



**TRAFFORD  
COUNCIL**

**UPDATED AGENDA INCLUDING PAPERS MARKED  
AS 'TO FOLLOW' FOR  
CHILDREN AND YOUNG PEOPLE'S SCRUTINY COMMITTEE**

**Date: Tuesday, 25 July 2023**

**Time: 6.30 p.m.**

**Place: Committee Rooms 2&3, Trafford Town Hall, Talbot Road, Stretford,  
M32 0TH**

<b>A G E N D A</b>	<b>PART I</b>	<b>Pages</b>
1. <b>ATTENDANCES</b>		
To note attendances, including officers, and any apologies for absence.		
2. <b>MEMBERSHIP OF THE COMMITTEE 2023/24</b>		1 - 2
To note the Membership of the Committee including the appointment of Chair and Vice Chair for the 2023/24 Municipal Year.		
3. <b>COMMITTEE TERMS OF REFERENCE 2023-24</b>		3 - 6
To note the Terms of Reference of the Committee for the 2023/24 Municipal Year.		
4. <b>DECLARATIONS OF INTEREST</b>		
Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.		
5. <b>MINUTES</b>		7 - 16
To receive and, if so determined, to approve as a correct record the Minutes of the meeting held on 7 March 2023.		

**6. QUESTIONS FROM THE PUBLIC**

A maximum of 15 minutes will be allocated to public questions submitted in writing to Democratic Services (democratic.services@trafford.gov.uk) by 4 p.m. on the working day prior to the meeting. Questions must be relevant to items appearing on the agenda and will be submitted in the order in which they were received.

**7. SEND UPDATE AND EDUCATION, HEALTH AND CARE PLAN QUALITY ASSURANCE AND TIMELINESS 17 - 32**

To consider a report from the Corporate Director of Children's Services.

**8. CHILDREN'S SOCIAL CARE UPDATE 33 - 40**

To consider a report from the Corporate Director of Children's Services.

**9. TASK AND FINISH GROUP REPORT - CHILDREN AND YOUNG PEOPLE'S ACCESS TO MENTAL HEALTH SERVICES 41 - 100**

To consider a report from the Children and Young People's Access to Mental Health Services Task and Finish Group.

**10. DRAFT CHILDREN AND YOUNG PEOPLE'S SCRUTINY COMMITTEE WORK PROGRAMME 101 - 106**

For Members to consider the draft work programme and suggest any items they would like the Committee to scrutinise.

**11. URGENT BUSINESS (IF ANY)**

Any other item or items which by reason of:-

(a) Regulation 11 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, the Chairman of the meeting, with the agreement of the relevant Overview and Scrutiny Committee Chairman, is of the opinion should be considered at this meeting as a matter of urgency as it relates to a key decision; or

(b) special circumstances (to be specified) the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

**SARA TODD**

Chief Executive

Membership of the Committee

## Children and Young People's Scrutiny Committee - Tuesday, 25 July 2023

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Councillors D. Western (Chair), R. Duncan (Vice-Chair), J. Bennett, Z.C. Deakin, S. G. Ennis, S. J. Haughey, E.L. Hirst, E.R. Parker, R. Paul, S. Procter, O. Sutton, D. Acton (ex-Officio) and D. Butt (ex-Officio).

### Further Information

For help, advice and information about this meeting please contact:

Alexander Murray,  
Tel: 0161 912 4250  
Email: [alexander.murray@trafford.gov.uk](mailto:alexander.murray@trafford.gov.uk)

This agenda was issued on **Monday 17<sup>th</sup> July 2023** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH.

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**TRAFFORD COUNCIL**

**MEMBERSHIP OF COMMITTEES 2023/24**

**Notes on Membership:**

(1) The Children and Young Peoples Scrutiny Committee shall have a membership of 11, or, where this does not achieve the political balance required under the Local Government and Housing Act 1989, whatever figure is necessary to reflect the proportional representation of political groups.

(2) The Scrutiny Committee shall be chaired by a Councillor who is a member of the largest political group on the Council. The person appointed as Vice-Chair shall not be a member of the same political group as the person appointed as Chair.

(3) The Children and Young Peoples Scrutiny Committee shall appoint co-opted Members when that committee considers education matters.

(4) The Chairs of both the Scrutiny Committee and the Health Scrutiny Committee shall be appointed as ex-officio Members of the Children and Young People’s Scrutiny Committee.

<b>COMMITTEE</b>		<b>NO. OF MEMBERS</b>	
CHILDREN AND YOUNG PEOPLE’S SCRUTINY COMMITTEE		11	
		(plus the Chair of Scrutiny Committee and the Chair of Health Scrutiny Committee as ex-officio Non-Voting Members)	
		+ 5 CO-OPTED MEMBERS + 3 NON-VOTING MEMBERS (when considering Education matters)	
<b>LABOUR GROUP</b>	<b>CONSERVATIVE GROUP</b>	<b>LIBERAL DEMOCRATS GROUP</b>	<b>GREEN PARTY GROUP</b>
Councillors:	Councillors:	Councillors:	Councillors:
Joanne Bennett Zak Deakin Sarah Haughey Emma Hirst Eve Parker Shirley Procter Denise Western <b>CH</b>	Rob Duncan <b>V-CH</b> Rupali Paul	Shaun Ennis	Owain Sutton
<b>TOTAL</b>	<b>7</b>	<b>2</b>	<b>1</b>
		<b>1</b>	<b>1</b>

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**CHILDREN AND YOUNG PEOPLES SCRUNTINY COMMITTEE CO-OPTED MEMBERS FOR EDUCATION MATTERS**

Church of England (*VOTING MEMBER*): ***Vacancy***

Roman Catholic (*VOTING MEMBER*): ***Vacancy***

Parent-Governor Representatives

Primary (*VOTING MEMBER*): ***Vacancy***

Secondary (*VOTING MEMBER*): ***Vacancy***

Special (*VOTING MEMBER*): ***Vacancy***

Teacher Representatives

(*NON-VOTING MEMBER*): *Vacancy*

(*NON-VOTING MEMBER*): *Vacancy*

(*NON-VOTING MEMBER*): *Vacancy*

## **CHILDREN AND YOUNG PEOPLE'S SCRUTINY COMMITTEE**

### **Terms of Reference**

1. The Committee will be responsible for the review and scrutiny of decisions made or actions taken in connection with the provision, planning and management of education in the borough of Trafford and, in particular, all of the functions of the Council as an education authority under the Education Acts, School Standards and Framework Act 1998 and all other relevant legislation in force from time to time. Co-opted Members will be appointed to discuss education matters and will attend the Scrutiny Committee when they consider education matters.
2. To review and scrutinise decisions made or actions taken in connection with:
  - (a) the provision, planning and management of children's and young people's services and community lifelong learning in the borough of Trafford;
  - (b) all functions of the council insofar as they relate to the provision of opportunities for education, training and learning outside the school environment, including pre-school, adult and community learning.
3. The development of the council's LEA Strategic Plan (incorporating the Education Development Plan) and the Early Years Development Plan.

### **General Role**

4. Subject to statutory provision, to review and scrutinise decisions made or actions taken in connection with the discharge by the Council of its functions and by relevant partner authorities.
5. In relation to the above functions:
  - (a) to make reports and/or recommendations to the full Council, Executive of the Council, any joint committee or any relevant partner authority as appropriate.
  - (b) to consider any matter affecting the area or its inhabitants.
6. To put in place and maintain a system to ensure that referrals from the Children and Young People's Scrutiny Committee to the Executive, either by way of report or for reconsideration, are managed efficiently and do not exceed the limits set out in the Constitution.
7. At the request of the Executive, to make decisions about the priority of referrals made in the event of reports to the Executive exceeding limits in the Constitution, or if the volume of such reports creates difficulty for the management of executive business or jeopardises the efficient running of Council business.

8. To report annually to full Council on its workings, set out their plans for future work programmes and amended working methods if appropriate.

### **Specific functions**

9. Identify the Committee's strategic priorities and determine the Overview and Scrutiny work programme to facilitate constructive evidence based critical-friend challenge to policy makers and service providers within the resources available.
10. Assist and advise the Council in the continued development of the Overview and Scrutiny function within Trafford.
11. Receive, consider and action as appropriate requests:
  - (a) from the Executive in relation to particular issues; and
  - (b) on any matters properly referred to the Committee.
12. Identify areas requiring in-depth review and allocate these to an appropriate Topic Group. The Committee in consultation with the leader of the relevant Topic Group will set the terms of reference, scope and time frame for the review by the Topic Group.
13. In relation to the terms of reference of the Committee it may:
  - (a) assist the Council and the Executive in the development of its budget and policy framework by in-depth analysis of policy issues;
  - (b) review and scrutinise the decisions made by and performance of the Executive and/or committees and Council officers both in relation to individual decisions and over time;
  - (c) review and scrutinise the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas;
  - (d) review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the overview and scrutiny committee and local people about their activities and performance;
  - (e) conduct research, community and other consultation as it deems appropriate in the analysis of policy issues and possible options;
  - (f) question and gather evidence from any other person with their consent.
  - (g) consider and implement mechanisms to encourage and enhance community participation in the development of policy options;
  - (h) question members of the Executive and/or committees, senior officers of the Council and representatives of relevant partner authorities on relevant



issues and proposals affecting the area and about decisions and performance;

- (i) liaise with other external organisations operating in the area, whether national, regional or local, to ensure that the interests of local people are enhanced by collaborative working; and
- (j) undertake any other activity that assists the Committee in carrying out its functions.

### **Delegation**

The Children and Young People's Scrutiny Committee shall have all delegated power to exercise the power and duties assigned to them in their terms of reference.

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## **CHILDREN AND YOUNG PEOPLE'S SCRUTINY COMMITTEE**

**7 MARCH 2023**

### **PRESENT**

Councillor D. Western (in the Chair).

Councillors Miss L. Blackburn (Vice-Chair), S. Procter, M.J. Welton, A.M. Whyte and S. Zhi.

#### In attendance

Councillor Hynes	Executive Member for Children's Services
Councillor New	Lead Member for Education
Jill McGregor	Corporate Director of Children's Services
Pamela Wharton	Director of Early Help and Children's Social Care
Karen Samples	Director Education Standards, Quality, and Performance
Glen Perryman	Head of Service for Provider Services
Michelle	Trafford College
Sharon	Trafford College
Anne Fernandes	Student from Trafford College
Marry Anne O'Reilly	Student from Trafford College
Shami Ali Khan	Student from Trafford College
Ravi	Student from Trafford College
Sam	Student from Trafford College
Laura	Student from Trafford College
Toby	Student from Trafford College
Alexander Murray	Governance Officer

### **APOLOGIES**

Apologies for absence were received from Councillors J. Bennett, R. Duncan, F. Hornby, S. Maitland, G. Whitham, D. Acton and M.P. Whetton

#### **1. DECLARATIONS OF INTEREST**

No declarations were made.

#### **2. MINUTES**

RESOLVED: That the minutes of the meeting held 24 January 2023 be agreed as an accurate record and signed by the Chair.

#### **3. QUESTIONS FROM THE PUBLIC**

No questions were received.

#### **4. PRESENTATIONS BY STUDENTS FROM TRAFFORD COLLEGE**

Anne Fernandes addressed the Committee and told them that the young people attending the meeting wanted to talk about the mind the skills gap campaign. Anne explained that the campaign looked to raise funds for colleges to provide high

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quality education to enable people to enter further education or to upskill to be able to enter the workforce. The aim was to develop a strategy which would result in fair and effective funding for courses in colleges across the country so people could access the education they needed. Anne stressed that under funding in post 16 education meant that there would be a lack of skills within the country to be able to do the jobs employers required of them.

Marry Anne O'Reilly provided the Committee with statistics on the number of students accessing college education and informed the Committee that the recent increase in enrolment had not been met with additional funding for colleges. Marry Anne asked the Committee to join the campaign for parity of esteem for colleges so that they aligned with Schools and Universities. Mary Anne spoke to the Committee about the value of a college education and how it allowed people to make mistakes and still be successful. Marry Anne informed the Committee of her own experience and how college education had helped her to find what she wanted to do.

Shami Ali Khan spoke to the Committee about the courses offered at Trafford college and how they could be utilised to help meet the skills gaps in the work force with social work qualifications being just one example. Shami informed the Committee how colleges focused upon the local community and helped young people gain the business and social skills needed for work. Shami told the Committee about the impacts of COVID and Brexit on the economy and how those events had changed the jobs that were available and needed within the economy. Shami spoke about how she was studying health but had also developed a wider set of skills around communication, teamwork, and project management through her studies.

[NOTE: Councillor Welton joined the meeting 18:45]

Ravi and Sam worked together to deliver their update to the Committee on social mobility. Ravi introduced the topic by speaking about social mobility and how young people gaining life skills helped them earn more and gain higher social status.

Sam added that studies had shown qualifications at level 2 gave people the chance to earn more money and the additional level of income increased further as a person went up to level 3. Sam then informed the Committee of what he had gained from completing a series of level two courses.

Ravi took over from Sam to speak about the advantages that further education gave to young people and how those from deprived areas who gained qualifications had the same skills as more advantaged young people. Sam concluded their section by speaking about the reduction in college opportunities and how it was a disadvantage to young people and the community.

Laura spoke to the Committee about the wider benefits of further education for individuals. Laura informed the Committee about her own experience and how studying at Trafford College had helped her develop as a person and build confidence which had led to her becoming a student leader within the college.

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Laura told the Committee about the other opportunities she had been able to take part in at as a student at Trafford College which included joining the debate club, football team, and other clubs. Laura shared with the Committee how taking part in those activities had helped her to develop personally as well as academically.

Toby told the Committee that she was aiming to be a barrister and how Trafford College was a steppingstone for her to move onto university. Being on the debate team had heled her to develop many skills which were important aspects of being a barrister such as thinking logically and quickly on her feet, speaking in public, and organising events across multiple sites. Toby spoke about the work she had undertaken as a student ambassador in support of the LGBTQ community and other causes. Toby finished by telling the Committee about how she felt all the experiences she had gained at Trafford College would help her to become the best Barrister the area had ever seen.

[NOTE: Councillor Zhi joined the meeting at 19:01]

Following the young people's presentations Councillor Hynes stated that each of the young people could give each Councillor a run for their money. Councillor Hynes noted the point of the presentations about how further education was under funded and agreed that it was a concern. Councillor Hynes asked the young people if they had any ideas of how the Councillors could help convince people that the underfunding of further education was an issue that needed to be addressed. Sam responded to Councillor Hynes and shared his view that by sharing the statistics around what people with level 2 and level 3 qualifications were able to achieve compared to those who did not have those qualifications in terms of employability, increased earning power, and job creation.

Councillor New was blown away by what the young people had presented and their aspirations. Councillor New spoke about the issues she saw among young people within the area and asked what could be done to help motivate those young people to push forward and strive for additional qualifications. Anne Mary stated that young people should be told that it is alright to make mistakes and that there is more than one route to achieve what they want to do.

Sam added that having young people who had been through similar experiences would be helpful as they would be able to understand and inspire young people to continue. Sam pointed out that this could be done through community programmes and by using 1:2:1 mentoring.

Councillor Welton thanked the young people for their presentations and asked whether the cost of living was impacting what the young people chose to study or where they chose to live. Ravi responded that the cost-of-living crisis had made her look at the education that would lead to the most money rather than following her interests. Ravi informed the Committee that she had personally switched from archaeology to law because of financial considerations. Sam spoke about his experience of not knowing what to do and told the Committee that it was a conversation he had with a teacher that had inspired him to take on the courses and be part of the groups that he had rather than thoughts about money.

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The Vice Chair thanked the young people and expressed how she was impressed by the number of young women among those attending and speaking about a subject that they were clearly passionate about. The Vice Chair encouraged them all to continue to be positive and to keep pushing themselves forward while supporting those around them. The Vice Chair hoped that they all went on to achieve what they wanted to and added that they should ensure that they enjoyed themselves and what they were doing.

Councillor Procter stated that she hoped to see at least one of the young people becoming councillors as young people like them were needed to share their lives and experiences to shape the political landscape. Councillor Procter discussed the career path that her husband had gone through, which was not a standard path and that they would probably find that their paths would likely not follow the route they expected them to, but that she was sure they would all be successful in whatever they did.

The Chair spoke about how four of her children had all attended Trafford College and had all enjoyed their time there. The Chair was pleased to see that all the young people in attendance appeared to be enjoying their time at Trafford College and were so passionate about what they were doing. The Chair stated that the young people would have multiple options in front of them and that she was certain that they were all confident enough to take the opportunities when they were presented with them.

The Chair thanked the young people, Michelle, and her colleague Sharon who had arranged for the young people to attend the meeting.

**RESOLVED:**

- 1) That the Young People, Michelle, and Sharon be thanked for attending the meeting.
- 2) That the updates from the young people be noted.

## **5. NEW ARRIVALS IN TRAFFORD**

The Chair opened the item by noting how late the reports had been submitted for the meeting.

Councillor Procter added that she had not received the reports until the night before the meeting and that she would rather end the meeting and roll it over to a later meeting.

The Committee discussed the proposal to adjourn and meet at a later date or whether to continue with the meeting. The Chair noted the problems people raised and put the proposal to adjourn the meeting to a vote. Three Members voted to continue the meeting and two voted to adjourn so the meeting continued.

[Note Councillor Procter left the meeting at 19:38]

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The Director of Early Help and Children's Social Care then introduced the item and went through the slides that had been circulate with the agenda. The Committee were informed that there was an amount of information on the national picture which had been added for context and would be skipped over in the meeting so they could focus upon the local picture. The Committee's attention was then drawn to the numbers of people who had come into the borough and the Director of Early Help and Children's Social Care explained that there were several young people who had come in unaccompanied. There were fifteen 18 – 25year olds who had entered the care system as unaccompanied young people who were continuing to receive support from the Council. The Director of Early Help and Children's Social Care then described the situation with Ukrainian refugees who had come into the area for the Committee.

The Director Education Standards, Quality, and Performance covered the education side of Trafford's approach towards new arrivals into the area. The Fair Access protocol was used to help young people who were new to the area to find schools and places for education. The Committee were informed of the work carried out by schools and the admissions team which ensured that no young people had a long gap in their education. When working with these young people additional support was provided to help their families to access other necessities. All of the work detailed to the Committee was delivered at pace and was a collaborative piece of work between the school admissions team, the Family information service, and Trafford Schools.

The Director of Early Help and Children's Social Care asked the Committee to note the information on slide 10 of the presentation on feedback received from the families.

The Director of Early Help and Children's Social Care then moved on to the section of the presentation which covered Safeguarding. The Committee were told that five children from Ukraine had arrived unaccompanied and the Council had been advised to treat them as privately fostered children. The Council had arranged for additional visits to those young people to ensure they were settling in. The Director of Early Help and Children's Social Care asked the Committee to note how the Britannia Hotel had been used. When arrangements for using the hotel had originally been made the Council had thought that it would be young men who would be staying in the hotel but that had proven to not be the case. Trafford had received a number of families instead which culminated in 118 people staying at the hotel with 59 of that number being children.

The Director of Early Help and Children's Social Care concluded the presentation by informing the committee of the cross department approach the council was taking and how it involved staff from children's services, housing, and regulatory services. While there had been some issues the Trafford community had been widely welcoming of the families who had come into the area and the service were committed to working in partnership to ensure those families had the right support.

