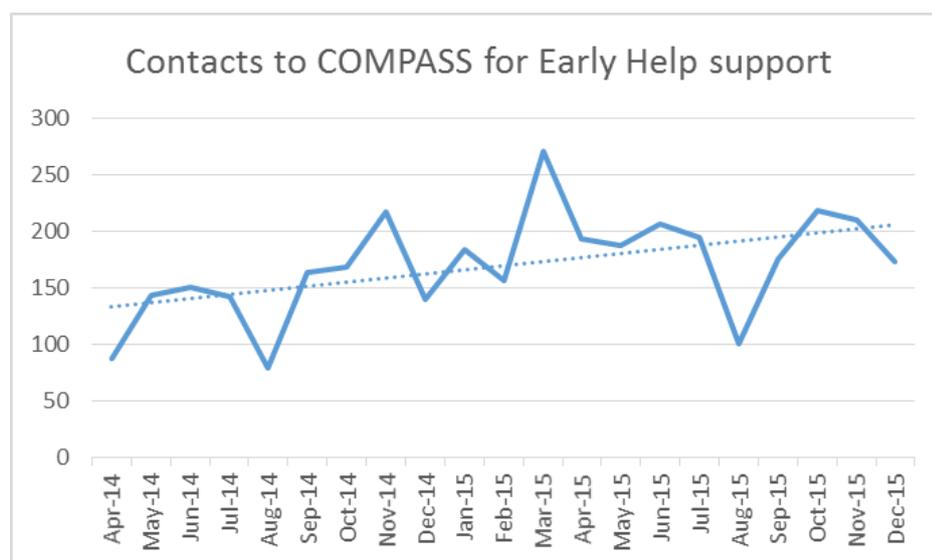
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6 Demand for Early Help

6.1 Contacts to Compass for Early Help support

The demand for Early Help support via Compass (Shropshire's Multi-Agency and Safeguarding Hub: a single point of referral for professionals and the public seeking advice or assistance with a concern for the welfare or protection of a child or young person) is increasing:

Chart 20: Contacts to Compass for Early Help support (by month)



There were 1292 contacts to Compass for Early Help support from April to December 2014 and 1660 contacts to Compass for Early Help support April to December 2015: an increase of 28%.