Councillor Zhi asked about safeguarding concerns that had been raised around the different cultural norms with families from Hong Kong. The Director of Early Help and Children's Social Care responded to Councillor Zhi and informed the

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Committee that referrals had been received regarding physical chastisement of children and there had also been some instances of children being left home alone for an extended period of time. The Director of Early Help and Children's Social Care added that it was not solely families from Hong Kong and there were many new arrivals who needed to receive communications around the statutory requirements that services had to work to in the UK.

Councillor Zhi asked what language and cultural support the council provided to families for whom English was their second language. In response to Councillor Zhi the Director of Early Help and Children's Social Care informed the Committee that the council always provided an interpreter when they attended visits.

The Vice Chair asked a question related to slide 4 of the presentation about the checks of young people being under 18. The Director of Early Help and Children's Social Care responded to the Vice Chair by explaining that the age assessment checks were done when someone presented as being over 18 but insisted that they were under 18. The Director of Early Help and Children's Social Care detailed the approach that the Council took to determine the persons age and assured the Committee that the Council treated them as young people until they received evidence to the contrary. The Corporate Director of Children's Services added that it was a very thorough process that was particularly challenging when a person has been through traumatic experiences and was unsure of their own age.

The Vice Chair asked about the Afghan arrivals and whether any of those families had gone on to live independently. The Director of Early Help and Children's Social Care responded that she did not have the figures to hand but the service had received feedback from several of those families saying that they had received excellent support. The Director of Early Help and Children's Social Care was aware that some of the families had found their own private accommodation but could not give definitive numbers.

The Vice Chair asked whether children from Ukraine and Hong Kong who lived further than walking distance from the schools where they had been placed received support from the Council to attend school. The Director Education Standards, Quality, and Performance responded that Broadoak had arranged its own transport for children staying at the Britannia Hotel. For the Ashley Hotel the council had managed to find additional funds to provide a solution for young people. The Vice Chair asked how the Council were ensuring the young people were being taken care of. The Director Education Standards, Quality, and Performance stated that officers would be travelling with the children during their first week to ensure they knew where they were going and it was hoped that they would be able to reduce that support from the second week onwards, as the young people become more independent.

The Vice Chair asked whether any additional support would be provided to the schools to ensure that the young people were integrated successfully. In response The Director Education Standards, Quality, and Performance informed the Committee that the Council had met with the headteachers of the schools in advance of placing the children and had asked them what the best way was to move forward. The Council was passporting funding to the schools themselves so



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they could determine the best way to support those young people. The Corporate Director of Children and Young People's Services added that the Council were having conversations with Health Colleagues around support. The Director Education Standards, Quality, and Performance added that there would be focused school nurse support would be provided for the young people.

The Vice Chair asked whether Officers were aware of any additional support or activities were going to be provided over summer for those young people. The Director Education Standards, Quality, and Performance responded to the Vice Chair that the Council would use the funding that it had available during the summer holidays to support the most vulnerable young people working with sports partnerships and multi-agency services.

Councillor Welton spoke to the Committee about how one of the single mothers from Ukraine had stayed with him in November. During the time that they stayed with Councillor Welton a school place was found for the daughter very quickly and she attended that school for six months. Councillor Welton went on to describe how the Home Office had taken the mother and child into temporary accommodation in Carlisle, which lead to the child missing 5 weeks of school. The family were then moved to Northenden before being moved to the Ashley hotel, which was close enough to the school the child had originally attended to enable her to go back.

Councillor Welton read out a doctor's note in support of the family's asylum claim, which spoke of the moves and the impact they had upon the child. Councillor Welton noted the excellent work of Trafford Council in supporting the family and finding a school place and asked whether there was any asylum support that could be offered to the family. The Corporate Director of Children's Services responded to Councillor Welton that the service could provide advice and support for the family and could sign post them to lawyers who had expertise in dealing with asylum cases.

Councillor Welton spoke about the excellent service provided by the Altrincham Community Hub and asked whether they were receiving additional funding. The Corporate Director of Children's Services responded that additional funding had been provided in recognition of their excellent work and what they were needing to do.

Councillor Welton asked for the list of primary schools the children from the Britannia hotel were going to. Altrincham Church of England Primary School had taken the majority and Stamford Park Primary School provided some and were willing to take in any additional children placed at the hotel.

Councillor Zhi noted that on page 15 of the presentation it said schools were full and asked whether local children were still able to secure places. In response to Councillor Zhi the Director Education Standards, Quality, and Performance stated that the statutory duty was around year 7 and then there was an in-year duty where they would place young people using the fair access criteria. Fair access was used when a child had been through the full placement process but were unable to be placed and vulnerable children were given priority. The Director

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Education Standards, Quality, and Performance explained that some schools did refuse places to children and in those circumstances the Council did try to negotiate with academies.

The Executive Member for Children's Services concluded the discussion by stating that she felt Trafford's response had been fantastic and thanked all the officers, schools, communities, and councillors for the support they had provided.

RESOLVED: That the update be noted.

## **6. CHILDREN'S PLACEMENTS SAVING PROPOSALS**

The Director of Early Help and Children's Social Care introduced the presentation which covered the budget of the children's placements, the savings that had been achieved over previous years, and the challenges the service faced in delivering further savings. It was explained to the Committee that the budget for the year included a 12.5% increase for foster carers, which had been agreed by central government. The Committee's attention was then drawn to the over £1M in spend that occurred in P8 of 2022/23 due to new children coming into the system, which demonstrated the pressures within the system. The Committee were informed that there were twelve children with very complex needs which required high staffing levels and residential care provision. Out of those twelve children the Council were looking to step two down into foster care.

The Head of Service for Provider Services drew the Committees attention to slide 5 of the presentation which showed the breakdown of costs for some placements. The Head of Service for Provider Services described the different options of support that were available and the costs of using external services such as Independent Fostering Agencies (IFAs). The Committee were told that when there was no fostering support available that met the young person's needs, the Council had to move them into residential settings. The Council were currently supporting 19 children in external residential placements at a cost of around £3.6M per year. The Committee were asked to look at page 7 of the presentation which showed savings which could be realised by young people being able to step down into other services such as fostering.

The Head of Service for Provider Services informed the committee of the budget management controls which were in place with a high-cost placement clinic, external placement panel, and Budget Monitoring all focused on ensuring that Trafford achieved value for money while providing the right level of support. The Committee were then shown a graph which depicted that the number of children in care in Trafford reached its peak of 410 in December 2020 and had reduced since then to the point where the Council's current position of 345.

The Committee were informed that Trafford had a very high level of cared for young people placed with parents and the service had put a programme in place to address the issue. The programme had proven successful and reduced the percentage of children care for by parents to 14% from 20% which was still much higher than the national average (7%) and slightly higher than the regional average (12%).

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Slide 14 of the presentation gave an overview of the Trafford Demand Management Strategy which was aimed at ensuring that the right placement was in place at the right time to ensure young people received the correct support and prevented them stepping up into care or higher cost placements. The Head of Service for Provider Services informed the Committee that as part of this work the council was looking to predict demand for future years to enable them to plan resources effectively. The Head of Service for Provider Services had covered the 16 plus provision in detail the last time he came to the Committee, so he provided a brief overview stating that the service was focused upon ensuring that the right placements were in place for young people to move into when they turned 16.

The Head of Service for Provider Services concluded the presentation by speaking about Project skyline which aimed to provide greater sufficiency for all local authorities across GM and how the savings that had been made in previous years meant that any additional savings would be more difficult to achieve.

The Vice Chair asked what PNW what short for. The Head of Service for Provider Services answered that it was Placements Northwest.

The Vice Chair asked whether there would be a cut off when the Council would not have any more Special Guardianship Orders (SGOs) granted. The Head of Service for Provider Services responded to the Vice Chair that several young people had been identified as being eligible for SGO over the next 18 months. The Vice Chair asked what the relaunch of No Wrong Door would entail. In response to the Vice Chair the Head of Service for Provider Services explained that there were multiple posts required for the model that the Council were struggling to fill. When this was examined closely the Council had found that they were competing with several other Councils for people qualified for those positions. Of those positions one was still vacant and the Council was trying to appoint to that role. The Vice Chair asked whether the Council could train people up for those positions. The Corporate Director of Children's Services responded that the Council had looked to train someone, but they had decided to stay in their current role. The Corporate Director for Children's Services emphasised that the positions were highly specialised and there were a limited number of people who could be trained for those roles.

The Vice Chair note that an amount of funding had been agreed for the number of children currently in the system and asked for more detail around what would happen if more came into the system. In response the Corporate Director of Children's Services informed the Committee that the service had been provided additional funding within the Medium-Term Financial Plan in recognition of budgetary pressures being driven by the market. Work had been done to simplify the services budget so that it was more transparent and officers could see where the pressures were. The expensive placements arose when children came into the system and the Council did not have a suitable place available. Due to the increased complexity of cases this was occurring more often than it had previously.

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Councillor Welton stated that it was a very impressive report with a lot of detail and that the officers knew the brief and the service well. The Corporate Director for Children's Services thanked Councillor Welton for recognising the work that had gone into creating the report. In recognition of the short amount of time the Councillors had to digest the information the Corporate Director told Members that they could send through any further questions they thought of after the meeting via email.

RESOLVED:

- 1) That the report be noted.
- 2) That Committee Members are to submit any additional questions they have via email.

**7. CHILDREN AND YOUNG PEOPLE ACCESS TO MENTAL HEALTH SERVICES  
- TASK AND FINISH GROUP UPDATE**

The Chair gave a brief overview of the work that the task and finish group had done to date. The Committee were informed that the meetings with providers had gone well and the group were looking to hold two or three more meetings before submitting a report to the Committee for approval.

RESOLVED: That the update be noted.

**8. TOPICS FOR CONSIDERATION IN 2023/24 MUNICIPAL YEAR**

The Chair informed the Committee that there was an item on SEND which would be deferred to the next year and asked if anyone had any other items to suggest for the following year's work programme.

The Governance Officer suggested that the Committee contact the young people from Trafford College to ask them to put forward suggestions for topics for the next year and the Committee approved the suggestion.

RESOLVED:

- 1) That SEND update be deferred to the next municipal year.
- 2) That the Committee will contact the young people from Trafford College to suggest items for the next municipal year.

The meeting commenced at 6.30 p.m. and finished at 8.43 p.m.

## **TRAFFORD COUNCIL**

**Report to:** Children and Young People's Scrutiny Committee  
**Date:** 11<sup>th</sup> July 2023  
**Report for:** Information  
**Report of:** Karen Samples: Director of Education  
Sally Smith: Head of SEND & Inclusion

### **Report Title: SEND Update and Education, Health and Care Plan Quality Assurance & Timeliness**

#### **Purpose**

This report will provide a general overview of SEND in Trafford, and the current performance in respect of the timeliness of Education Health and Care Plans. In doing so, some comparator information is also included, and it will consider the reasons as to why we have experienced some challenges and the actions that are being progressed to address this. The report also refers to the quality of Education, Health and Care Plans, including plans for improving the quality assurance arrangements and strengthening management oversight and grip.

#### **Recommendation(s)**

**That the contents of the report are noted and to receive further updates as appropriate.**

#### **Summary**

In Trafford we are committed to having well-planned provision that meets the needs of children and young people with SEND and their families. This means integrated services across education, health and social care which work closely with parents and carers, to ensure that individual needs are met without unnecessary bureaucracy or delay. It also means a strong commitment to early intervention and prevention so that help is provided in a timely way.

This is exemplified through our **SEND Ambitions Plan** which has been co-produced with Trafford Parent/Carer Forum. A renewed Quality Assurance Framework has been drafted which partners from across Education, Health and Social Care have endorsed. The accountability brought about by the Quality Assurance Framework and monitoring systems will help to ensure that Education, Health and Social care services work TOGETHER with children and young people and parents and carers to fulfil their duties for SEND under the Children and Families Act 2014. The Strategic SEND Partnership Board provides the necessary scrutiny and oversight of the delivery of the ambitions and performance.

#### **1.1 Background**

Trafford Local Area was last inspected in 2017, since which time much has changed organisationally and within a Policy context. Such changes have included:

- The realignment of the CCG and Local Authority rather than the continuation of the two being a formal arrangement.
- Community Health Services in Trafford transferred from Pennine Care to Manchester Foundation Trust on 1 October 2019 and Trafford Local Care Organisation was formed.
- In September 2021 children's community health services were aligned through a management structure to Manchester children's community health services, which strengthened the children's professional and managerial leadership across both areas.
- The formation of our Locality Board (Trafford ICB arrangements) and the implementation of Greater Manchester Integrated Care Board

In addition, we have needed to respond to changing and emerging needs post pandemic as well as system-wide pressures and demand including significant pressures within the education and health system. However, within this changing landscape we have continued to work together with the needs of children and families being at the forefront. We have co-produced our Local Area vision for children and families in Trafford with SEND with families and key partners.

Our vision "to have well-planned provision that meets the needs of children and young people with SEND and their families" reflects our collective commitment to our children and families of children with SEND. It places co-production and working with families, through integrated service delivery across education, health and social care, at the heart of what we seek to achieve.

Fundamental to our vision is the commitment to ensure children and families are receiving the right help, at the right time, in the right way, providing holistic support to the whole family. Our graduated approach, inclusion charter and our family help strategy are key enablers in delivering upon our aspirations.

We believe that every Trafford child and young person should have their needs met, as far as possible in their local community through effective multi-agency support and provision for children with SEN and disabilities so that they are supported and empowered to make good educational progress and can move on easily to the next stage of their education and later into employment and independent adult life. Our Early Years and Educational outcomes for children in Trafford are strong but we know we have more to do to ensure our help and support in all aspects of children's and families' lives is of the highest possible quality.

Transition remains a priority for all our children and young people. We know we have more to do to ensure our young people and their families are supported at all key points in their lives especially in respect of preparing our young people for adulthood, independence, and employment, as well as maintaining positive relationships with others. Preparation for Adult is a key priority in our Ambitions Plan (Ambition 4 - We will ensure that our young people with SEND have the same opportunities as all young people, so that they could have the same life outcomes).

## **1.2 Governance**

Leaders from across the system come together through our new and emerging governance arrangements to provide whole system connectivity and ownership. As a Local Area, Trafford has benefitted from system-wide support including political and corporate support within the Local Authority. In the last year and in response to the new health and care landscape, findings of the LGA Peer Review (2021) we have been systematically reviewing our Governance arrangements.

Changes that we have adopted to strengthen our system wide governance and to ensure strong connectivity with the integrated care board arrangements have included:

- The re-shaping our SEND partnership Board which is currently chaired by an expert in the field.
- A commitment and actively progressing arrangements for the co-chairing of our SEND partnership Board with our Parent Carer Forum (TPF) and Health Leaders.
- Recently establishing a Chief Executive and Lead Member Assurance meeting for SEND, ensuring political and senior officer line of sight to SEND. The Leader of the Council also attends this meeting ensuring that the Political line of sight sits at the highest level.
- This coupled with the Chief Executive of the Council being the NHS Placed Based Lead means that health and Local Authority alignment is strong.
- A dedicated Children's Commissioning Board has been established and re-shaped which reports directly into the Trafford Locality Board (our local ICB arrangements) ensuring that there is a whole system line of sight to commissioning and transformation activity, including funding pressures.

Our SEND Strategic Partnership is well attended and has good representation from across the entire system. Headteacher representation at Board level ensures that it is well placed strategically to maintain a focus on inclusion, outcomes and achievement.

Delivery of the SEND Strategy and the Ambitions Plan is overseen by our SEND Partnership Board with dedicated Ambition workstreams driving forward delivery of the plan. Our Parent Carer representatives are influential members of the Board and our aim to achieve co-chairing between Health, the Local Authority and Trafford Parent Carer Forum will cement the sharing of decision making.

Additional scrutiny and line of sight is provided through the Chief Executive of the Council & Place Based Lead GM NHS ICS, Lead Member, Deputy Place Based Lead and DCS all being either core members or associated members of the Locality Board. Political scrutiny is further enhanced through the Assurance meeting and reporting into Children's Scrutiny.

In this way we are embedding our model of distributed leadership and our vision of making SEND "everyone's business".

## **1.3 SEND Ambitions Plan**

We have co-produced a SEND Ambitions plan that sets out our strategic intent and the actions we will take improve outcomes for our children and families. Delivery of the Ambitions Plan has oversight from the SEND Ambition Steering Group and is progressed through dedicated workstreams, with leaders from across the system taking responsibility for driving forward our plans. In this way we are actively working towards our aspiration of making SEND *everyone’s business* being turned into action on the ground. Our plans have been linked to outcomes and we have collaborated with The Council for Disabled Children to help and support us in this regard.

**Our Ambitions for SEND are:**

<p style="text-align: center;"><b>Ambition 1</b></p> <p style="text-align: center;"><b>“Our voices shape our futures”</b></p> <p>We will provide opportunities and remove barriers so that the voice of children, young people and their families influences service planning, design, delivery and review.</p>	<p style="text-align: center;"><b>Ambition 2</b></p> <p style="text-align: center;"><b>“We have the best start in life”</b></p> <p>We will support children with SEND and their families throughout early childhood to ensure they have the best start in life</p>
<p style="text-align: center;"><b>Ambition 3</b></p> <p style="text-align: center;"><b>“We thrive and reach our full potential”</b></p> <p>We will build confidence of parents/carers and young people in local SEND provision &amp; ensure that children &amp; young people with SEND can attend</p>	<p style="text-align: center;"><b>Ambition 4</b></p> <p style="text-align: center;"><b>“We are equipped with skills for employment and for life”</b></p> <p>We will ensure that our young people with SEND have the same opportunities as all young people, so that they could have the same life outcomes.</p>
<p style="text-align: center;"><b>Ambition 5</b></p> <p style="text-align: center;"><b>“We are supported &amp; safe in our homes and communities”</b></p> <p>We will ensure that our children and young people with SEND receive the right help and the right time and live within their families where it is safe to do so</p>	<p style="text-align: center;"><b>Ambition 6</b></p> <p style="text-align: center;"><b>“We are Healthy”</b></p> <p>We will deliver universal, targeted and specialist services to support children and young people to people to have the best health, mental health and wellbeing as possible by working collaboratively across health providers &amp; commissioners.</p>

We remain committed to prioritise the delivery of our ambitions but the strength of our collaboration and collective commitment coupled with a strengthened understanding of data across the system, means we are in a position to progress our plans.

**1.4 EHC Plans**

We have experienced a significant rise in the numbers of 0-25 year olds with an Education, Health, and Care plan, 2745 in Jan 23 compared to 2448 in Jan 22



(<https://explore-education-statistics.service.gov.uk/data-tables/permalink/65b16e97-afee-45f4-8c06-08db6d8a8e6d>)"

The table below highlights the growth in EHC Plans over the last 3 years which the EHC team are currently case-holding.

YEAR	NO. OF EHC PLANS
2019	2034
2020	2258
2021	2447
2022	2808

Across all English metropolitan boroughs, the proportion of pupils with education, health and care (EHC) plans range from 2.5% to 5.3%. Trafford has a value of 4.2%, compared to an average of 4.0% in nationally.

Indeed, national statistics produced recently, indicate a **9% growth in cases** and a **23% growth in requests for assessments**.

The following shows the position over time, with regards to referrals into the EHC service.

	2021	2022	2023 (end of June)
Requests (No.)	413	518	369
EHC Plans issued	269	455	223
Plans issued within 20 weeks (%)	71%	40%	59 %
Total no. of EHCPs	2447	2808	2767
Year on year % Increase in Plans	8.37 ↑	14.8 ↑	-1.46% ↓
% Refuse to assess	7.8	9.1	14
% Refuse to issue	2.9	4.6	2
EHCPs ceased	99	137	-

### Trafford Assessment Panel (TAP)

Trafford's Assessment Panel considers referrals for an EHC needs assessment. The panel includes partners from across education, health and social care and reviews referrals from both schools and parents.

### Moderation and Resource Panel (MAR)

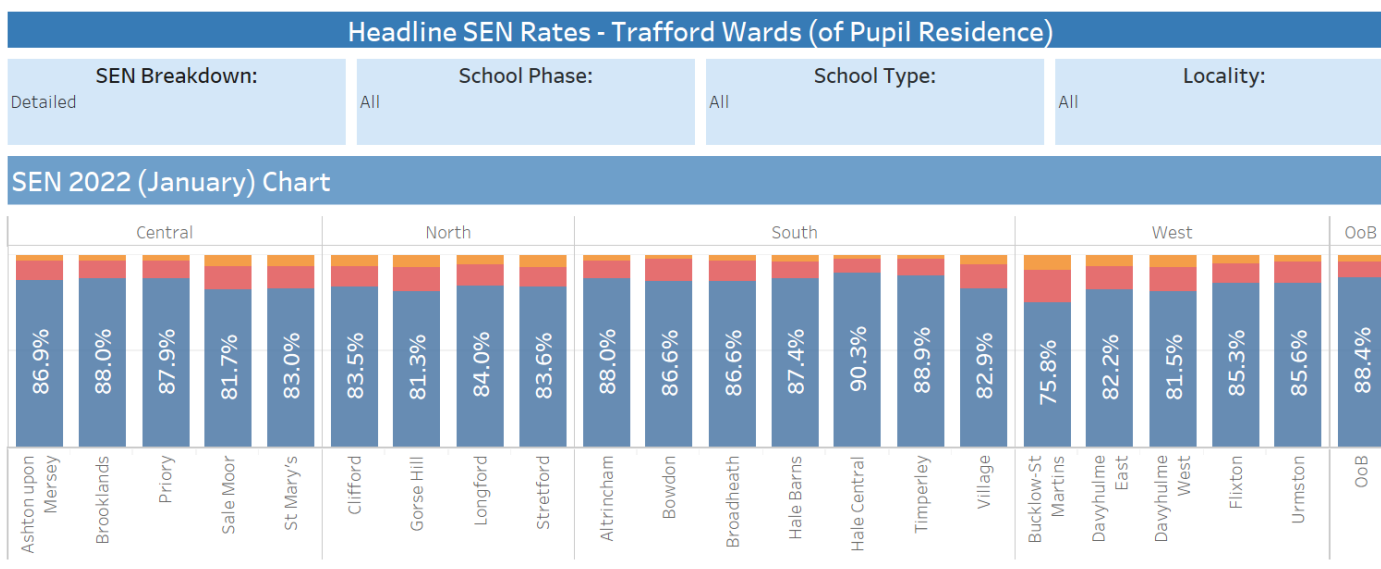
Trafford's MAR Panel determines if an EHC Plan should be issued. It also makes recommendations, agrees outcomes and type of placement and the suggested funding allocation.

If there is a decision not to issue a plan, this is because the assessment has shown that the child's needs can be met by school/college resources at SEN Support.

The vast proportion of requests for an EHC Plan come in from schools and settings, but we also receive referrals from parents/carers or young people themselves.

% Received	2021	2022	2023
Education	69.5	69	70
Parent/carer	30	29	26
Young person	0.2	0.8	0.4
Other	0.7	0.9	1.1

The following charts illustrate the most recent breakdown of SEN rates in the different wards. The blue bar shows the percentage of non-SEND pupils, the red bar shows the percentage of pupils at SEN Support and the orange bar provides the percentage of pupils with an EHC Plan.

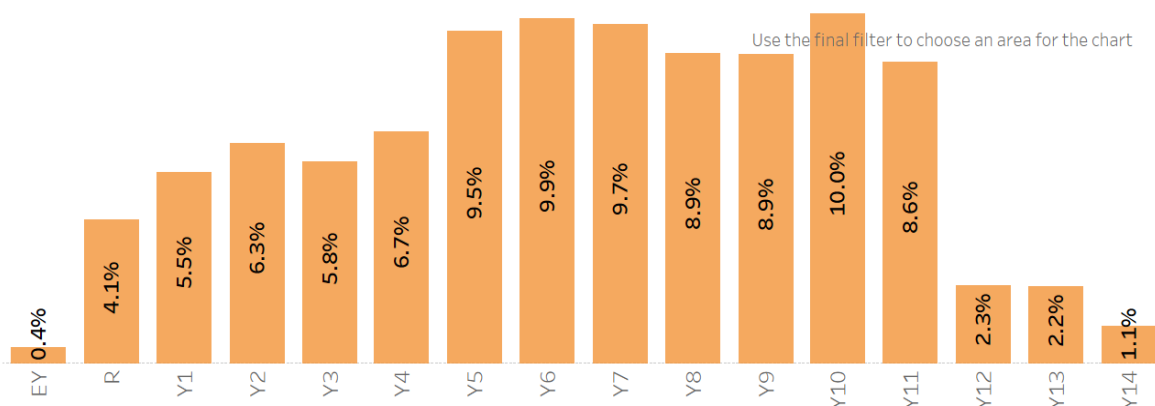


From this data, it is clear that Bucklow-St-Martin's has the highest number of children/young people with SEND with 16.4% supported at SEN Support and 7.8% having an EHC Plan. Sale Moor, Gorse Hill and Davyhulme West also report higher number of pupils with SEND.

In addition, the following charts provide information on the percentage of pupils with an EHC Plan across year groups, the gender breakdown and those who are eligible for free school meals.

The chart below, highlights the number of pupils with an EHC Plan across the different year groups.

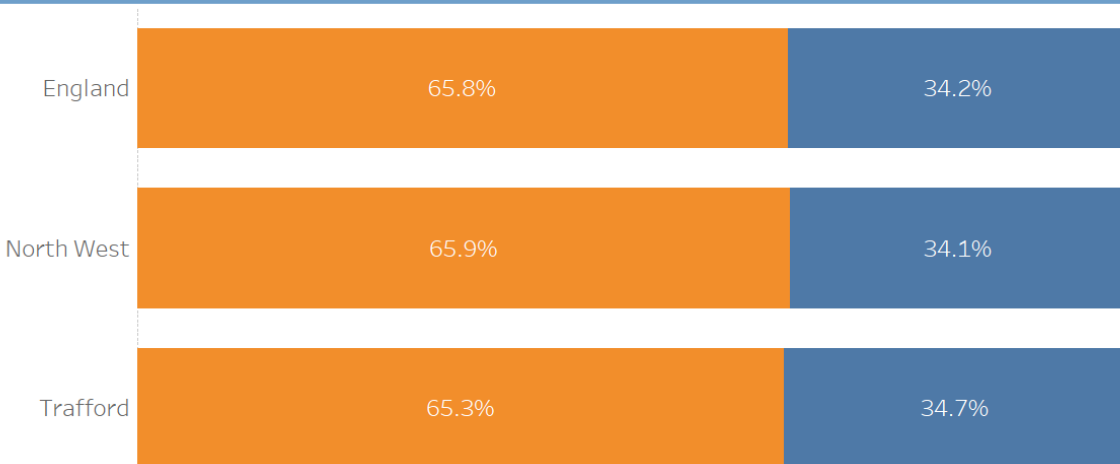
Bar Chart (Total Pupils - Trafford)



This reflects the spike in the number of plans from year 4 to year 5 and the drop off from year 11.

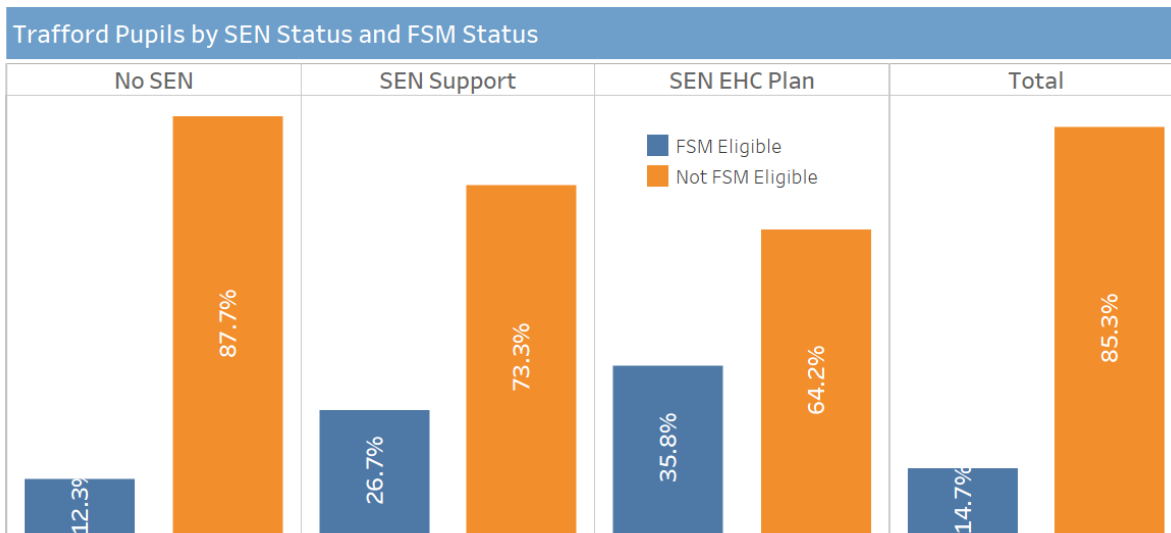
SEN Rates by Gender 2021/22

Gender Split (%) of SEN Pupils: Total Schools, Total Pupils



The vast majority of pupils with SEND are boys, which is a similar position to both the national picture and that of the Northwest.

Finally, the next graph shows the proportions of young people eligible for free school meals (FSM) who have SEN needs. Overall, most young people with SEND are not eligible for FSM although there is a higher proportion of FSM pupils with an EHC Plan at 36%.



### Issuing EHC Plans in the 20-week timescale

Increased demand coupled with staffing pressures across the system has impacted on the timeliness of assessments and we have needed to take action to address this. Timeliness of EHCP completion has varied between 20% and 52% (compared with 71% in our last publicly reported data). Indeed, national statistics also report a drop in timeless data to 50.7%. We recognise that this is frustrating to families and means we have not consistently provided the right help at the right time.

Improving the quality and timeliness of EHC Plans is a priority within the SEND Ambitions Plan with oversight from Sally Smith, Head of SEND and Inclusion. We are adopting the mantra of, **“There is no 21<sup>st</sup> week.”**

The following actions are captured within the plan:

PRIORITY ACTIONS	SUCCESS CRITERIA
Hold monthly SEND Performance Clinics to maintain robust oversight of timeliness data.	Timeliness data improves to pre-pandemic levels.
Hold additional panels to tackle the backlog of requests.	By April, the backlog will have been concluded.
Implement a communication strategy so that caseworkers communicate effectively with schools and families.	Reduction in complaints and escalations from schools and parents
Establish clear expectations around timescales for TAP and MAR-weekly combined multi-agency EHC panels.	TAP decision by wk 4 and MAR by wk 12. MAR panel decision to issue by week 12-14 (not 16)
Increased accountability, management and supervision implemented for caseworkers, including establishing a framework for supervision and support for complex cases that cause delays.	System of supervision in place. Staff understand what is expected of them and baseline expectations are established- caseworkers supported in decision making and completion rates of caseworkers is monitored.

<p>Improve quality and timeliness of health advice in relation to the requirements of the Code <b>and submission of advice is of high quality.</b> Identify SEND Champions in provider teams and involve them in the QA process.</p>	<p>All partners are clear about timescales within the EHC process and adhere.</p>
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## High Needs Budget Position

Like many Local Areas this rise in demand for support has placed significant pressures on high needs funding and has resulted in a reported deficit of £2.165m. Similarly financial challenges exist across the health and care systems so working collaboratively will better support us to deliver on vision for children and families with SEND.

### 1.5 Quality Assurance of EHC Plans

Most recently in **June 2023, Paula Thompson-Jones, an Ofsted SEND trained inspector**, carried out sampling work to replicate the process Trafford will go through when we have our Local Area SEND Inspection.

**A summary of the findings are below.**

- The views and aspirations of children and young people were all included on the request for EHC assessment form. However, they tended to be a set of single line statements. Whilst these provided some useful insight **it did not ‘bring the child to life’**
- Children and young people’s **educational needs were generally well described** in many cases with a sense that the professionals contributing to this section know the child well.
- For the most part **health needs were framed in relatively general terms.** Plans do not routinely contain sufficient information from health partners contained even when the children had significant needs.
- EHCPs **do not routinely contain information about the social care needs of children.** Where Social Care was involved, the emphasis was on recording the case status, ‘child in need, child protection, looked after’ rather than identifying the Social Care need.
- **Provision was generally detailed and clear.** It was particularly helpful when it was described in a way that a parent would have a good sense of the support they could expect to see for their child.

Ambition 3 will drive activity to improve the quality of EHC plans.

### **What will ‘Good’ look like across Trafford?**

As the external validation has highlighted, there are a number of improvements that must take place to ensure that our families’ experience of navigating the SEND process and the quality of EHC plans improves at pace. Our commitment is as follows: We will:

- ✓ Work together with children and young people and their parents/carers to **ensure they are valued and able to fully contribute** to developing an Education, Health and Care (EHC) Plan which identifies both the needs and aspirations of children and young people accurately **throughout a person-centred plan**.
- ✓ **Use a strengths-based, relational approach** to planning for children and young people, focusing on what works well and what they like in order to help to plan provision to meet their needs.
- ✓ **Deliver plans in a timely manner**, respecting each other's views at all times.
- ✓ **Have a skilled workforce** with the skills, knowledge and understanding to ensure we fulfil our statutory requirements in relation to current legislation.
- ✓ **Ensure the Graduated Approach for SEND informs the provision and strategies** used to help meet the needs of children and young people.
- ✓ **Enable children and young people to achieve their dreams and aspirations** and celebrate their successes.

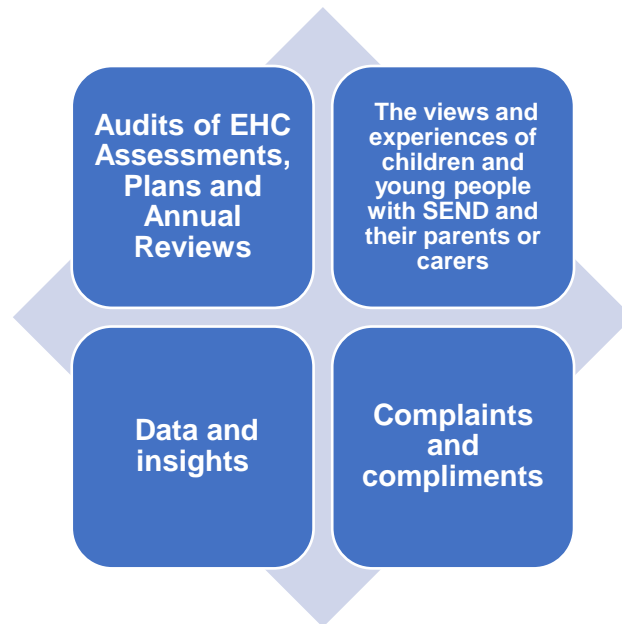
This will be achieved in part through the Quality Assurance Framework and throughout our SEND ambitions.

### **1.6 Quality Assurance Framework**

A new draft quality assurance framework has been created in April 2023, which details our approach to the Quality Assurance of EHC Plans. This is with a view to:

- Ensure children and young people benefit from consistent high-quality Education, Health and Care (EHC) Plans
- Ensure compliance with the Children and Families Act and SEND Code of Practice for EHC Plans
- Drive high-quality practice across Trafford
- Improve the lived experience of children and young people with SEND and their parents and carers
- Improve outcomes so that children and young people with SEND reach their potential and have their needs met

This framework considers the four domains of quality assurance in Trafford, and how we bring together the learning from all four to drive improvement in what we do.



There are four tiers which support audit the Board's audit arrangements:

Tier 1: Quality Assurance of agency contributions

The arrangements that individual agencies have in place to assure the quality of their own contributions to EHC Assessments, Plans and Annual Reviews.

Tier 2: Single Agency Audit

All partners across education, health and social care are responsible for undertaking single agency audits to ensure the quality of information shared and assessment is of a high quality. This means each area, education health and social care looking at how their advice fits into a whole EHCP using an audit specific to their area.

Tier 3: Multi Agency Audit

Multi-agency meetings will take place to audit the quality of EHC Assessments, Plans and Annual Reviews will take place each half term

Tier 4: System Leader Review

In addition to single and multi-agency audit, representatives from the SEND Partnership Board (including TPF) will, with the support of the Multi Agency Audit Panel, review an individual EHC Plan and/or an Annual Review with methodology. With consent, this will include meeting with the child or young person and their parent or carer as a conversational audit to understand their views, ambitions and any perceived barriers.

**Additional forms of quality assurance**

There are other forms of quality assurance that provide real insights into the views and lived experience of families and young people. These focus on gathering the lived experience of our families, children and young people.

- i. Thematic Lived-Experience Advisory Panels (LEAP)

Trafford Parent/Carer forum established the LEAPs following discussions with the Communication & Engagement Group, as a mechanism to enable parents to truly share what it feels like when caring for children with SEND. The panels are led by parents and relevant officers/professionals attend and **actively listen**. A number of panels have taken place thus far, to discuss the themes of Short Breaks, Speech & Language and Preparing for Adulthood. The findings of the LEAPs are fed back at the Communication & Engagement Group and relevant action plans put into place. The Strategic SEND Board will continue to monitor the developments and improvements identified through the LEAPs and gain assurances from relevant partners that action has been taken.

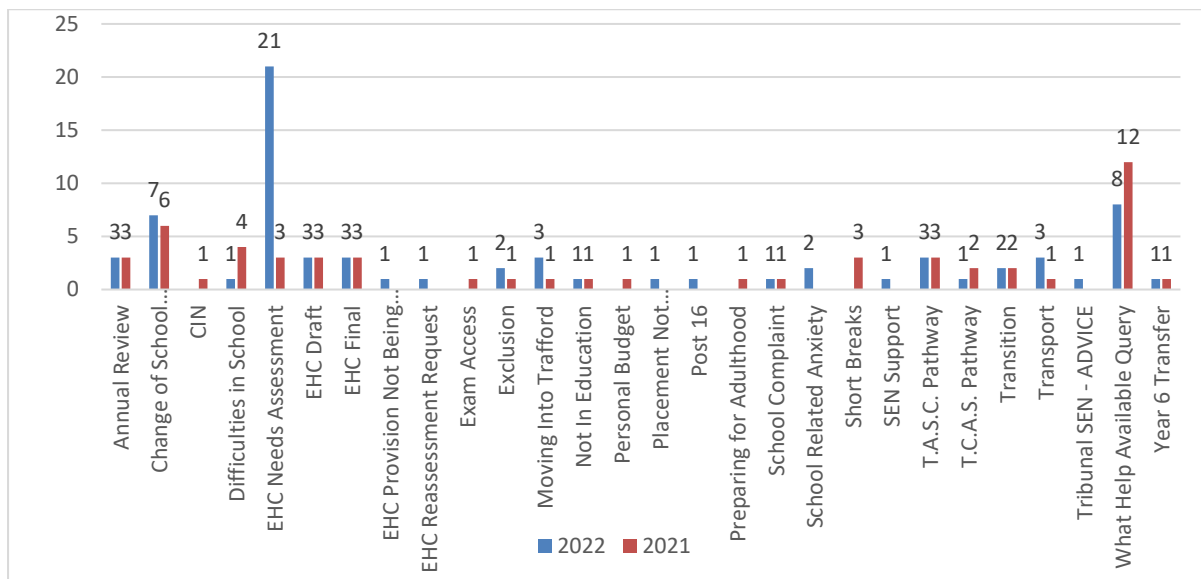
ii. Annual Trafford Parent/Carer Forum Survey

TPF sends out a survey annually to capture the views of families who have children with SEND. These are also shared with the C&E group and reported to the Strategic Board. We have also asked TPF to sense-check our revised Ambition Plan so that it is meaningful and can be understood by families and most importantly, will address the needs of our children, young people and their parents/carers.

iii. SENDIASS Report

The SEND Independent Advisory Support Service has previously shared highlight reports of their activity with the strategic board. This informs the number of contacts the service has received as well as the themes they are supporting families with. The service had a period of time without a manager due to not being able to recruit, so there was limited feedback, but there has been a new Head of Service recently appointed so these reports will commence and be reported into the Steering Group.