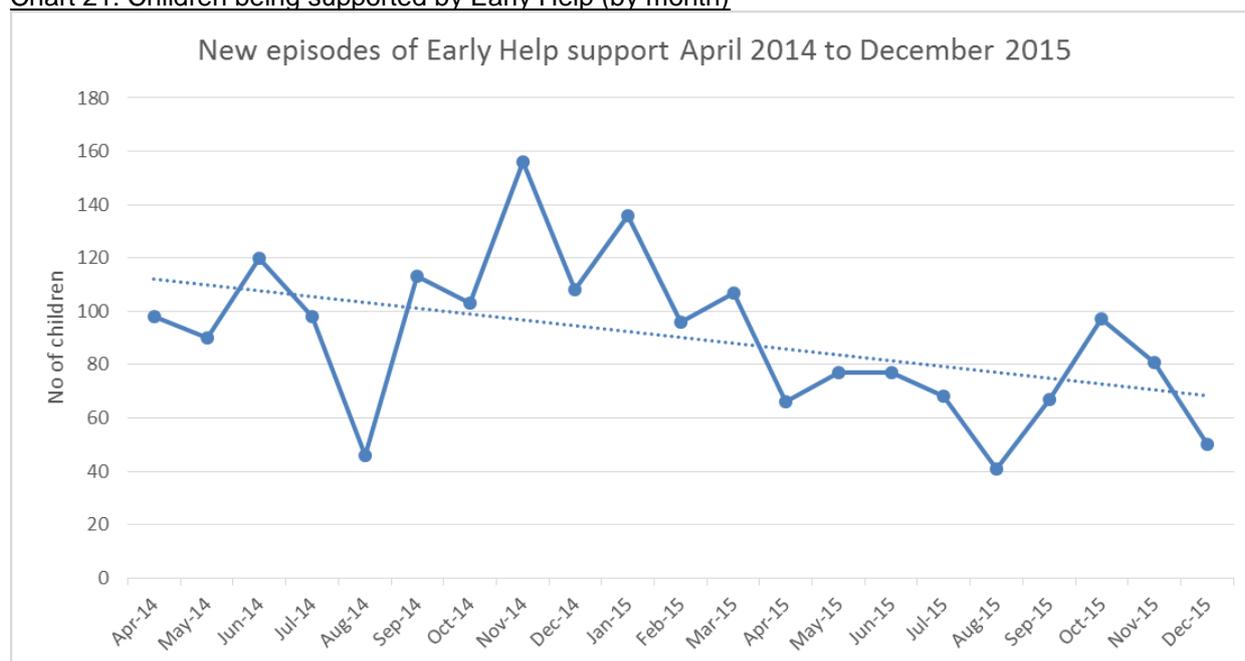
6.2 Early Help targeted support

In terms of children being supported by Early Help at a targeted level (supported by an Early Help plan of support), there were 1895 new cases recorded from April 2014 to December 2015¹.

The chart below shows the breakdown by month:

¹ Data extracted from CareFirst on 7th March 2016

Chart 21: Children being supported by Early Help (by month)



Please note due to the recording systems used, with all Early Help activity it is likely that there is activity which is not recorded on the system due to agencies not sending in their information for logging or not logging an Early Help classification on CareFirst when Early Help support commences.