The last report (July 22) provides an insight into the types of contact made by parents.



This enables the Communication & Engagement Group to analyse the detail behind the data to ensure families are effectively supported and informed and report to the Steering Group if actions need to be taken.



iv. The Voice of the Young Person

Gorse Hill Studios host an annual “Let’s Talk Conference” for young people with SEND. This has enabled children to come together and share their views as well as participate in a number of creative and sporting activities.

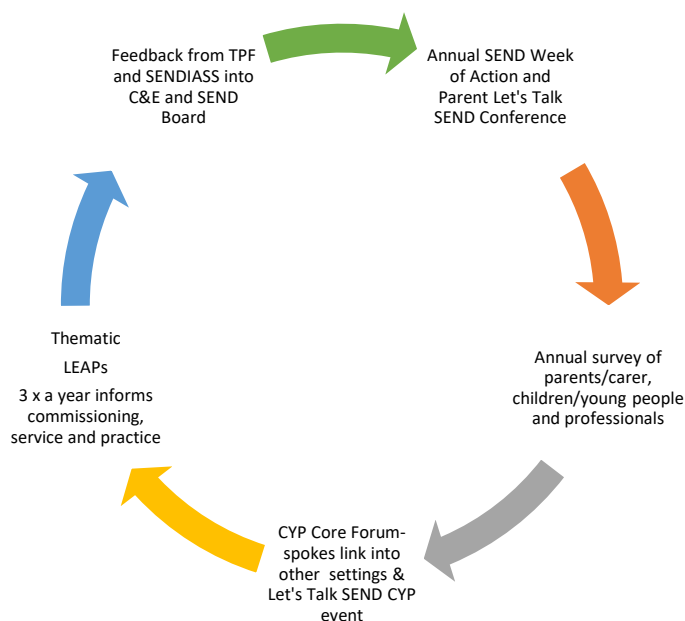
The Communication & Engagement group work with Gorse Hill studios to determine the themes and plan for the day, to ensure we maximise the opportunity to get meaningful feedback which will help to drive forward improvements for our children and young people.

v. Analysis of data and performance indicators

We monitor and analyse performance through our SEND scorecard to identify strengths and areas for improvement. The is data captures a host of information related to education, health and social care performance statistics.

We will continue to monitor the impact on outcomes (and progress) for children and young people and will develop case studies to share best practice. This includes trends in data, both what is going well and what isn’t going well. The SEND Strategic Board will provide multi-agency oversight and ensure actions plans are created, and that actions are prioritised and delivered to bring about improvements across education, health and social care.

***The diagram below captures the additional quality assurance mechanisms that are in place.***



**Actions taken – next steps**

I. Training and workforce development

A package of training has been made available to our Health and Social Care colleagues which is provided through the Council for Disabled Children

website and through the Designated Clinical Officer. This has focused on “What good advice looks like” and provides case studies to discuss and work through. This training module has been shared with colleagues in Social Care and the vast majority of children’s social workers have accessed this. We are mindful however, that with changes of social worker, there remains an ongoing risk of training not being accessed.

Regular training and updates are also provided through the termly SENCo forums for schools with a particular focus on person-centred plans and reviews. All SENCOs are required to complete the NASENCo qualification.

### **Next steps**

- Performance reports to show training that has been accessed by relevant partners. Ensure adult social workers have accessed the CDC training.
- During the summer term development day for the EHC team, ensure all complete the CDC training module and carry out moderation activity of EHC Plans. The team to revisit the checklist used to QA plans and update to ensure sufficient rigour.
- Cluster SENCOs to provide bespoke support to SENCOs around effective provision-map planning and person-centred reviews and plans.

## **II. Audits**

- Audits have been completed from across a number of teams in Childrens Social Care including the Children with Additional Needs service, Safeguarding & Review Service and a Thematic Review of Children attending Egerton High School.
- EHC co-ordinators also carry out on average, 25 quality assurance checks on EHC plans each month and peer challenge the quality assurance.
- There have been 3 multi-agency audits in addition to the sampling of cases undertaken by Paula so far, and 12 EHC plans considered.

From the audit activity thus far, it is clear that there is still too much inconsistency, but the feedback of audits will drive forward the necessary training and improvement that needs to take place.

### **Next steps**

- Use the Steering Group to scrutinise audit reports and performance updates.
- Ensure Education, Health and Social Care services carry out dip-sampling of advice and draft plans and support improvements.
- Ensure the EHC Manager implements a system of regular oversight of the QA checks of plans from the EHC team.
- Ensure Adults Social Care have systems in place to quality assure the input into EHC plans.

- Strategic leads who attend decision-making panels will quality assure the advice provided at panel to ensure draft plans are more robust and person-centred. Learning from panels will also be disseminated amongst the relevant teams.
- The DSCO to establish systems of support when children/young people are not known to social care through the early help offer.
- Continue to embed the QA Framework and produce audit performance reports for the Strategic Board.

Performance reports of the above will also be shared with the Steering Group and **Learning and Improvement Group**.

### III. Learning and Improvement Group

We think it is important to have a continual learning and self-improvement culture, and we will develop ownership of practice and standards through the Learning and Improvement Group. This group has been established to provide the necessary oversight of audit activity and provide training and support to drive forward improvements. We have only had 1 meeting so far, so this is in its infancy and there is representation from strategic lead. Audit reports will be brought for scrutiny and training and development activity identified for each service area.

Portfolios of “what good looks like” will be prepared and shared across the local area and a performance overview report will be provided for the Strategic Board.

## 1.7 Conclusion

Clearly, significant improvements are required to ensure that all partners from across the SEND system are providing high quality support to our families and young people as identified throughout this report. Through the strengthened governance and oversight, the refresh of the SEND Ambitions Plan, the embedding of the quality assurance framework, a system of high-quality training and the rigorous monitoring cycle that will take place, we are confident that the conditions for improvement are being established and that all are committed to ensuring that outcomes for children and young people with SEND are the best they can be.

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## Report to Children and Young Peoples Scrutiny Committee

Report of	Jill McGregor, Corporate Director – Children’s Services
Title	Continuous Improvement – Trafford ‘Ambitions for Children Board’
Purpose	To provide Children and Young People’s Scrutiny Committee with an overview of the Continuous Improvement Journey in respect of Children’s Social Care
Date of Meeting	25 <sup>th</sup> July 2023

### 1. Background

In 2019 the Ofsted ILACS inspection, judged Trafford Children’s Services to be inadequate overall and for Leadership and Management. The Local Authority was formally issued with an Improvement Notice on 23<sup>rd</sup> May following the publication of the Ofsted findings on 8<sup>th</sup> May.

The requirements of the Improvement Notice included:

- The appointment of an adviser to provide advice to the Department (of Education) and/or the council and for the Council to work with the adviser until some such time that the Secretary of State is satisfied this is no longer required.
- For the Council to produce an Improvement plan that would deliver “appropriate and sustainable improvement” as well as address the areas identified in the Ofsted report of 8 May 2019.
- A requirement for the establishment of an Improvement Board with an independent chair in place to oversee implementation of the improvement plan and for the Council to report to the Improvement Board on progress against the objectives in the plan.
- For the views of frontline staff and of children and young people will be taken into consideration in the development of practice and standards

## 2. Approach to Improvement

Our approach to improvement was about doing the right thing for children and young people in Trafford.

We used the ISOS research Enablers in Improvement in Children’s Services:

### *The seven enablers at each stage of the improvement journey*



The Improvement Board consistently had due regard to this approach, and it has underpinned and supported our transition from a process driven improvement plan (needed to help us put the scaffolding and supporting apparatus in place) to having an Ambitions Plan that outlines our intent and aims to deliver high quality interventions that make a difference. The development of the Ambitions plan has been much more than a re- writing of the plan/different way of presenting our improvement actions; it has been a tangible move to collective ownership, honest reflection of what needed to change, why and how we intended to achieve these. In this regard it has been a strategic approach that has engendered putting “doing the right things for children and families ‘at the heart’”.

We are starting to see this approach embed and much of our improvement activity has a relentless focus on children. In this way we have successfully seen the partnership engage in the Ambition workstreams and play a critical role in driving forward changes. A key foundational aspect for our improvement journey has been to stabilise and grow our workforce – our Investing in Our People approach has been a key enabler in this

area. The Practitioner Forum which has and will continue to feed into the strategic board has been crucial in terms of ensuring that our workforce has a voice.

Following the Ofsted ILAC inspection which took place over 3 weeks in November and December 2022 services were judged to have improved from Inadequate overall to Requiring Improvement. The inspection team concluded that our self assessment was accurate, positively there were no areas of improvement that they identified which we were not already aware of.

Following the publication of the inspection results The Improvement Notice was subsequently lifted in February 2023. A presentation was delivered to CYS Scrutiny in February 2023 detailing the findings from the inspection.

From the work to date and as reflected in the Ofsted report the commitment from partners is a huge strength and that partners holding Children's Social Care to account as well as providing support has been critical to reaching this stage of our journey. We know that we genuinely have a shared vision and commitment and the delivery on the Ambitions Plan, and this is reflected in operational practitioners being engaged in the Ambition workstreams.

There were 6 identified areas for improvement which were detailed in the inspection outcome letter. These relate to out of hours emergency service, youth homelessness, understanding of rights and entitlements for cared 4 children, life story work, improving the outcomes for care leavers and supervision.

Although there is a separate plan which we were required to submit to OFSTED we have ensured that these areas are also covered in our Ambitions for Children plan.



Trafford Action Plan  
Ofsted ILACS Recs Me

Work is underway in all 6 areas to ensure that we continue to make Progress. In respect of our out of hours service there is a more detailed action plan which sits beneath this overarching plan – there is monthly assurance meeting in place between Adults and Children's to oversee progress of the plan. Similarly in terms of Youth Homelessness there is a detailed action plan between Childrens Services and Housing Support colleagues to take forward the findings of the independent review from the Department of Levelling Up Housing & Communities visit which had taken place prior to the inspection.

In respect of our cared 4 and care experienced service there is a significant improvement piece underway covering recruitment, retention and which includes a 6 weekly assurance meeting which is chaired by the Corporate Director. We have recently agreed a whole service approach to Life Story work utilizing Life Story work trained practitioners. We have a continued focus on ensuring practitioners are support through reflective supervision through service performance monitoring and quality assurance which included speaking with practitioners.

### 3. Way Forward

The proposal which Improvement Board members considered between January – April 2023 was to continue an Improvement Board approach but to reconfigure as an Ambitions for Children Board and that the Board would be charged with overseeing progress of Ambitions Plan Discussions were held at the Board meetings and also separately with the chair meeting separately with partner agencies. The summary overview was presented to assist with the decision making regarding the way forward. The Leader of the Council has commenced chairing the Ambitions for Children Board signifying the importance of continuing the improvement journey.



DfE Advisor Analysis  
of Feedback on Next 5

In addition, we undertook consultation with the Steering Group which has been used as a Local Authority Forum with managers and Hos to ensure that actions with regards to the Ambitions plan have been progressed. This meeting has not included all Practice Managers but representatives from all service areas as well the Chair of the Practitioner Board. Inevitably, during the later stages of the year, the focus of the Group also included ensuring we were able to respond and manage to logistic of the ILACS inspection.

Key considerations which were factored into decision making included:

- Governance arrangements & existing meetings and how they feed into one another.
- Purpose of the meeting – What is the remit of the meeting and the expectation of members.
- Membership of the Steering Group – The group considered who needed to be around the table to ensure the Steering Group functioned as it needs to.
- The importance of partners in helping us achieving our shared ambitions for children



From the work to date and as reflected in the Ofsted report the commitment from partners is a huge strength and that partners holding Children's Social Care to account as well as providing support has been critical to reaching this stage of our journey. We know that we genuinely have a shared vision and commitment and the delivery on the Ambitions Plan, and this is reflected in operational practitioners being engaged in the Ambition workstreams.

It was proposed and agreed that, to continue our improvement journey post intervention and the lifting of the formal improvement notice the Board be re-shaped to develop a partnership Board that oversees the delivery of the Ambitions plan (Trafford Ambitions for Children Board)

The remit of the Ambitions for Children Board is set out within the below Terms of Reference document. The Governance Structure of the Board, Steering Group and Ambition Workstreams is also included at the end of the report. There is a detailed Ambitions for Children Plan which highlights across the 8 agreed thematic areas (two of which also operate as Trafford Strategic Safeguarding Partnership subgroups) which is also attached.



Ambitions for  
Children Steering Gro



Ambitions for  
Children Plan June 20

A summary of key areas of work currently underway taken forward in each of the 8 ambition strands is detailed below:

**Ambition 1 – Leadership** – coaching and mentoring offer for all leaders, strengthening the role of Safeguarding Children Unit.

**Ambition 2 – Right Help** – Reviewing and establish Family Help offer – Family Hub development, Trafford Team Together roll out and review of Intensive Family Support. Strengthening multi-agency decision making at the front door.

**Ambition 3 – Quality of Practice** – embedding Child Impact Chronology's & child centered case recording and conversational audits. Improving services to in the additional need's services (bespoke plan in place, Designated Social Care Officer driving forward this work)

**Ambition 4 – Permanence** (Corporate Parenting Virtual Team) – roll out of care planning framework, implementation of Placement Sufficiency Strategy & Fostering Modernisation plan and improving the engagement and participation of our cared 4 and care experienced young people, alongside delivery of a Life Story work programme for the workforce.

**Ambition 5 – Neglect** (joint with TSSP) – embedding work across the partnership to ensure early identification, preventions of escalation and an effective evidence based model of intervention

**Ambition 6 – Domestic Abuse** (joint with TSSP), implement a shared model of risk assessment and intervention, review, and development of Operation Encompass

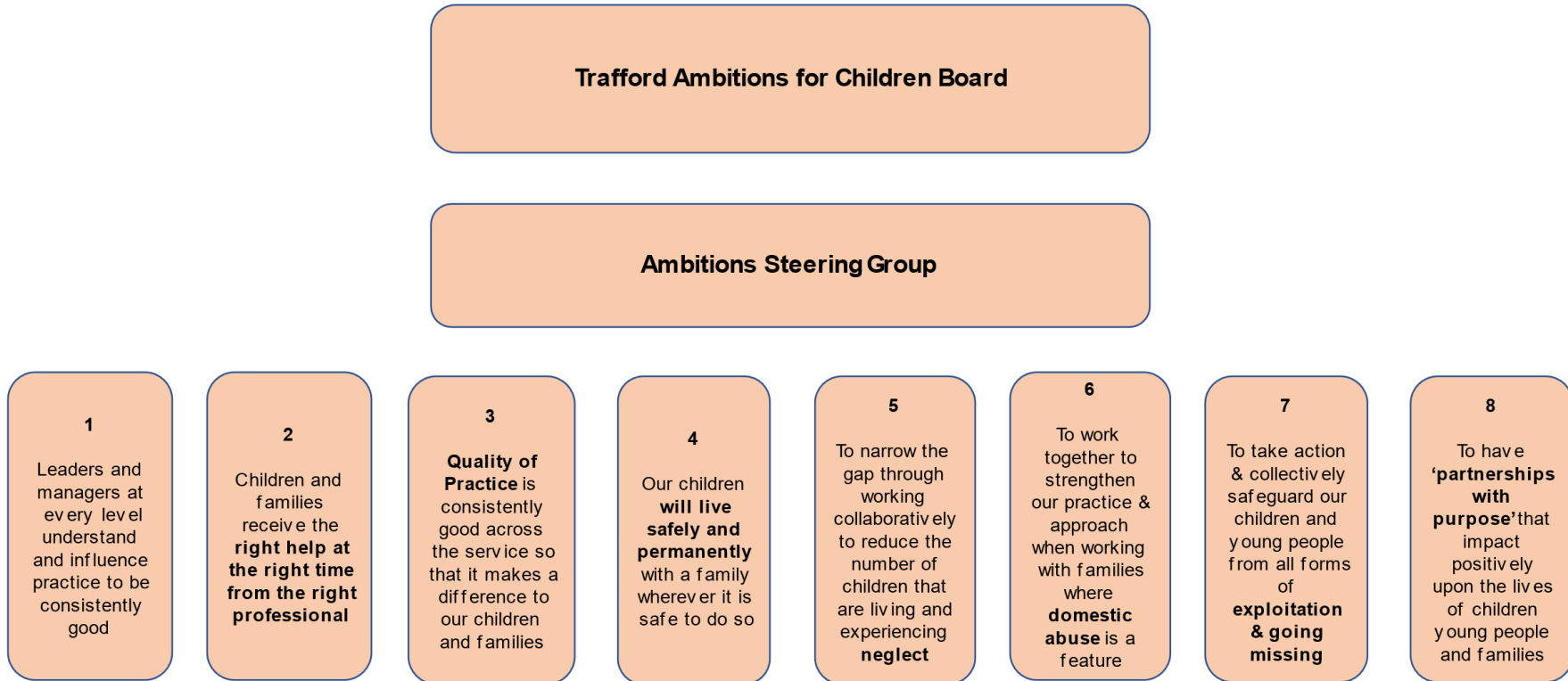
**Ambition 7 – Exploitation** – commissioning a parent support offer, enhancing mentoring for young people,

**Ambition 8 – Partnerships** – improving quality of out of hours service and response to youth homelessness, delivering a strengths based approach to Child Protection conference and review

#### **4. Recommendations**

Members of the CYP Scrutiny Committee are asked to:

- i. To note the formal reconfiguration of the Ambitions for Children Board and the continued to drive to improve the quality of services delivered to children and families
- ii. To note the detail of how our improvement activity will be progressed through the Ambitions for Children Plan noting the enhanced role for Ambitions Leads and the OFSTED Action Plan
- iii. To Receive updates with regards to progress against all key areas of activity and to provide challenge with regards to the difference it is making to outcomes for children and young people.



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## TRAFFORD COUNCIL

**Report to:** Children and Young People's Scrutiny Committee  
**Date:** 25<sup>th</sup> July 2023  
**Report for:** Decision  
**Report of:** The Chair of the Children and Young People's Scrutiny Committee

### Report Title

Task and Finish Group report on Children and Young People's Access to Mental Health Services.

### Summary

The Children and Young People's Scrutiny Committee Approved the formation of a Task and Finish Group to look at the access available to children and young people within Trafford to mental health services. This report covers the process followed by the Task and Finish Group, the Findings of the Group, and the Recommendations stemming from those findings for submission to the Executive.