On average there are 90 new episodes of Early Help support opening a month and 271 each quarter. The data shows a reducing amount of children being supported by Early Help, however it should be noted that there are some data inputting issues that have recently been identified which are likely to have had an impact on these figures.

A dip is seen during the longer school holidays (August and December) in both years.

6.3 Early Help targeted services activity

From April 2014 to December 2015 there were a total of 1797 referrals made to targeted Early Help services (via the Early Help referral process) recorded¹.

On average there were 238 referrals for a targeted Early Help service each quarter and 79 referrals each month.

Chart 22: Referrals to targeted Early Help services (by month)

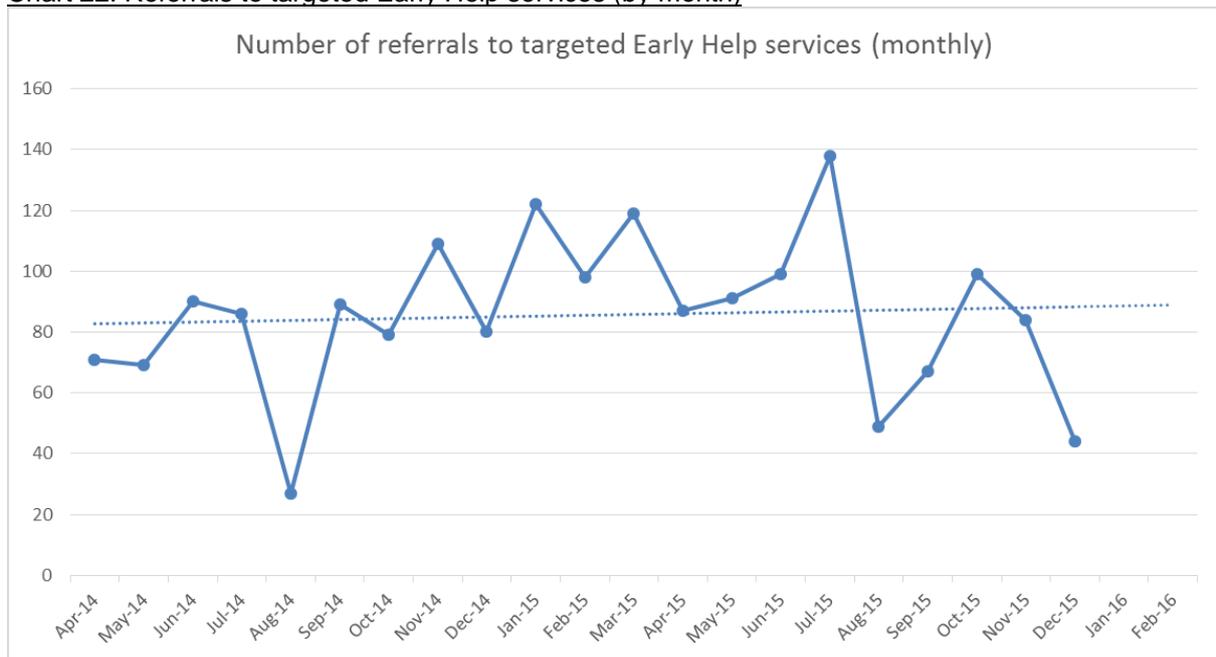
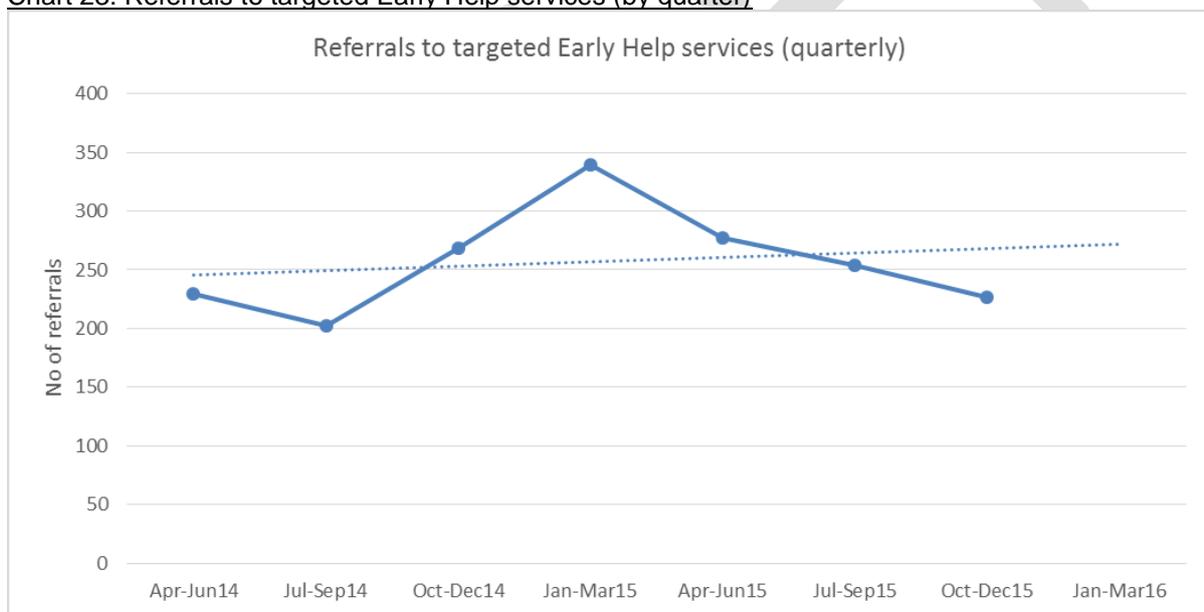