### Recommendation(s)

That the Children and Young People's Scrutiny Committee approve the report and recommendations 1- 10 listed below for submission to the Executive.

1. That the Executive support the recommendations from the Early Help Needs Assessment Refresh March 2023 (Appendix 2).
2. That the CYP Scrutiny Committee receive updates on progress of the recommendations from the Early Help Needs Assessment Refresh for the themes of Mental health, Children's behaviour and emotional regulation, Parenting support, and SEND in March 2024.
3. That the Hub of Hope (<https://hubofhope.co.uk/>) be advertised on the Council's Website and the Trafford Directory.
4. That the Council Promote sign posting of the Hub of Hope (<https://hubofhope.co.uk/>) to partner organisations including schools.
5. That the Executive look at the feasibility of commissioning a preventative support service that uses a whole family-based approach for secondary school aged children and to report back to CYP Scrutiny in 6 months' time (January 2024).
6. That the Executive look at the feasibility of creating a Council supported Parents Forum specifically for parents with children suffering from mental

health issues and report back to the CYP Scrutiny Committee by the end of the municipal year (March 2024).

7. That Trafford measure wait times to the first meaningful interaction/treatment rather than first contact to prevent hidden waiting lists from 2024/25 onwards.
8. That a standard referral form and initial assessment form be created for use by all Trafford providers to make it easier for records to be transferred between providers and prevent young people from having to tell their story multiple times. The referral form to be co-produced with providers and reviewed on an annual basis to ensure it is fit for purpose and to be used from 2024/25 municipal year.
9. That Trafford create a standard user experience survey to be used by all providers on an annual basis to enable cross comparison, identify trends over time, and for reporting to CYP Scrutiny. The first survey to be run in March 2024 and results report to CYP Scrutiny at their first meeting of 2024/25 municipal year.
10. That Trafford have staffing continuity as a KPI for all new CYP mental health service provider contracts.

Contact person for access to background papers and further information:

Name: Alexander Murray, Governance Officer

Extension: x4250

## **1. Background**

1.1 The Children and Young People's Scrutiny Committee received a request from the Health Scrutiny Committee to form a joint Task and Finish Group to review Children and Young People's Access to Mental Health Services at their meeting on the 27<sup>th</sup> September 2022. At the meeting the request was considered by the Committee and agreed. Following the agreement, an email was sent out to all Children and Young people's Scrutiny and Health Scrutiny Members asking if they wished to take part. Out of the combined Membership Councillors Western, Whetton, Maitland, Haughey, and Hartley all volunteered to take part in the group.

## **2. Scope of the review**

2.1 The first meeting of the Task and finish group was held on 25<sup>th</sup> October 2022. At the meeting the Councillors agreed that the scope of the meeting would be limited to how young people accessed Mental Health Services, which meant that they would look at ease of referral, time taken to receive support, and wrap around support while waiting to access a service. The group agreed an approach to deliver the review which was captured within the groups Terms of Reference (appendix 1) and a draft schedule of meetings was also agreed to ensure the work continued at pace.

The Terms of Reference were shared with the Corporate Director of Children's Services, the Deputy Director of Public Health, and Officers who supported the review to ensure that the aims were achievable and the approach was fit for purpose.

## **3. Process of the review**

3.1 Over the course of the review the task and finish group met a total of 8 times with 4 of those meetings involving Officers from Trafford Council and providers. The meetings were held on the 25<sup>th</sup> October 2022, 17<sup>th</sup> November 2022, 19<sup>th</sup> December 2022, 17<sup>th</sup> January 2023, 2<sup>nd</sup> February 2023, 22<sup>nd</sup> February 2023, 21<sup>st</sup> June 2023, and 6<sup>th</sup> July 2023. During and in between those meetings the Committee have received presentations and documents from officers and the group also completed their own desk top research to improve their knowledge of the subject area. In addition to this Councillor's spoke with residents who had contacted them with concerns about young people's mental health services.

3.2 The approach taken by the group varied from the original plan laid out within the Terms of Reference. This change was in large part due to the impact of the by election for the Parliamentary Constituency for Stretford and Urmston held in December which reduced the level of resource available to the group and subsequently narrowed the approach taken.

## **4. Task and Finish Group findings**

### **4.1 Trafford Council Commissioning of Services and Offer**

4.1.1 The Task and Finish Group were very impressed with the approach taken by Trafford, commissioned providers, and the offer provided by the Council. The commissioning officers the Group met with were very knowledgeable about the area as well as the commissioning process. When looking at the processes used by commissioners it was clear they involved a wide range of stakeholders including providers, users, and parents' groups when developing specifications for services and they were aware of best practice within the field of mental health.

4.1.2 Officers were also clearly aware of the issues facing the service as demonstrated by the Waiting Times Initiatives Programme, the Early Help Needs Assessment (Appendix 2), and the Joint Strategic Needs Assessment. The Group were particularly impressed with the Early Help Needs Assessment and the recommendations it contained. The Group urge the Executive to support the recommendations of the assessment and request that updates on the progress of the recommendations for the themes of Mental health, Children's behaviour and emotional regulation, Parenting support, and SEND be provided to the Children and Young People's Scrutiny Committee.

4.1.3 The Task and Finish Group were also impressed by the range and quality of the support offered by Trafford with online support, direct 1:2:1 support, and group support all being available. The Councillors noted that Trafford had support for different levels of issues ranging from prevention and early help all the way to crisis support.

## **4.2 Hub of Hope**

4.2.1 One resource that the group became aware of during the review that they felt was not being used sufficiently was the Hub of Hope (<https://hubofhope.co.uk/>). The group members were made aware of this resource by the Executive Member for Finance, Change, and Governance. Having looked at the Hub of Hope the group feel that a link to the site should be made available on the Council's website and the Trafford Directory as well as being sign posted to by Schools and providers of mental health services.

## **4.3 Growing demand and the need to look to prevention rather than cure**

4.3.1 The increase in demand for services and complexity of cases was raised in every conversation the group had with officers and providers and was clearly reflected in the statistics the Group were shown. Due to the limited level of resources available Trafford will not be able to afford to upscale the level of support to cope with the numbers of young people presenting with mental health issues if the current trends continue. One Officer shared a link to a study which had identified the rise in anxiety and depressive symptoms in young people following the pandemic and it is unlikely that the increase in demand stemming from the pandemic will reduce any time soon, as children and young people impacted by the pandemic progress through the education system.



4.4.1 To address the level of demand the Group feel that the Council needs to focus upon strengthening the preventative support offer. The Group were very impressed with the service offer to primary school aged children provided by Trafford Sunrise and would like to see Council provide a preventative offer to secondary school aged children and young people if it is feasible to do so.

#### **4.4 Lack of support available to parents**

4.4.1 In discussions with parents who had experience of their child suffering with mental health issues it became apparent to the group that there was a lack of support available. This issue runs throughout the process from referral, treatment, and through to post treatment support. Officers are aware of this gap in provision and the Group were told of work ongoing in this area for example the development of a single point of contact for mental health services.

4.4.2 The Group believe that the creation of a Parents' Forum specifically for parents whose children are suffering from mental health problems would help to address this issue. The forum could act as a form of peer support as well as being a stakeholder group for commissioners and officers to consult with to improve support for parents and parents experience of accessing services, which would enable parents to give more support to their children.

#### **4.5 Hidden wait times**

4.5.1 When conducting the desk top exercise, the Group found a paper called "Wait time to what? Could reducing wait times for child mental health services worsen outcomes?" (Appendix 3) which outlines how focusing upon reducing wait times could negatively impact a patient by increasing the amount of time before a patient receives evidence-based interventions. In addition, the Group came across a press release from the Royal College of Psychiatrists called "Hidden waits force more than three quarters of mental health patients to seek help from emergency services" (Appendix 4) which states that 43% of patients on hidden waiting lists reported that their mental health worsened during that time. The press release defines a hidden wait as the time between initial contact and second appointment (when treatment begins).

4.5.2 When the group received data on wait times from services they were listed as being to first contact/first treatment. This was due to the different ways that providers recorded and reported their waiting times. To avoid the possibility of hidden waiting times the Group want all providers to report wait times to the first evidence-based intervention rather than first contact.

#### **4.6 Lack of consistency in approach**

4.6.1 There were several areas where a lack of consistency raises concerns for the Task and Finish Group. The first area is with regards to referral forms and the information collected by each service. If a young person's condition or circumstances change while they are engaging a service which requires them to switch provider, the

Group feel this process should be as seamless as possible. To achieve that the Group want to have a standard referral form for services provided by Trafford. The form would then be able to move with the young person when they switched to another service and reduce the need for the young person to repeat their story. The Group recognise that the creation of such a form would be difficult as providers are often contracted by clients which could all have different requirements. To tackle this, the Group suggest that the form be co-produced with providers and be reviewed on an annual basis to ensure that it remains fit for purpose.

4.6.2 The second area where a lack of consistency across the offer is of concern is in relation to reporting. While the Group are aware that the providers will be asked to report different measures by different clients on different elements of their service, the Group would like for all Trafford provided services to have a standardised user experience survey. As with the referral form, the Group believe this should be co-produced by the Council with providers and service users and reviewed on a regular basis to ensure it remains fit for purpose. The reason the Group have selected user experience is in recognition of the subjective nature of Mental Health.

4.6.3 The third area where the Group is concerned by a lack of consistency is in relation to staffing. When meeting with providers they discussed the difficulties they faced with recruitment and retention of staff. The Group are aware of the importance of consistency in staff when working with children through their knowledge of difficulties Council services face in the same area. The Group would like for contracts with providers of children and young people's mental health services to have staffing continuity as a KPI to ensure that the Council is aware of the staffing position for all commissioned services.

## **CHILDREN AND YOUNG PEOPLE'S ACCES TO MENTAL HEALTH SERVICES TASK AND FINISH GROUP TERMS OF REFERENCE**

At their meeting on the 27<sup>th</sup> September 2022 the Children and Young People's Scrutiny Committee agreed to form a task and finish group to review the level of Access Children and Young People in Trafford have to Mental Health Support. This task and finish group was suggested to the Committee by the Health Scrutiny Committee and as such Health Scrutiny Committee Members have also been offered the opportunity to be involved in the group.

### **1. Purpose**

- a. To identify any gaps in access to mental health services and make recommendations to address those gaps.
- b. To gather information to understand the provision offered by Trafford and their partners, including current performance data and any plans to change the offer.
- c. To gather information to understand the level of need for Children and Young People's Mental Health Services within Trafford.
- d. To engage with key stakeholders to understand experience of services from user and provider perspectives.
- e. To utilise the information gathered to consider the sufficiency of the offer for Children and Young people.
- f. To look at examples of best practice from other areas to identify possible methods of improvement.
- g. To present any views/ideas for improvement to key stakeholders to gather their views.
- h. To present the groups findings including any recommendations for improvement to the Executive.

### **2. Aim**

To create a report that:

- Provides an accurate picture of access to mental health services for Children and Young People.
- Informs the Executive of the views of key stakeholder's views of the service.
- Identifies areas of good practice and/or excellence within Trafford's services.
- Identifies any gaps or areas for improvement within Trafford's services.
- Provides deliverable recommendations with timing for follow up.

### 3. Methodology

The task and finish group will look to gather information from a range of sources to as part of the review. This will involve information gathering from a range of stakeholders as identified below.

Key stakeholders are identified as;

- Children and Young People
- Parents
- Parents Groups/forums
- Teachers/School Staff/College Staff
- Council/ NHS Staff/Public Health/Youth outreach team
- Volunteers
- 42<sup>nd</sup> Street
- Kooth
- Community Groups e.g. Gorse Hill Studio's,
- Schools
- Commissioned Services
- Volunteer Organisations/Charities

The Task and Finish group will look to engage with these groups utilising the following methods.

- Meetings – in person and/virtual
- Survey's
- Performance reports
- Data sets with relevant comparisons
- Responses to calls for evidence via email, letter, or telephone.
- Case Studies

In addition, the group will use national guidance, national statistics, and research to inform them of expected standards and examples of good/best practice.

A draft report setting out the proposals for consideration by the Scrutiny Committee at its meeting on the 7<sup>th</sup> of March. The agreed final report will then be submitted to the first meeting of the Executive in the 2023/24 municipal year.

It is critical to ensure that the review is thorough and robust, therefore extension of the deadline for completion will need to be approved by the Children and Young People's Scrutiny Committee.

### 4. Accountable

The Task and Finish Group will report to the Children and Young People's Scrutiny Committee on the outcomes of the Review. The Scrutiny Committee shall present a report to the Executive on the findings of the Review, with any recommendations being sent to Council.

As the task and finish group was originally proposed by the Health Scrutiny Committee regular updates will be provided at meetings until the Task and Finish Group is concluded.

## **5. Membership and Membership operation**

The membership of the Scrutiny Review Panel shall comprise of the following:

### Elected Members

- Councillor D. Western
- Councillor Whetton
- Councillor Hartley
- Councillor Haughey
- Councillor Maitland

### Co-opted Members

The group can agree to appoint Co-opted Members for the duration of the review. Co-Opted Members will be awarded the same status as full Members of the Group.

### Officers

- Alexander Murray – Governance Officer

The Task and Finish Group may invite other members or third parties to its meetings as it considers appropriate and necessary to undertake the review.

## **6. Chair**

Councillor D. Western was appointed as Chair of the Task and Finish Group at the first meeting of the group.

The Chair will ensure:

- Meetings are conducted in a fair and transparent business-like fashion.
- Decisions are clear and organisations are accountable.
- Any actions required have a clearly identified lead person to take forward the action, and identify a timescale for these actions.

If the Chair or Vice-Chair are not in attendance then a Chair will be appointed from the floor of those Members present.

## **7. Vice-Chair**

Councillor Whetton was appointed as Vice-Chair of the Task and Finish Group at the first meeting of the group.

## **8. Voting**

Proposals will be taken where possible on a collaborative basis, but each Member of the panel will have one vote. The Chair at their discretion can choose to withhold their vote, but in the event of a split decision will have the casting vote.

## **9. Decision Making**

The Scrutiny Task and Finish Group is not a decision-making body but will submit proposals in accordance with these Terms of Reference to the Scrutiny Committee.

## **10. Quorum**

Although the Task and Finish Group is not a formal meeting, for the Group to make a recommendation the quorum shall be any three members of the Task and Finish Group.

Where a meeting is inquorate those Members in attendance may meet but any recommendations shall require appropriate ratification at the next quorate meeting of the Task and Finish Group.

## **11. Meetings of the Task and Finish Group**

The Task and Finish Group is not a constitutional meeting of the Council or a sub-committee the Scrutiny Committee and as such is not subject to the Access to Information Rules.

Meetings of the Task and Finish Group will be held in private, virtually, hybrid, or in person and shall be held on a minimum of once a month (with exceptions) Starting in October 2022.

Meetings will be held at 6 p.m. unless agreed otherwise by the Group

## **12. Co-ordination and Servicing of Task and Finish Group meetings**

The Governance Officer, shall provide advice and administrative support to the Task and Finish Group, and will:

- Produce a schedule of meetings for the Task and Finish Group.
- Administer and maintain the Task and Finish Group Actions/Task log.
- Prepare the agenda, collate reports/evidence and produce minutes of each meeting.
- Undertake any follow up action arising from meetings (unless a Group Member is named against an action).
- Offer the Chair and Members constitutional, procedural and general governance advice as and when required.



# **Early Help Needs Assessment Refresh 2022/23**

**Authors: Shaina Murphy, Kate Campbell and Laura Barton, Children's  
Commissioning Team**

**1<sup>st</sup> March 2023**

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## 1. Background

In November 2021, Trafford's Early Help Commissioning team developed a needs assessment collating data from a wide range of sources including health data, JSNA Data, front door, social care data and commissioned service data. It was used to inform service planning and delivery of Early Help services to support positive outcomes for our children and young people. The Early Help Commissioning Team planned to procure future commissioned services via a Children's Service Flexible Purchasing System (FPS) to allow for easier, quicker commissioning by minimising procurement timescales and increasing opportunity for a wider range of providers. The FPS was to be based on five specific themes to cover the range of services needed.

- Provision for Antenatal to 5 years.
- Provision for 5-18 years and up to 25 for young people with SEND (SEN and Disability) and Care Leavers.
- Parenting/Family Based Support.
- Community Based Support.
- Infrastructure Support.

The intention was to set the FPS live for 2022/23 contracts in which providers would apply to the new FPS in the autumn of 2022 with a view to new service contracts being in place from April 2023. However, the development of the FPS was put on hold to allow for further development of the Children's service re-design and development of new family hubs.

This document is a refresh of the original needs assessment, to assess what developments and / or changes are needed to commissioned services and the planned FPS, and to review how this will support and complement the new children's service re-design and the family hub model.

## 2. Local Context

The original contract term for the majority of the Early Help contracts was until 31<sup>st</sup> March 2022. A previous 1-year extension was granted to extend the relevant contracts unchanged until 31<sup>st</sup> March 2023 to allow for an internal Early Help redesign to take place so that it enabled the Early Help Commissioning team to understand how the commissioned services would run in partnership. During this 1-year extension period it was hoped that a new children's services Flexible Purchasing System (FPS) would be developed, and mini competitions would be held for new contracts / services to begin from 1<sup>st</sup> April 2023.

Due to a number of unforeseen circumstances, this new Early Help model in Trafford, is yet to be finalised. In addition to the development of the Family Hub model in Trafford, it is still not clear how the current offer of Early Help commissioned services will run alongside the new model of delivery, and as a result this has meant the development of the FPS has temporarily been put on hold.

Early Help Commissioning are now undertaking a refresh of the Early Help Commissioned offer, to fully understand need and agree proper commissions going forward. To enable this to be as thorough as possible, and with recommendation from STAR legal, we are granting 6-month extensions to our contracts to allow continuity for the service users and to supply some assurance to the providers. As a result, Early Help contracts will be awarded a 6-month extension until September 2023 pending legal approval.

### 3. Trafford JSNA Headline Demographic Profile

The following data has been gathered based on the factors discussed in section 6 to help understand the levels and type of need within Trafford.

#### 3.1 Trafford Neighbourhood Data

The borough of Trafford is made up of four neighbourhoods – North, South, Central and West, each made up of several ward areas. Trafford is the least deprived authority within Greater Manchester, however there are very significant internal inequalities both within and across neighbourhoods. Trafford has its own North and South divide, with greater life expectancy, better health outcomes and fewer health inequalities in the South compared with the North. However significant inequalities also exist within wards that are masked at neighbourhood levels and can create a false picture of population needs. The data detailed in this document provides information, where possible, at a locality or ward level. The map below (figure 4) indicates these localities and the wards that they are comprised of <sup>1</sup>.

### Trafford's localities



Figure 1: Trafford locality map

<sup>1</sup> [Trafford Data Lab](#)

### 3.2 Deprivation

Families living in areas of high deprivation are more likely to experience risk factors including housing and financial difficulties and poor mental health; evidence shows that economic stress, parent's risk factors and the interparental relationship can impact each other<sup>2</sup>.

Research has shown that families living in, on the cusp of poverty, or with the prospect of severe economic change are at a heightened risk for multiple negative outcomes, both on an individual and a family level. These include increased rates of family conflict, child neglect and abuse, adult substance misuse and depression<sup>3</sup>.