Chart 23: Referrals to targeted Early Help services (by quarter)



Referrals tend to be increase in July before the school holidays and decrease during the longer school holidays (August and December). Referral numbers increased from quarter 2 2014/2015 to quarter 4 2014/2015 (where there were 339 referrals during the quarter, the highest number recorded). Referral numbers have then decreased slightly since this peak. The data shows an increasing trend of Early Help referrals.

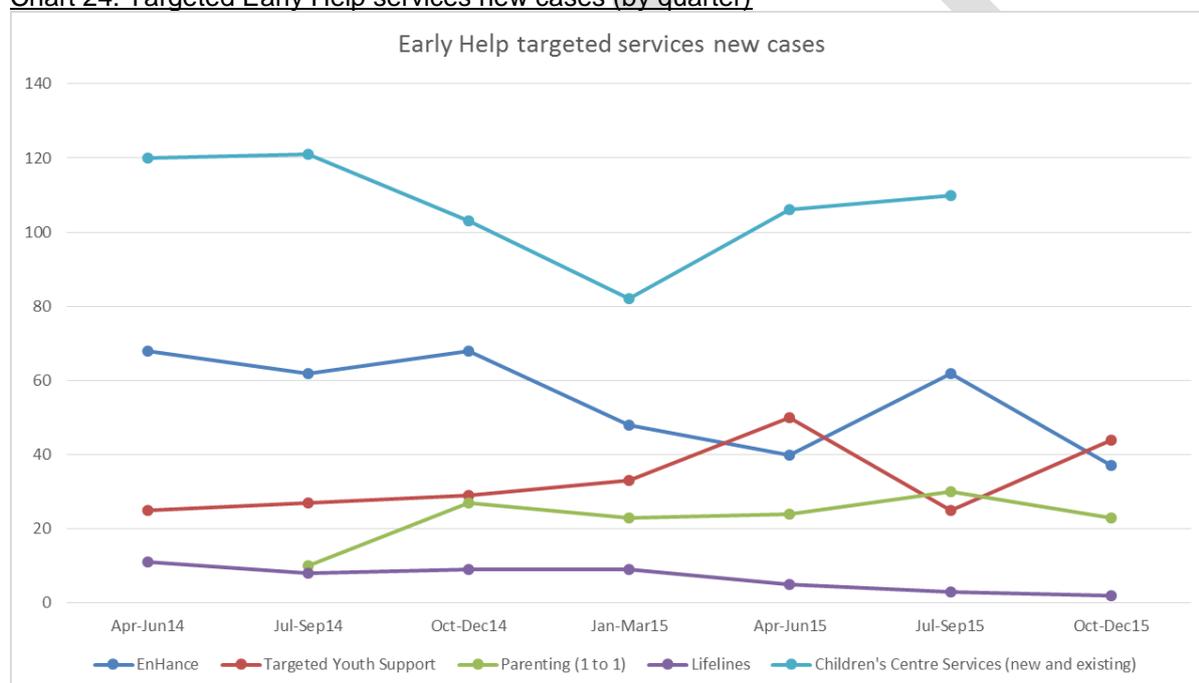
6.4 Early Help targeted services cases

Data regarding the numbers of cases being worked with by the following services (where available) has been reviewed to give a picture of current Early Help targeted services demand:

- Parenting (1 to 1 support)
- Targeted Youth Support
- EnHance
- Lifelines
- Children’s Centre Services

The chart below shows the number of new cases for each service by quarter from April 2014 to December 2015 (where data is available for the last quarter). Please note that the Children’s Centre Services data relates to new and existing cases as data around new cases only is not reportable.

Chart 24: Targeted Early Help services new cases (by quarter)



Overall, the number of new cases have decreased slightly for EnHance, Children’s Centre Services and Lifelines. The number of new parenting practitioner cases and Targeted Youth Support cases overall have increased slightly.

It is worth noting that the figures for Children’s Centres should be considered in conjunction with the change in the model of delivery where some targeted support is also provided within a group setting. This may have resulted in a reduction in the number of families receiving targeted 1:1 caseload support.

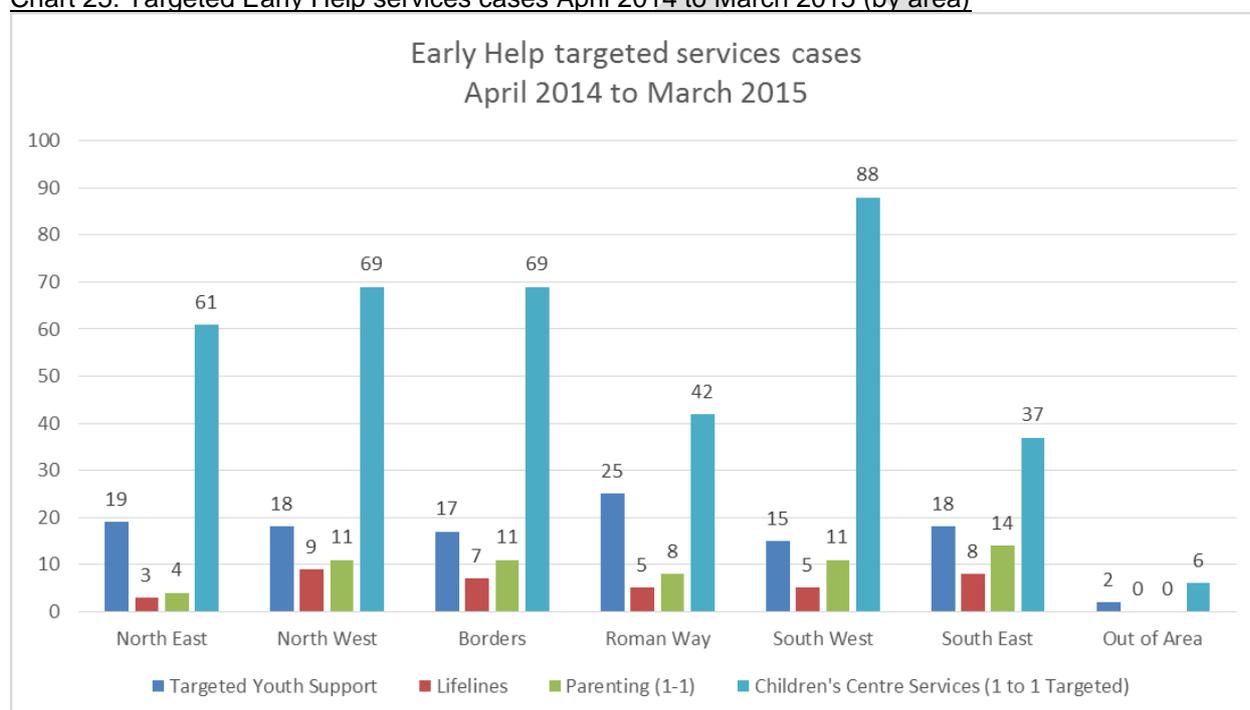
The table below shows the average number of new cases each quarter:

Table 20: Targeted Early Help services: average number of cases each quarter

Targeted Service	Average number of new cases each quarter
EnHance	55
Targeted Youth Support	33
Parenting (1 to 1)	23
Lifelines	7

The chart below shows the number of cases from April 2014 to March 2015 in each Strengthening Families area for Targeted Youth Support, Parenting (one to one support) Children’s Centre Services and Lifelines. Please note that the parenting team started in September 2014, therefore data is only from September 2014 to March 2015.

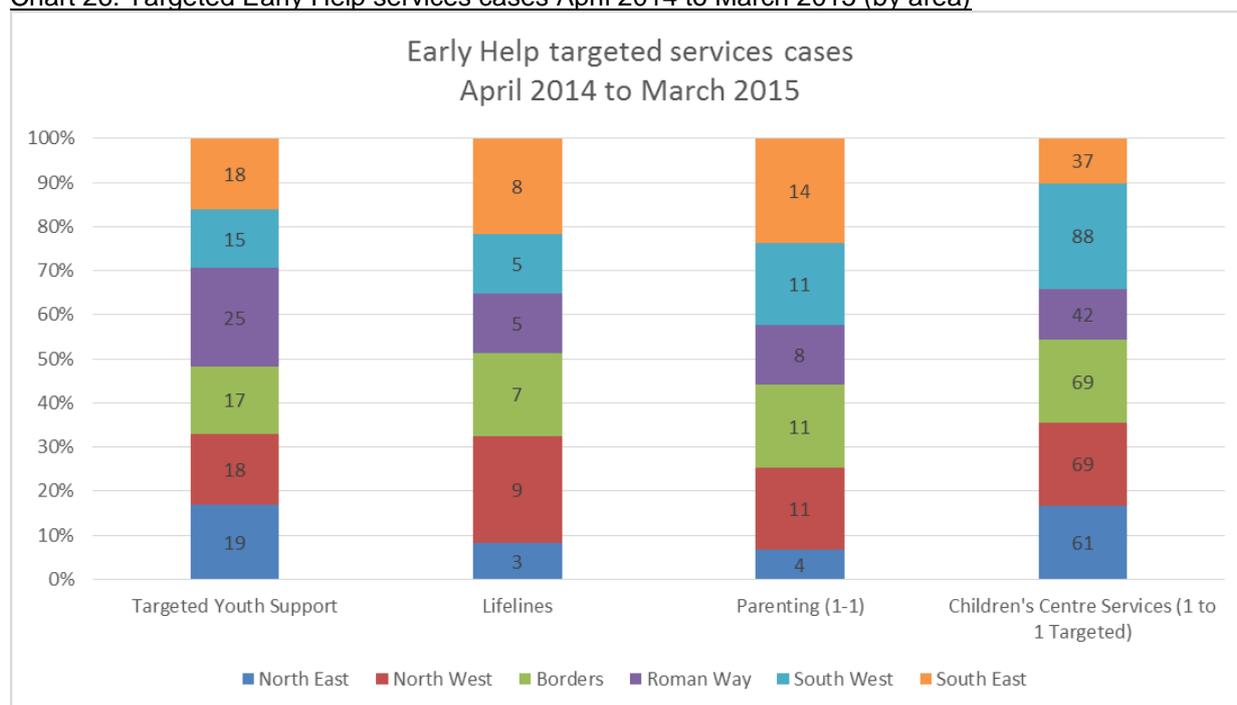
Chart 25: Targeted Early Help services cases April 2014 to March 2015 (by area)



Please note that the Children’s Centre Services data relates to new and existing cases as data around new cases only is not reportable.