Trafford is ranked 191 on the 2019 Index of Multiple Deprivation (IMD) out of 317 local authority districts in England where 1 is the most deprived and 317 is the least deprived. Trafford ranked 199 in 2015, so the borough has experienced worsening of deprivation over the last 4 years. The IMD data is presented in terms of Lower Super Output Areas (LSOAs). LSOAs are statistical geographical units, each of which has a population of around 1,500. In Trafford we have 138 LSOAs. Each LSOA (Lower Super Output Areas) is measured against seven themes: income, employment; health and disability; education, skills and training; barriers to housing and services; living environment; and crime. The graph below (figure 5) indicates level of deprivation in each of these LSOA's, indicating greatest deprivation in the North and West of the borough.

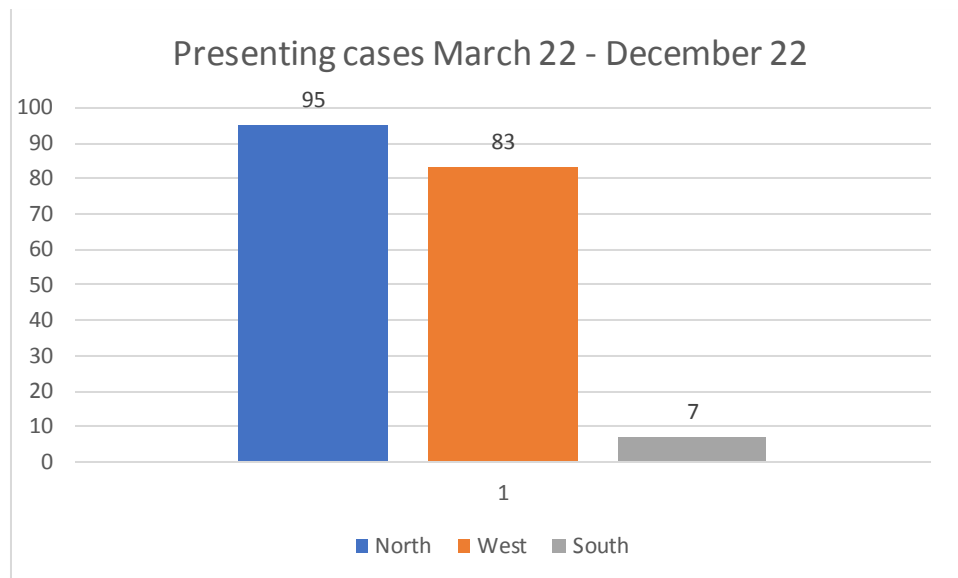
### 4. Trafford Team Together

Trafford Team Together (TTT) was implemented as a new way of working in September 2021, to better support children and families living in Trafford, or attending a Trafford school, to prevent small worries turning into bigger problems. TTT also finds support for children and families recovering from crisis. Professionals may contact the area TTT Co-ordinator to seek support for a child or family facing multiple challenges, where there are no immediate safeguarding concerns. TTT is currently available in Trafford North and West and has recently moved into the South area. Plans are in place for TTT to reach Central area in

Spring 2023. Support for children and families in South and Central may continue to be accessed through the Early Help Panel in the meantime.

TTT secures a holistic understanding of our children and families' position, empowering them to navigate through life's challenges. Timely and tailored support is individual to each child and family's situation, delivered through activities or services in local communities.

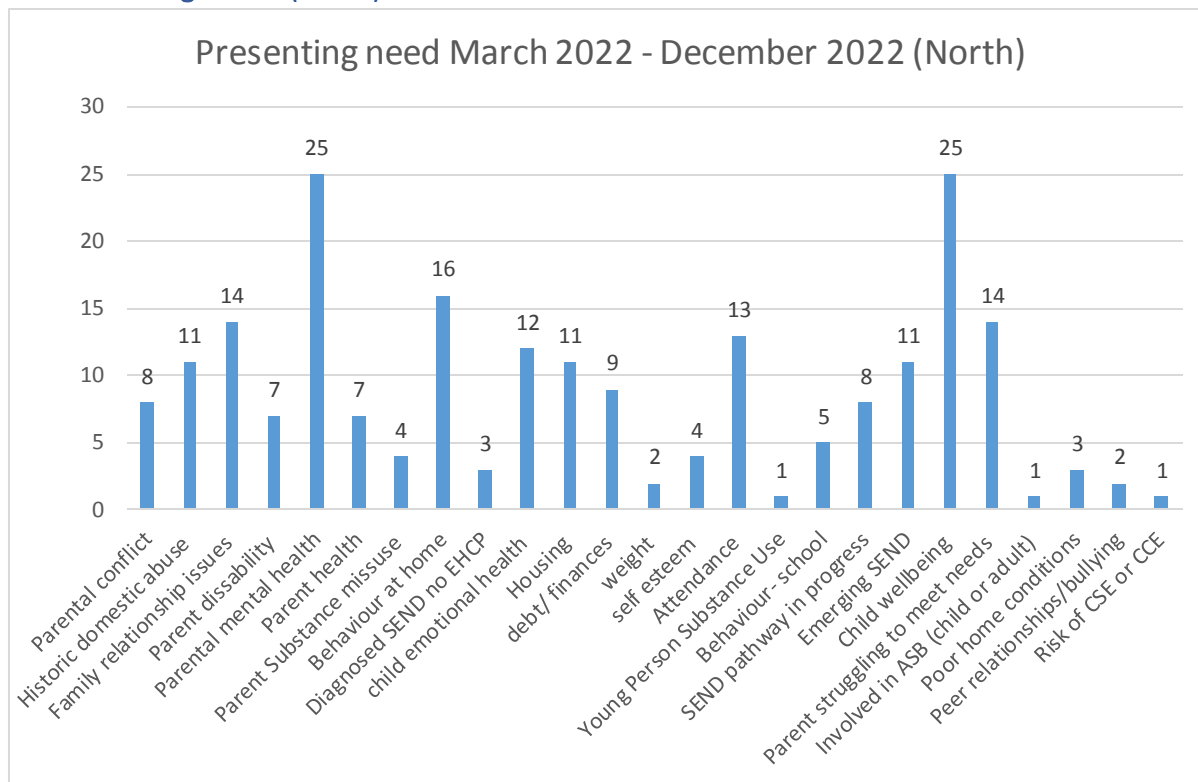
#### 4.1 TTT Cases North & West March 2022 – December 2022



Between March – December 2022 TTT presented 95 cases from the North, 83 from the West and 7 from the South. Numbers in the south are considerably lower as the pilot only commenced in this area in September 2022. Schools with the highest levels of referrals include:

- Old Trafford Community Academy (N)
- Seymour Park (St Alphonsus and Stretford High) (N)
- Partington Central (W)
- OLOR (Our Lady of Lourdes Catholic primary school) (W)
- Forest Gate (W)
- Barton Clough Primary (W)
- St. Matthews Primary (N)
- Highfield Primary (W)
- 'Flixton Girls' (W)
- St. Monica's R Primary (W)

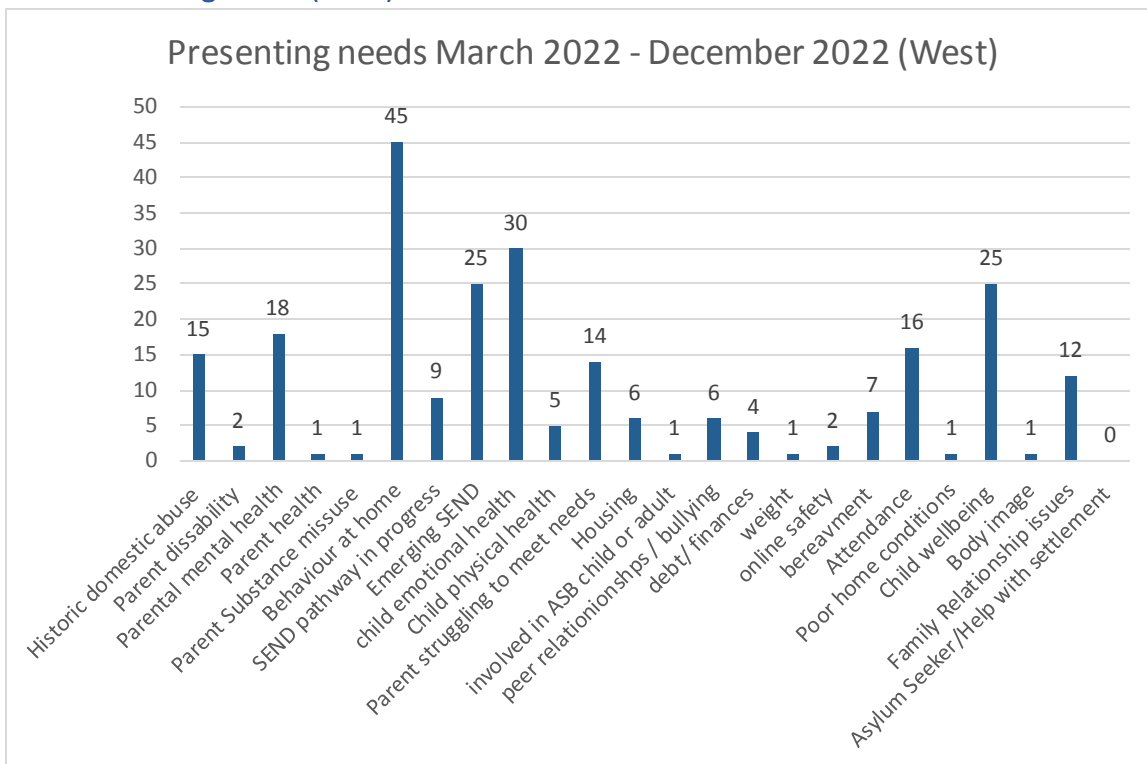
### 4.2 Presenting Needs (North)



The top presenting need for the North between March 2022 and December 2022 is parental mental health and child well-being. Behaviour at home and parents struggling to meet needs were also highlighted as key concerns.

*\*It should be noted that those presenting needs which have scored zero over this time frame have not been included in the above graph.*

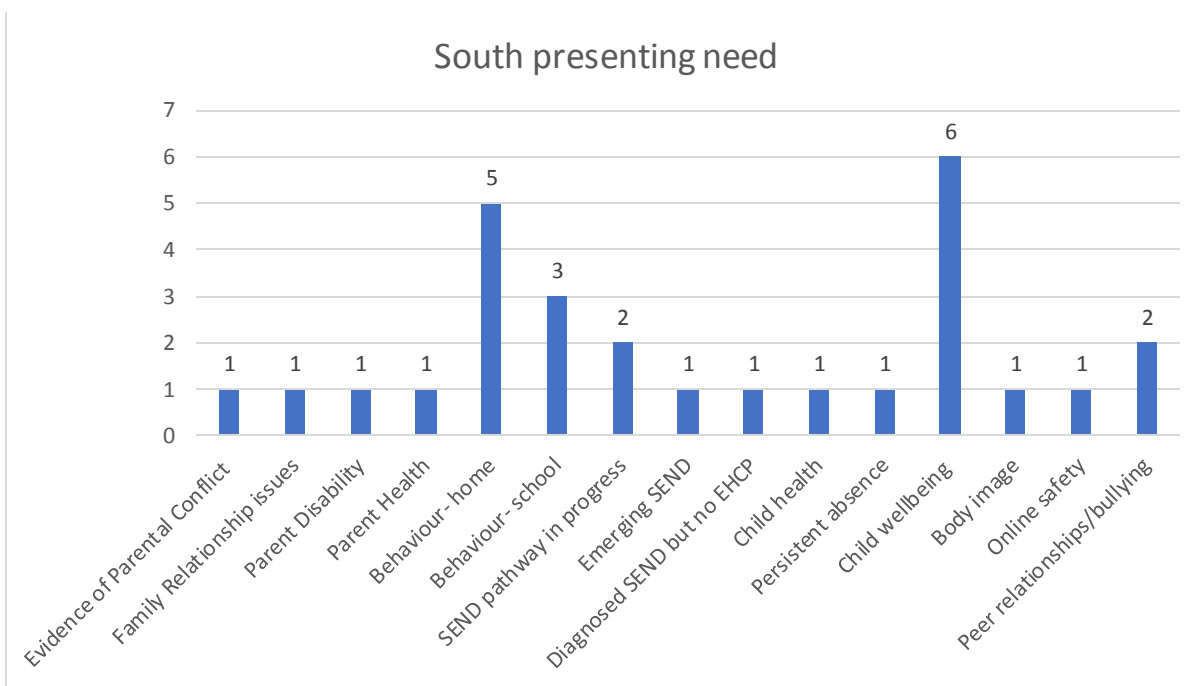
### 4.2.1 Presenting Needs (West)



The top presenting need for the West between March 2022 and December 2022 is behaviour at home, child emotional health, child well-being and emerging SEND.

*\*It should be noted that those presenting needs which have scored zero over this time frame have not been included in the above graph.*

### 4.2.2 South Presenting Need





The top presenting needs for the South between September 2022 and December 2022 are child wellbeing and behaviour at home.

*\*It should be noted that those presenting needs which have scored zero over this time frame have not been included in the above graph.*

#### 4.3 Summary

Out of the 81 families that were presented at TTT meetings from September to December 2022 there have been 15 contacts into first response, 5 have escalated for C&F assessment, 3 referred to IFS, 3 for universal services, 2 short breaks and 2 to remain with TTT.

Across the 3 localities 6 presenting needs were most prominent. These are:

1. Child emotional health / well-being
2. Behaviour at home
3. Parent mental health
4. SEND (Emerging SEND, Diagnosed SEND but no EHCP, SEND pathway in progress)
5. Parent struggling to meet need
6. Family and relationship issues

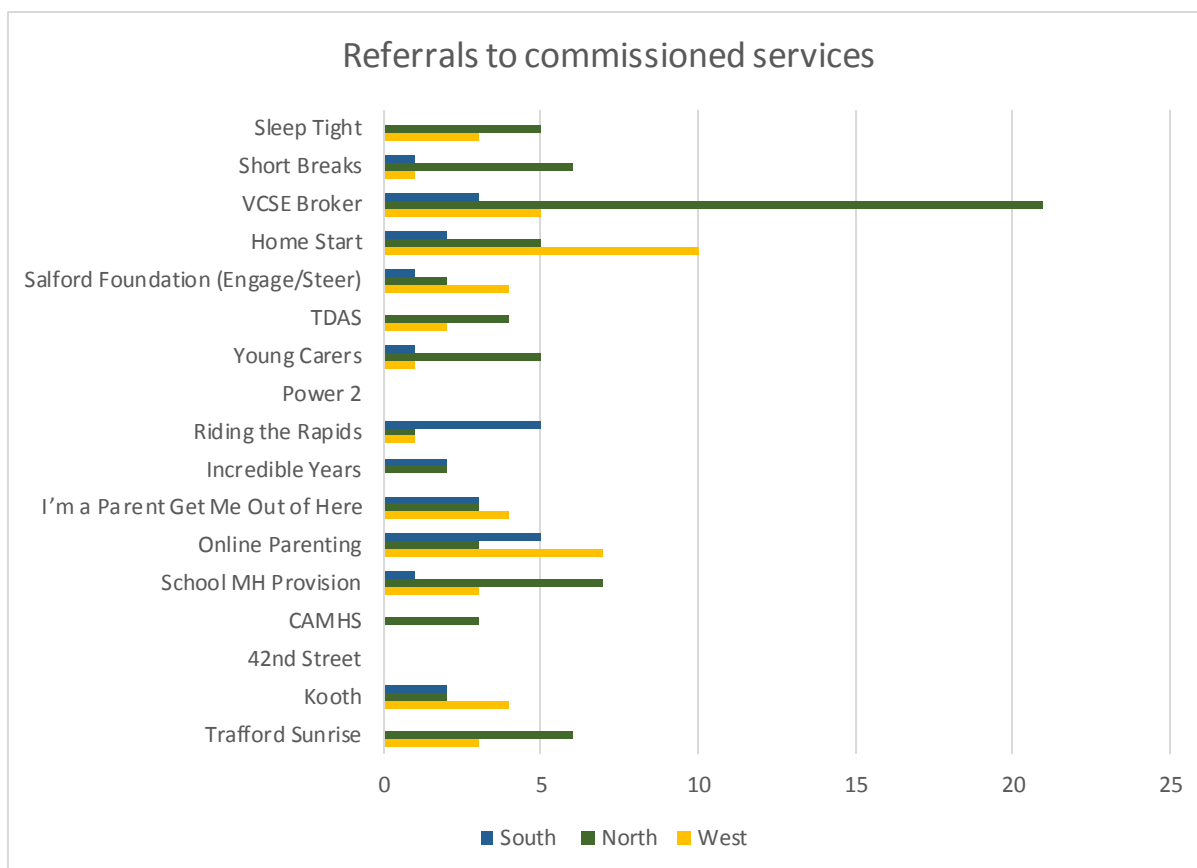
The table below highlights these areas and the current services commissioned from the EH budget to help address them.

Presenting Need	Commissioned Service
Parental mental health	VSCE Broker Roles (Gorse Hill Studios / The Hideaway) Parent Drop Ins (Calm Connections) Family Support (Home Start)
Behaviour in the home	Engage Mentoring (Salford Foundation) Family Coaching (Calm Connections) VCFSE Broker Roles (Gorse Hill Studios / The Hideaway) Additional Mentoring (Power 2 Re-Discover, supporting children who are struggling in school)
Child well-being	Trafford Sunrise (Just Psychology) VCFSE Broker Roles (Gorse Hill Studios / The Hideaway) Domestic Abuse Support (TDAS) Wellbeing/Counselling/Advice (Kooth)

	<p>Mentoring (Engage and Power 2 Re-Discover)</p> <p>LGBTQ+ Youth Support (Proud Trust)</p> <p>Online Support for Teenagers (Solihull – 1 module for teenagers)</p>
Parent struggling to meet need	<p>Family Support (Home Start)</p> <p>I'm A Parent Get Me Out Of Here Workshops (The Counselling and Family Centre)</p> <p>Parent Drops Ins / Family Coaching (Calm Connections)</p> <p>VCFSE Broker Roles (Gorse Hill Studios / The Hideaway)</p> <p>Online Parenting (Solihull and Triple P)</p>
Family and relationship issues	<p>Reducing Parental Conflict Support (Trained practitioners across voluntary sector)</p> <p>VCFSE Broker Roles (Gorse Hill Studios / The Hideaway)</p>
SEND	<p>Starting Strong (The Counselling and Family Centre)</p> <p>Sleep Clinic (Together Trust)</p> <p>Short Breaks (Sport Works/GHS, Sense)</p> <p>Online Parenting (Solihull – 1 module for children with additional needs)</p>

#### 4.4 TTT and Commissioned services

The following graph shows the number of referrals submitted to commissioned services through TTT between September 2022 and December 2022.



### 5. Trafford Early Help Offer

In Trafford, there are a wide range of services that provide Early Help to children and families including Council services, our health partners and both commissioned and non-commissioned services from all sectors. We want to ensure our Early Help offer is clear and transparent to local people, that the offer maximises independence and resilience, encourages active community engagement in supporting the most vulnerable whilst also ensuring that the Local Authority continues to meet its statutory duties. In doing so our providers across the voluntary, community, faith, social enterprise (VCFSE), public and private sectors play a key role ensuring that residents understand and know how to access the wide range of support services available to them. One of the routes to promoting our service offer is via the Trafford Service Directory which is utilised by both residents and professionals and as the offer develops, we need to ensure there is advice and guidance for children, young people and families. Our ambition is to work with the Family Information Service to develop a local offer for Early Help like the SEND Local Offer. The flexibility of the

community resources working together means that the support available to individuals and families can be stepped up and stepped down as their circumstances require.