The chart below shows the proportion of cases in each area:

Chart 26: Targeted Early Help services cases April 2014 to March 2015 (by area)



The largest proportion of Children’s Centre services cases (24%) were within the South West area, the cases are then fairly evenly spread across Borders (19%), North West (19%) and North East (17%), with the smallest proportion of cases being in the South East area (10%).

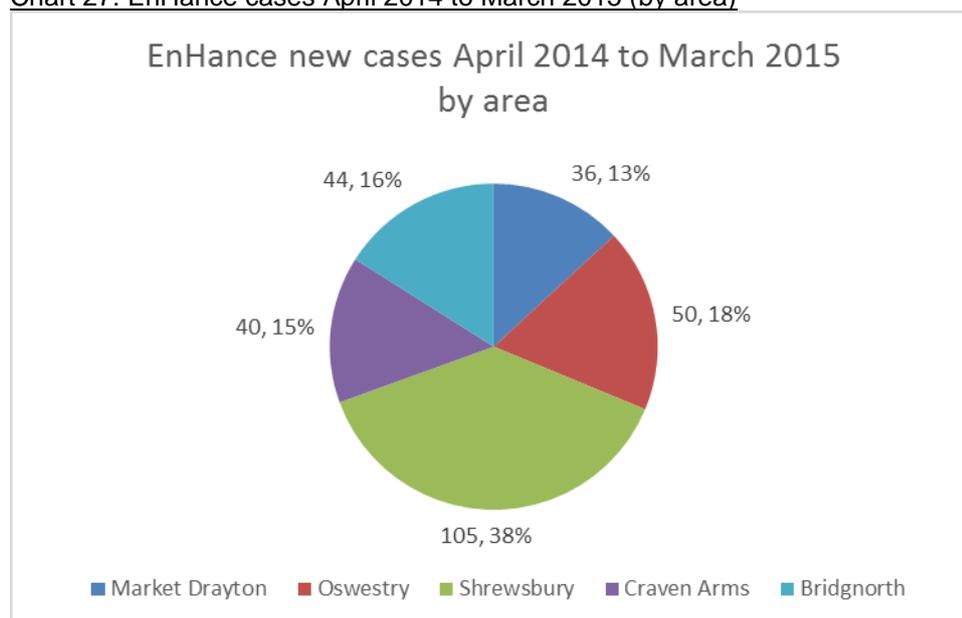
The largest proportion of Parenting cases (24%) were within the South East area, the cases are then fairly evenly spread across Borders (19%), South West (19%).and North West (18%), with the smallest proportion of cases being in the North East (7%).

The largest proportion of Lifelines cases were within the North West area (24%) and the South East area (22%). The lowest proportion of cases was in the North East area (8%).

The largest proportion of Targeted Youth Support cases were within the Roman Way area (22%), the cases are then fairly evenly spread across North East (17%), North West (16%), South East (16%) and Borders (15%), with the smallest proportion of cases being in the South West area (14%).

Data from EnHance broken down by Strengthening Families area was not available, however the following chart gives a breakdown of their new cases by the Multi-Agency Team Areas:

Chart 27: EnHance cases April 2014 to March 2015 (by area)



The largest proportion of EnHance cases were within the Shrewsbury area (38%) the cases are then fairly evenly spread across the rest of the areas, with the smallest proportion of cases being in the Market Drayton area (13%).

7 Early Help service user feedback: April 2015 to September 2015

Service user feedback for Early Help targeted services is gathered independently by Shropshire Providers Consortium (SPC) by a telephone survey after a case has closed. SPC conduct a survey and report for EnHance separately.

The following reflects service user feedback for the following services for the period April 2015 to September 2015:

- Targeted Youth Support
- Lifelines
- Children's Centres Services
- Parenting Team (1 to 1 support)

61 service users were contacted to give feedback in this time period and of these there were 27 responses (a 44% response rate).

Overall the feedback is positive:

- A total of 89% had positive response to accessibility to early help (59% felt early help was easy to access and 30% felt it was ok).
- 78% felt early help was offered in a reasonable time
- All felt their views were listened to (4% sometimes and 96% all the time)
- 92% felt issues were at least partially resolved (18% fully and 74% partially)
- 89% rated themselves as being more confident following Early Help interventions
- 48% felt they had developed new coping strategies and 48% felt they may have.

7.1 Enhance service user feedback: April 2015 to September 2015

45 service users (parent/carers) were contacted to give feedback in this time period and of these there were 30 responses (a 67% response rate).

Overall the feedback is positive:

- 77% **strongly** agreed that their child had been helped as a result of the support they have received
- 47% **strongly** agreed their child's behaviour had improved following EnHance's support
- 73% **strongly** agreed that the support they received from EnHance had had the impact they wanted
- 50% **strongly** agreed that they felt more confident as a parent/carer as a result of the support received
- 50% **strongly** agreed that they felt more positive with life changes and challenges following the support
- 50% **strongly** agreed that overall they had a good experience of the support their child received

Enhance service users (parent/carers) were asked, 'If you could wave a magic wand, what would you add or change about the service?'

- 9 respondents said nothing at all
- 7 respondents said that it needed to be longer:
"It was good. However, my son took ages to bond and build up trust but the closure came too early so just as he was opening up it was time to close! I wouldn't have minded bi-weekly or even monthly visits, I think there needs to be more flexibility around the bonding stage."
- 2 respondents said it needed to be advertised more widely
- 2 respondents said their child did not want to engage but the service was good
- 1 respondent said the wait to get the support was too long

- 1 respondent said that there should be more staff to tackle the workloads and waiting times
- 1 respondent said that group work could be useful for children in similar situations
- 1 respondent said that follow ups would be good to see how things are going

Children/young people are given user-friendly pre-paid postcards at the close of every EnHance case by all key workers to service users. This survey can also be accessed on-line. 21 were completed from April to September 2015 and feedback was:

- 76% said that their life **definitely** felt better after the support
- 24% said **yes**, their life felt better after the support

8 Conclusions

- The analysis of the top five combination of problems for families within Shropshire that have two or more of the Troubled Families problems shows that the most common combination of problems overall and in each locality area is:
 - Children not attending school and adults out of work or at risk of financial exclusion and young people at risk of Worklessness (27% of the total families).
- The maps produced show that the majority of the families with two or more problems are found within the urban areas of the locality areas.
- Consideration of the data and information aligned to the six Strengthening Families problems show that there are consistent themes across Shropshire, in particular:
 - Children have not been attending school
 - Children who need help
 - Adults out of work or at risk of financial exclusion and young people at risk of worklessness
- While there are consistent themes of need across the county, variation exists between specific localities.
 - The North of Shropshire appears to show higher rates of need than the South for many indicators.
 - The Borders area shows the highest level of need across almost all the elements of each of the problems.
 - The North East area shows higher needs across elements of each of the six problems.
 - The North West area shows higher needs across elements of three of the six problems (children who have not been attending school regularly, children who need help and health).

- The South West area has high needs across elements of three of the problems (crime and anti-social behaviour, children who need help and health).
 - The South East area has a high need for elements across just two of the problems (children who need help and health).
 - The Roman Way area has higher needs within the problem of crime and anti-social behaviour only.
- Whilst there are locality areas with higher needs across the problems, within each of the problems there may be higher or lower need depending on the element of the problem (e.g. for children who need help in the North West there is a higher rate for children on a child protection plan, but children with an SEN code of social, emotional and mental health is a lower rate).
 - Even within areas of lower need, there still exist clusters of need and families that meet the Strengthening Families criteria.
 - The needs assessment data is showing that the level of need across the six Strengthening Families problems varies depending on the locality area and that each locality has differing needs. Therefore the commissioning of Early Help should take this into account.
 - It is worth noting that the needs assessment does have some gaps in data (particularly relating to health in terms of the matched data) and these should be taken into account.
 - This data analysis indicates that there is clearly a place for mainstream early help targeted provision that can meet increasing demand. However, this should exist alongside the flexibility to provide more bespoke interventions where these are needed. This could either be through commissioned provision, or an enhanced relationship and framework of commissioning with a range of providers including schools and the voluntary sector in Shropshire.

9 References

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10 Appendices

Appendix A - Strengthening Families Problems by locality (*Note that these maps are to support the needs assessment only and are not for wider circulation*)

Appendix B – Early Help Needs Data Matrix v1.3