*Our primary aim is to provide the right support, at the right time to ensure cases do not escalate to require specialist interventions within the thresholds of social care.*

We know the needs of our families are ever changing so the ability to move through relevant services is a key driver for all agencies working in partnership with the shared ambition of a co-ordinated Early Help offer for our families. Within the new FPS for commissioning, we intend to align the structure to the THRIVE model used in mental health services. This is a person-centred approach to enable services to be delivered according to the needs and preferences of young people and their families based on 4 key areas.



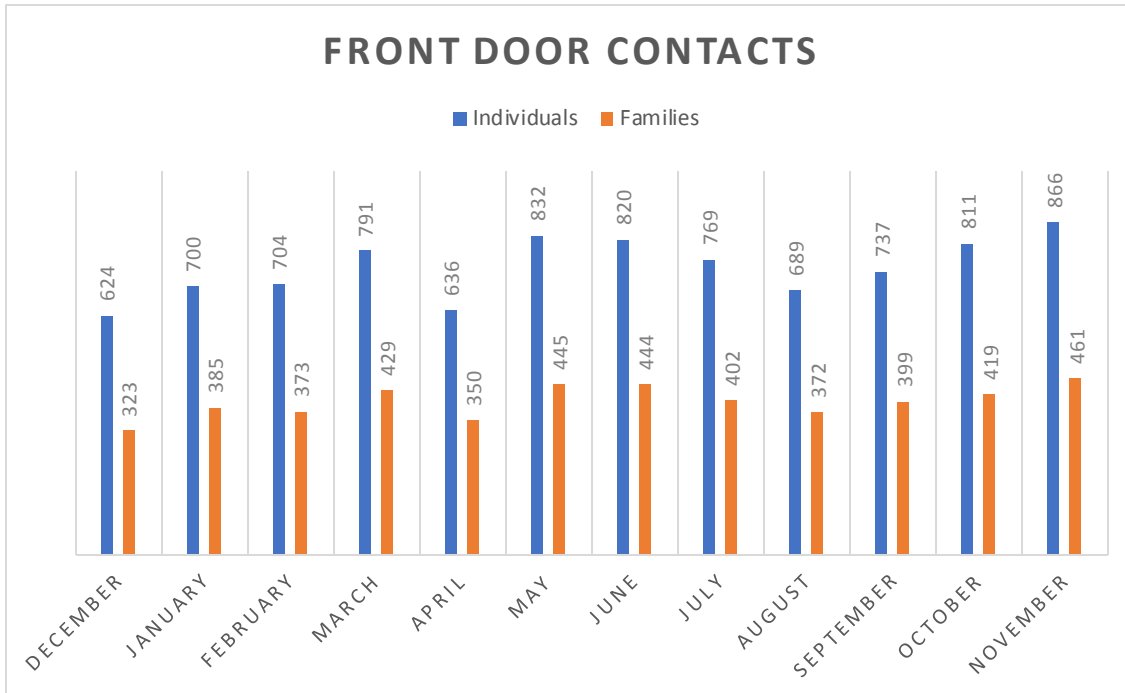
Trafford’s Early Help Contracts fit under “Getting help” and features an important role in supporting families.



**6. Early Help Assessments and Front Door Contacts**

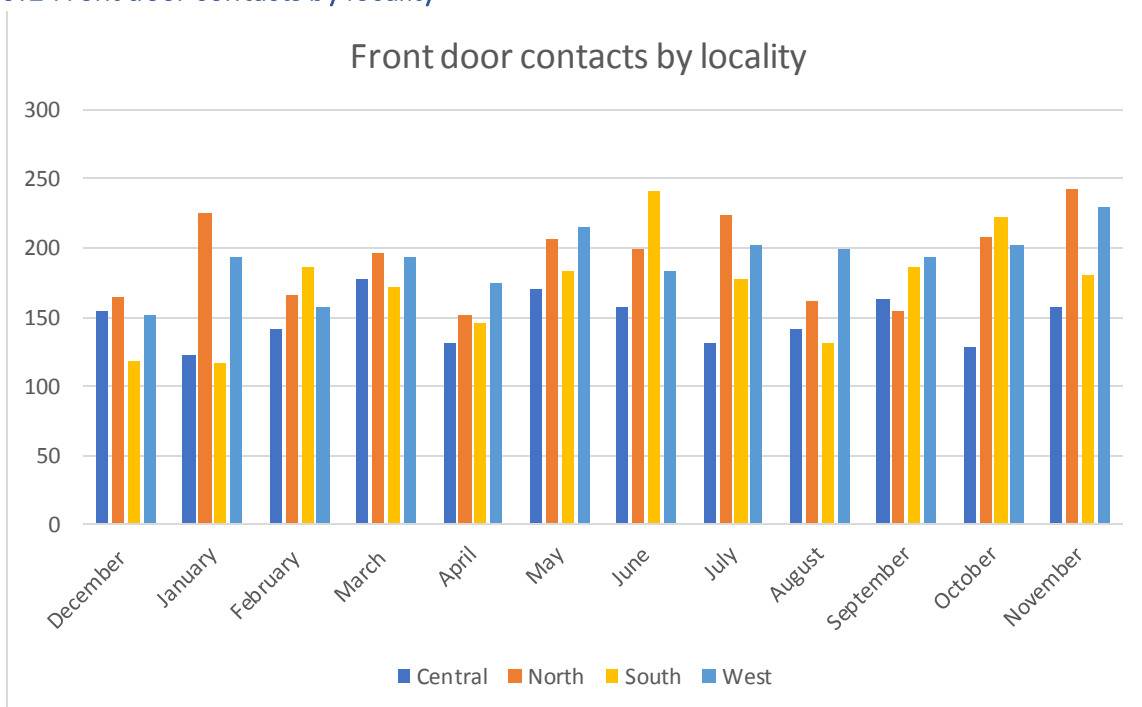
Children’s First Response is Trafford’s single point of contact for all professionals and members of the public to report concerns, request advice and share information about a child and /or family. When an individual contacts First Response, a contact reason is recorded.

### 6.1 Front door contacts



Between December 2021 and November 2022, the front door recorded 9,131 contacts. November 2022 recorded the highest number across the year (866). The average number of individuals per month accessing the front door from December 2021 to November 2022 was 748. Similar trends were observed in last year's data with an average of 805 individuals accessing the front door between April 2020 and March 2021.

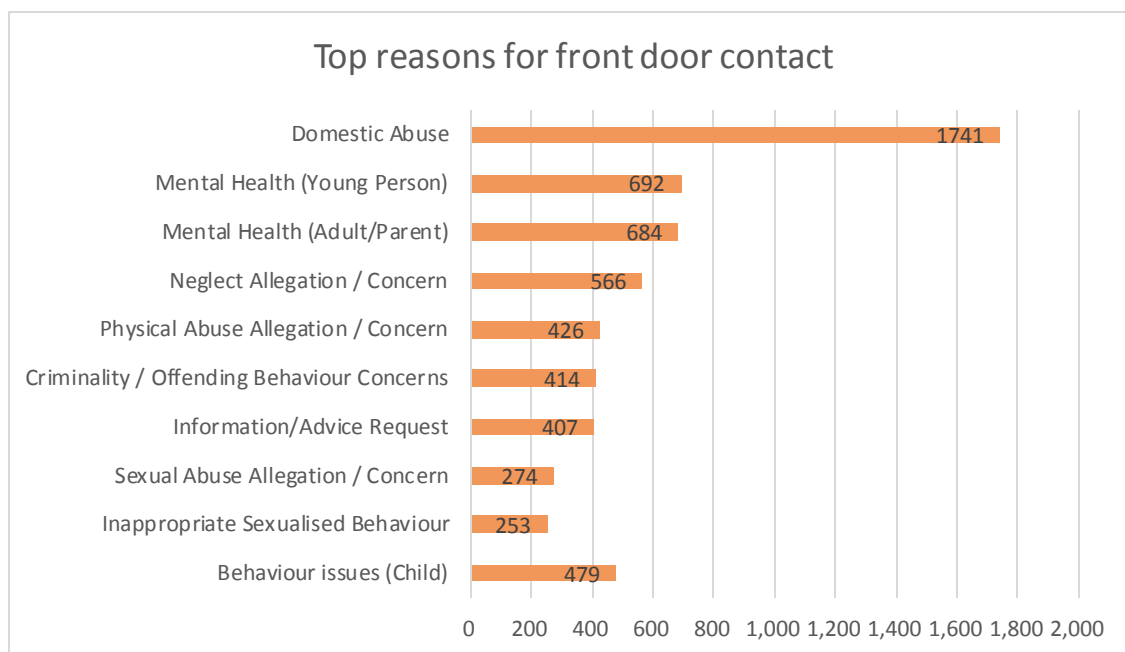
### 6.2 Front door contacts by locality



The North and South Trafford accessed the front door more frequently than central and west Trafford. The North had particularly high rates in January and November 2022. Between December 2021 and December 2022 402 front door contacts were received from out of borough.

### 6.3 Contact reasons

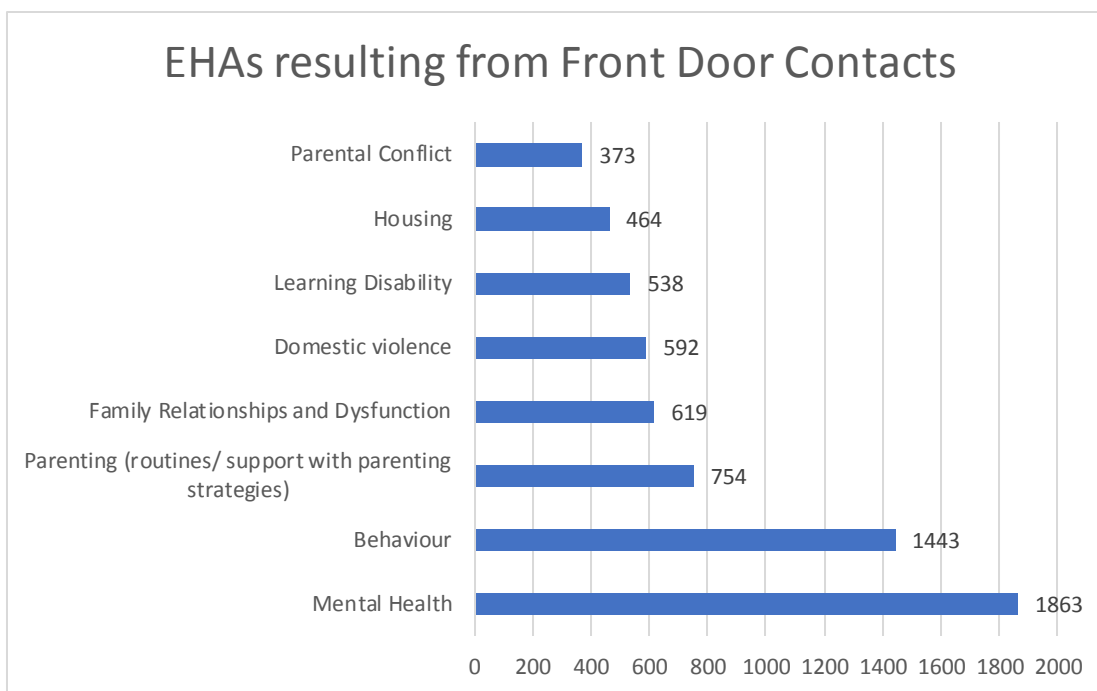
Between December 2021 and November 2022 43 contact sources were recorded. The 10 most recorded contact reasons included:



The highest recorded reason for front door contact was domestic abuse followed by mental health for both young people and parents/carers. Our commissioned services TDAS, KOOOTH, 42<sup>nd</sup> Street and Trafford Sunrise aim to support young people and their families in these areas.

### 6.4 EHAs resulting from Front Door Contacts

An Early Help assessment (EHA) is a document completed by a practitioner with family consent, which acts as a tool to help families get additional support where needed. The EHA and plan bring together different people who may be able to support the family as a whole. In some cases, an EHA is used as a referral form into different services and provides an overview of family need, so support can be better coordinated. All EHAs are then logged onto the Early Help Module (EHM) database.



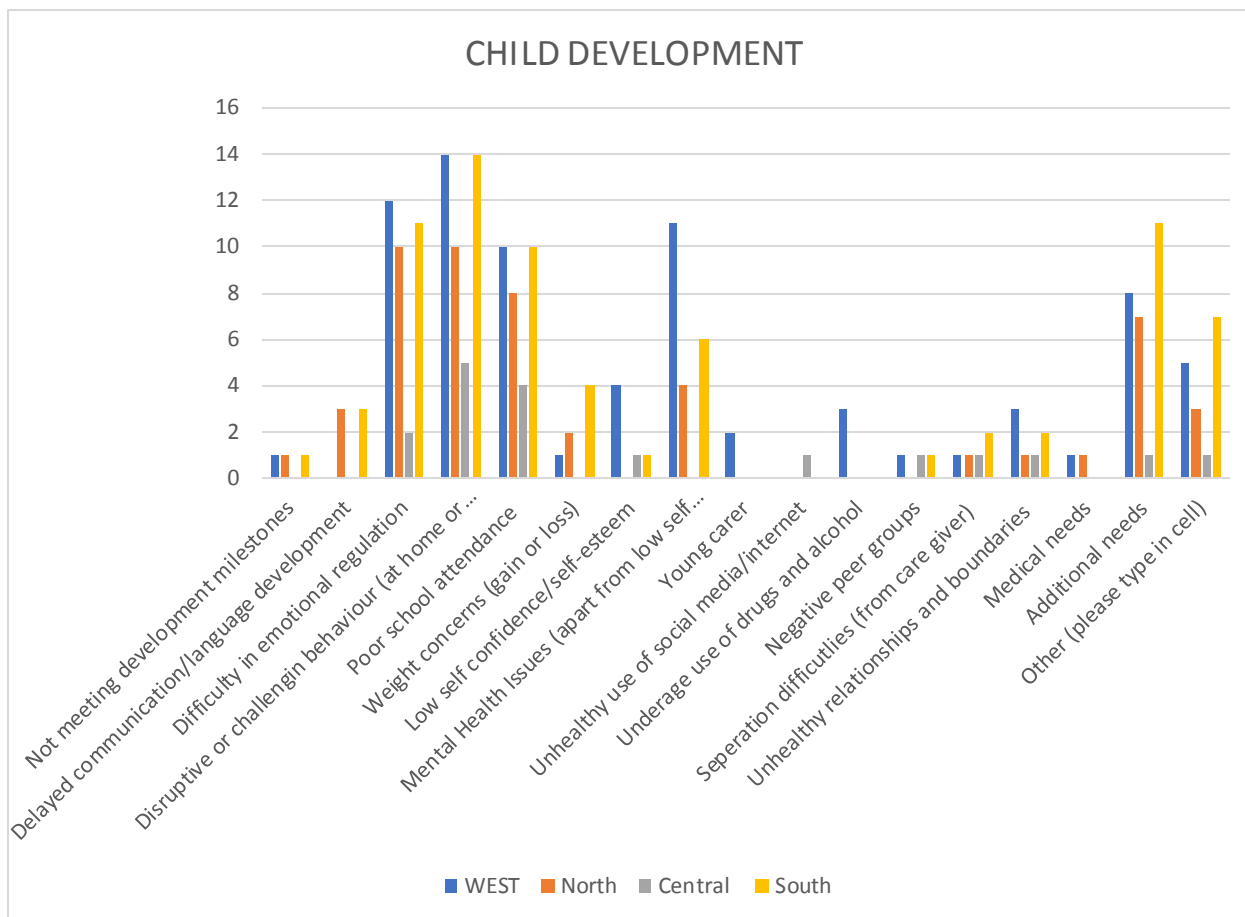
Mental health was recorded the highest number of times for front door contact reason followed by behaviour. Mental health concerns for both parents and child are an emerging presenting need across Front Door data, Commissioned Contract monitoring and Trafford Team Together. The influx of mental health related issues rose significantly post Covid-19 at a time when waiting lists for CAMHS (Child and Adolescent Mental Health Services) were at an all-time high.

### 6.5 Early Help Panel Referrals

Commissioners attend the Early Help Panels to provide support and advice on appropriate referrals to commissioned services. Panel runs every week and Trafford professionals discuss the most appropriate forms of support for children and families. To help track presenting needs across panels, the Early Help commissioning team established a tracker.

***NB (The following tables are reflective of concerns that have been addressed in panels during September 21 –November 22)***

#### Presenting issues under child development



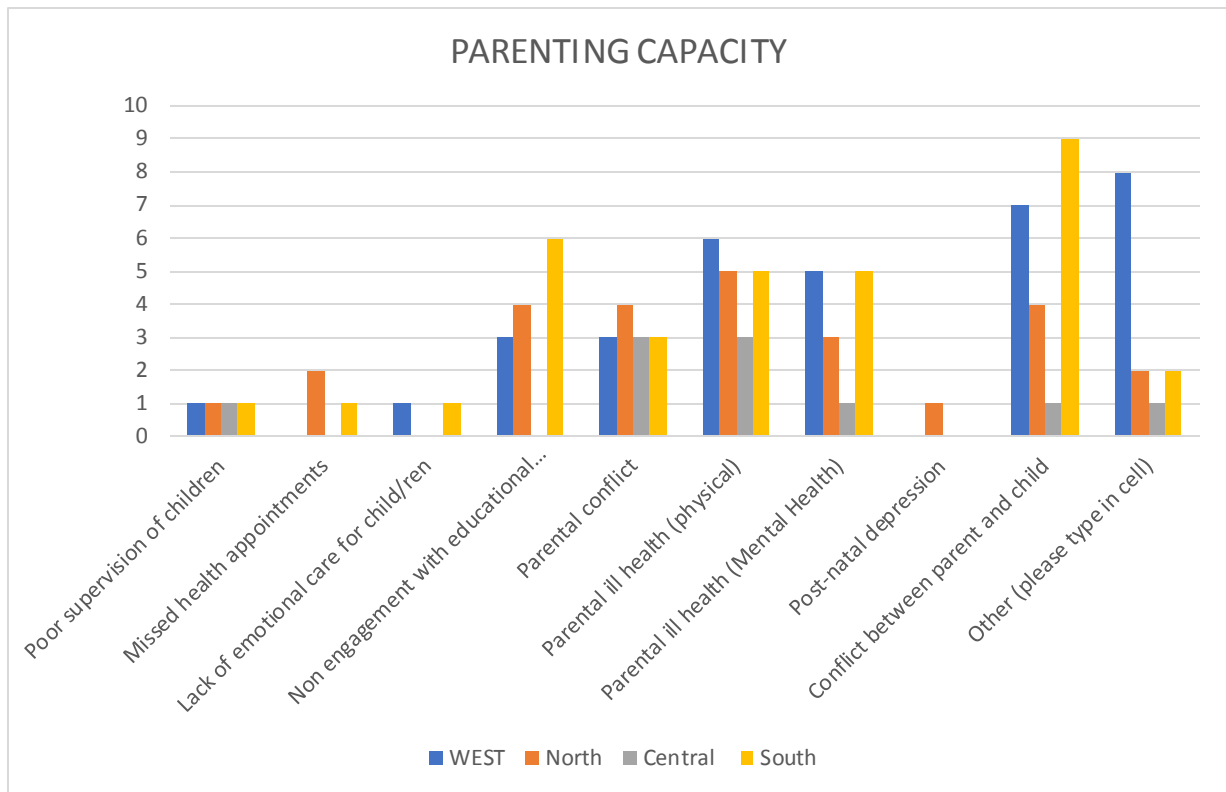
The data above represents data collected between September 2021 and November 22.

During this period three areas had the highest recordings. These include difficulty in emotional regulation, disruptive or challenging behaviour and poor school attendance. The West locality recorded higher case numbers for mental health issues.

Early Help services commissioned to support these needs include Trafford Sunrise, Engage mentoring and Solihull online parenting.

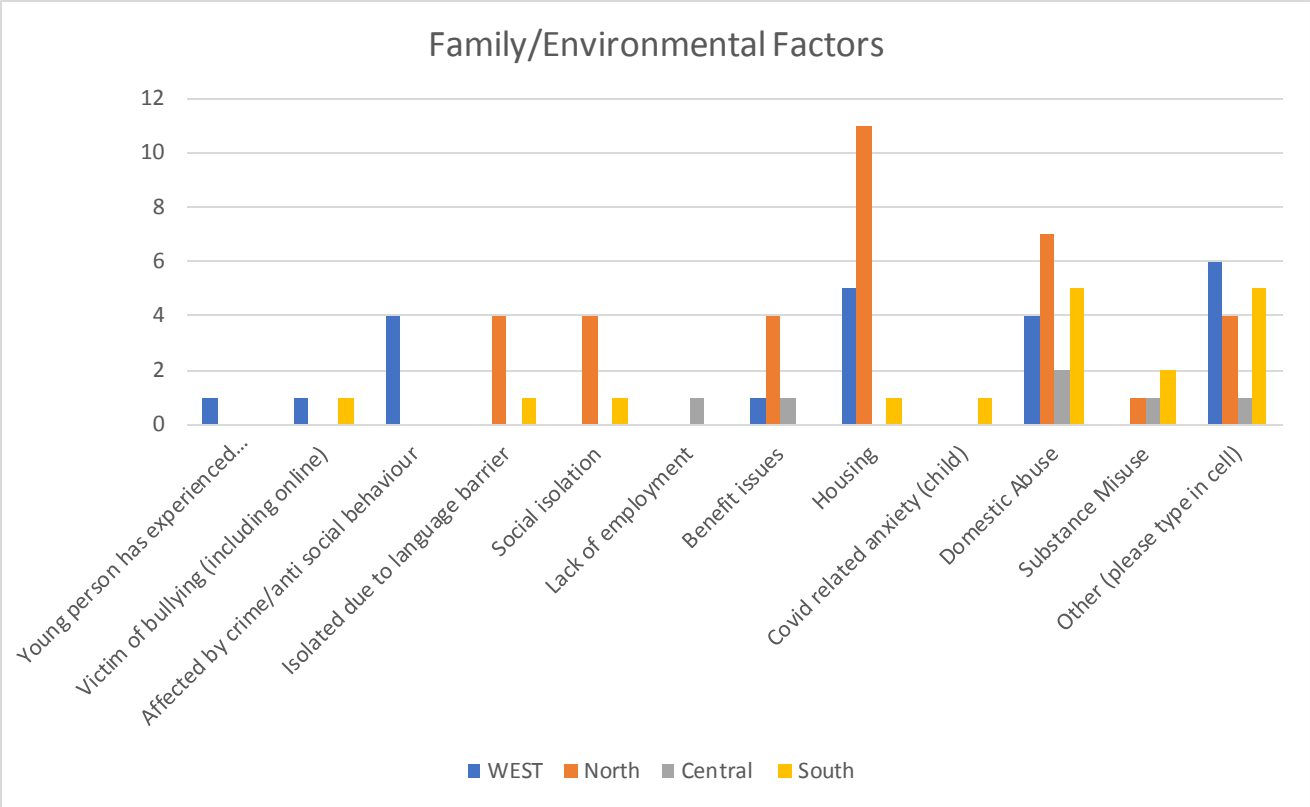
Presenting issue: Under parenting capacity





The graph depicts data recorded between September 2021 – November 2022. Conflict between parent/child was most often recorded during this time across all 4 localities. Trafford directory offers support and advice to parents struggling with conflict. More info can be found here [Reducing Parental Conflict | Trafford Directory](#)

Presenting issue: Under family/environmental factors



The graph depicts data recorded between September 2021 – November 2022. The top 3 most recorded issues included housing, domestic abuse and other. While Early Help contracts cannot typically support housing issues, our TDAS contract can support and assist families/young people who have experienced or witnessed domestic abuse.

6.6 Summary

Child Development

Data collated from Early Help panels depict higher levels of presenting need in the West and South Trafford. The most prevalent factors recorded for West and South included:

- Difficulty in emotional regulation
- Disruptive/challenging behaviour
- Poor school attendance
- Mental health difficulties (particularly high in the West)

Similarly, data from TTT depicts significant reporting of parental mental health and challenging behaviour. In recent months (September 2022 – December 2022) school attendance has been flagged as a focus for TTT co-ordinators.

### Parenting Capacity

Conflict between parent and child has frequently been reported with South recording higher numbers than other localities. Parental mental health was also recorded for all localities. A significant number of TTT cases reported parents struggling with their mental health. The North in particular reported high numbers of parents with mental health issues.

### Family/Environmental factors

Housing and domestic abuse were the top presenting factors at Early Help panels. North reported a greater number of housing and domestic abuse issues.

## 7. Early Help Contracts

### 7.1 Family Support & Parenting

#### **Commissioned Service 1 Home Start: Family Support**

The service offers family support delivered in the home and community venues, supported by both paid and/or volunteer staff. All families are assessed for their level of support and provided with a time limited support package which includes an action plan and review.

#### **What does the monitoring data tell us?**

Home Start received 52 new referrals between April 2022 and December 2022 plus 34 referrals which they had not been able to officially accept as of end of Q3. These have been carried over to Q4 to be picked up when staff capacity is freed-up. The service receives referrals from various sources with primary referrers including nurseries/schools and Trafford Team Together. Between September – December 2022, TTT generated 13 referrals for Home Start.

Over the course of the last 6 months, Home Start demographic data depicts high numbers of lone parents/carers (40), parent with low income (16), child mental health (24), social isolation (42), poverty (24), and housing issues (17). Home-Start continues to support families with children aged between 0 to 4 years but also offers support to families having older children too, some of whom might have both younger and older children. So far this year, Home Start supported 82 adults, 32 young people between ages 0-4, 69 between 5-11 and 42 aged 12-18 years.

Home-Start continues to achieve positive outcomes for families shown by increased coping scores amongst parents and de-escalation rates. Between the period April 22 – December 22 Home start have de-escalated 34 families from point of entry, 20 stayed the same and 4 escalated. Across all quarters over 80% of parents have reported an increase in their self-assessment coping scores on both their own wellbeing (in terms of physical health, mental health, isolation, and/or self-esteem) and in ‘family management’.

#### Waiting list initiative

Demand for Home-Start family support in Trafford is continuing to increase year on year. Since being part of the Trafford Team Together roll-out, Home Start have seen an increase in referrals for family support. Currently 33 families are waiting for support, just less than 50% of these came from a TTT referral (as of 04.01.2022). We expect this trend to continue as Trafford Team Together is rolled across the borough. Without an increase in capacity, it is a concern that struggling Trafford families will be left for longer periods without support. As a result, Home Start have recently implemented a ‘Waiting Well’ initiative which will increase capacity and allow for an additional 24 families to be supported over a 9-month period (Jan – Sept 2023) (as is provided as part of our existing Early Help Contract – either up to 4 months support from a Family Support Worker, or up to 6 months coordinated volunteer support).

The cost for this additional capacity is £29,682 which equates to a unit cost of £1,118 per family. This is in keeping with the existing contract value (£1,111 per family).

## **7.2 Online Parenting Courses**

### **Commissioned Service 2: The Solihull Approach**

The Solihull Approach is a parenting programme focused on emotional health and wellbeing. Solihull supply online courses and face to face groups for parents. It was important for commissioners to extend our parenting support offer into the digital space as historically the feedback had been that parents and carers found face to face parenting sessions which required several weeks commitment at set days and times, hard to access due to employment commitments. The online courses are accessible to all Trafford parent/carers and one for teenagers: understanding your pregnancy birth labour and your baby; understanding your baby; understanding your child; understanding your teenagers’

brain (short course); understanding your brain (for teenagers only!); understanding your child with additional needs; understanding your child's feelings; understanding your child's mental health and wellbeing.

To date Solihull online has 964 registered users of which 729 have started a module. The license allows for unlimited user registration with no restriction on numbers each year. The most popular modules include Understanding your child (289), Understanding your teenager's brain (159) and Understanding your child with additional needs (83). Promotion around Solihull is ongoing and often spoken about at Early Help and Parenting panels.

### **Commissioned Service 3: Triple P**

Triple P is a parenting programme designed to provide parents with a toolbox of ideas. The three "Ps" stand for "Positive Parenting Program" which aims to help parents: raise happy, confident children; manage misbehaviour so everyone in the family enjoys life more; set rules and routines that everyone respects and follows; encourage behaviour you like; take care of yourself as a parent; and feel confident you're doing the right thing.

The commissioning team are working with Triple P to increase code dispersion and uptake of the online offer. We have identified key colleagues to help support with promoting this offer and training has taken place to ensure practitioners know how to issue a code.

Completion of SDQs (Strengths and Difficulties Questionnaire) posed a challenge, thus the commissioning team created an online version using citizen space for ease and accessibility.

\*100 Codes were bought in 2020 and no more bought since due to a large amount remaining. To date 72 codes remain some of which have been issued but returned when not registered on site by a parent or carer.

## **7.3 Emotional Health & Wellbeing**

### **7.3.1 Commissioned Service 4 Trafford Sunrise: Emotional Health and Wellbeing Support for children aged 5-12 years**

This service offers group and 1:1 intervention that meet the needs of children and young people between 5 and 12 years old with moderate emotional difficulties in a safe, confidential space. These are children and young people who do not meet the threshold for CAMHS (Child and Adolescent Mental Health Services) in Trafford as they do not have a

significant mental health need. They are also not the children with an elevated level of emotional difficulties that schools would normally buy counselling for. The service also delivers parent workshops on a variety of topics.

### **What does the monitoring data tell us?**

Parent workshops have been successful with **high attendance** recorded at the workshops that focused on anxiety, behavioural difficulties and managing class changes. It has been important for commissioners to keep a contingency budget within this area to respond to arising need and develop bespoke parenting workshops to meet demand. In the context of Covid the purchased workshops focussed on the anxiety and challenges of returning to school which has been present for children, young people, and their parent/carers. Had the entire budget been committed to formal contracts, we would not have been able to respond to the rising demand in this area. During 2020/21 workshops were delivered online which allowed for greater delivery. The service closed in Q3 (2021/22) and remained closed for Q4 which affected number of workshops delivered in 2021/22. Closure of the service resulted from high demand and wait lists for the service continued to grow as the service became oversubscribed. Since its re-opening measures have been put in place to reduce the risk of the same issues repeating. The service initially began as a group offer but moved towards 1:1 support during Covid which led to its over subscription. As a result, strict criteria is now in place to ensure the latter does not occur again.

Trafford Sunrise received 24 referrals in their first quarter after re-opening the service. 47 CYP were supported during this period. Wait times for this service have been managed since re-opening, however, Q2 has seen a huge number of referrals with 113, 71 from GPs.

### **7.3.2 Commissioned Service 5: Emotional Support Online 11-18 years**

This service offers emotional support to secondary aged young people with the aim of increasing emotional resilience, developing positive coping mechanisms, building strong relationships, and increasing protective factors for those assessed with a moderate level of need to prevent their escalation to greater/more significant difficulties. These are young people that do not meet the threshold for CAMHS in Trafford. The interventions offered include 1-1 counselling, shared articles, and peer support. This digital offer was developed in response to the voice of children and young people about some of the challenges they had

encountered around attending specific mental health venues for support or in finding the right trusted relationship where they felt able to talk openly; having a digital offer has enabled more young people to access support in a timely manner although with increased need around emotional wellbeing for our young people during Covid, it is difficult to align how this service can reduce demand on specialist mental health services.

### **What does the monitoring data tell us?**

Using Q3 data, the most common age group of young people accessing Kooth is 14-16 yrs old (51%). Females make up 62%, males 30%, 8% non-binary. Two thirds of all log ins take place outside of work hours (9-5pm) which means this is a really good source of support when other services have closed. The most common presenting need is anxiety/stress followed by suicidal thoughts, friendships and self-harm. The chat and message functions remain popular. 79% of young people accessing counselling via Kooth would recommend it to a friend. Articles and forums are also popular with the 2 most viewed forums focused on sex and relationships, and wellbeing. 88% of young people found the content useful.

## **7.4 Youth Support**

### **7.4.1 Commissioned Service 6 Engage: Mentoring**

The provider delivers a mixed model of 1:1 intensive mentoring and group sessions; ensuring support is available at right and relevant times. Each mentee receives a person centred, solution focussed, personalised support package delivered over 12 sessions. The main target group is young people aged 9-16 years who have an identified need around anger management, expressing challenging behaviours, engaging in negative and/or risky behaviours, not in employment, education or training (NEET), or identified as having low aspirations.

### **What does the monitoring data tell us?**

Engage mentoring received 80 new referrals between April 2022 and December 2022. In quarter 1-3, Engage mentors supported 69 young people with 1:1 support and 10 young people in group support. In April 2022, the wait list had 80 young people waiting to access support. The commissioning team worked with Engage to reduce this number and improve waiting times for young people. In quarter 2 the wait list reduced to 34 young people

waiting for support. This has since increased in Q3 with 50 young people now waiting to access mentoring.

Outcomes for the service remain high with young people reporting feeling better able to manage their emotions, articulate their feelings and make right responses. Feedback from 1:1 support depicts the positive impact Engage mentoring provides:

- A. *“I have an understanding of how to manage my anxiety and put techniques into practice (YP)”.*
- B. *“You have helped me build a better relationship with family (YP)”.*
- C. *“With everyone's help X is like a new lad his improvement is amazing (PG)”.*

Between April 22 – December 22, engage have closed 38 cases of support in which 23 de-escalated, 7 stayed the same and 8 escalated.

The service receives referrals from many sources with the main referrers across the two quarters including Trafford Team Together Early Help Hubs and schools. Between September and December 2022, 28 referrals were generated from TTT meetings. Over the last 6 months demographic data depicts high numbers of lone parent/carers (42), child/parent mental health issues (56), wellbeing concerns (50), children with additional needs (33), and social isolation (19).

#### Waiting list initiative

In April 2022, the waiting time for accessing mentoring support with Engage reached an all-time high. The wait time for the service sat around 10-12 months from the point of referral. Commissioners and Engage worked to set up temporary measures to help reduce and manage waiting times. The following steps were taken:

1. Consultation with IFS (Intensive Families Support) and a decision to temporarily stop accepting referrals from Level of Need (LON) 3
2. LON3 on the waiting lists not right for group sessions were removed.
3. Re-introduction of groups which had been paused due to poor up take the previous year
4. Engage revised/contacted the waiting list to assess if all were still in need of support.



5. The joint effort of these measures has significantly reduced the waiting list. Wait time for the service is approximately 4 months from point of referral. Those at LON3 who were removed from the waiting list were picked up by IFS to look for alternative support.

#### **7.4.2 Commissioned Service 7 The Proud Trust: LGBTQ+ specific youth provision**

The provider delivers weekly group sessions to support LGBT young people including those exploring their sexuality and gender identity. There is also a requirement to work on a one-to-one basis where more intensive work is needed, with no more than 6-10 sessions and where wider awareness and training delivered in schools and to professionals where the need is found.

#### **What does the monitoring data tell us?**

The service has supported 20 young people to date with a consistent cohort of 5-6 young people attending sessions regularly. Pride events ran during this monitoring period and the young people got to engage with the local area in its Pride event. The young people also supported Manchester Pride that the Proud Trust supported by hosting a Youth Pride area and were in the youth block of the parade. Lots of the young people engaged in these events and found value in seeing their identities celebrated. The Trafford group also hosted their own Prom as lots of them had negative experiences of their school proms and wanted people to celebrate that moment in their life with happiness.

The lead youth worker who had been with the group for several years left the organisation during this period. The group had met their new youth worker during a handover which allowed for some consistency, however the group is currently dipping in its attendance and only having a small group consistently attend. This seems to be due to the older members who are now in college attending less often as they have received the support they needed from the group and do not require the support anymore. The Trafford youth work team are currently talking with the group about places the team should visit to promote the service and schools that they should go to share the support offered. This work will likely take place in the new year.

The commissioning team will link in with TTT (Trafford Team Together) coordinators to help promote and find any schools who would benefit from training.

## 7.5 Infrastructure

### 7.5.1 Commissioned Service 8 Talk, Listen, Change: Volunteer Infrastructure Support: Early Help Hubs and Youth Engagement Service

The provider acts as a crucial point of co-ordination for volunteering support and activity for children, young people, and their families within Trafford Council's Early Help Hubs for 0–11-year-olds in Stretford and Partington and the Youth Engagement Service for 11–19-year-olds, based in Sale. The provider works in partnership with the three hubs to manage their existing volunteers as well as recruiting a strong bank of new volunteers to increase volunteer capacity across the borough. The contract was started in 2015 following the closure of several youth and children's centres which had strong volunteer support. The remaining hubs and operational staff teams found they did not have ability to recruit, train and sustain volunteers but that volunteers were integral to increasing service delivery. Traditionally the Stretford and Partington hubs utilised the volunteer offer well although over the last 12-18 months there has been a positive increase in the use of volunteers, via this contract to the youth engagement service.

#### What does the monitoring data tell us?

Across April 22- December 22, 63 individuals expressed interest in volunteering with TLC. In total, 17 new volunteers were recruited across quarter 1-3 and 4 disengaged prior to starting a role. Volunteers have contributed 471.5 hours to Talk shop and the Early Help Hubs. Volunteers engage in various activities including supporting Baby Club stay and play, supporting drop-in sessions, supporting the youth forum and detached youth work sessions.

The pandemic significantly reduced the outputs on this contract and commissioners felt it was appropriate to reduce contract value in line with reduced delivery from £29,985 to £21,541 for FY22/23.

## 7.6 Domestic Abuse

### Commissioned Service 9 TDAS: CYP Domestic Abuse Support

This service offers group and one to one support for children and young people aged 5 – 18 years (and up to 25 years for those with complex needs or who are care leavers) who are at risk of and affected by domestic abuse. The service compliments the current offer of domestic abuse support being commissioned via the Public Health team, giving families a wider range of choice in terms of support, and assuring the Council and partners that current levels of demand for support are being met. The funds distributed to this service were in response to long waiting times for the R Space programme for children and young people which the provider receives alternative funding for. At this point there needs to be further discussion about where both victim and perpetrator service offer should sit; with public health leading the adults offer and Early Help commissioning offering contingency funds to manage waiting times for children. In the previous year this was an ad hoc spend in the Early Help budget to reduce pressure on waiting times, but it has become clearer that the PH commission for domestic abuse support for children and young people is not enough to meet need and so a decision is required as to whether this is an ongoing commitment from the Early Help budget to manage demand and complement external funding.

### **What does the monitoring data tell us?**

Groups cover 3 different age groups but the most popular group across the last 2 years has been **5-7yrs**. There is a broad spread of ages who attend 1:1 session. The waiting times have been lengthy on occasion (12 months in 2019 for 1:1 sessions) but following recruitment of additional staff, this improved and current waiting times are approximately 2 months for group work and 3 months for 1:1. Programmes are consistently full and waiting lists are managed, showing a demand for this service.

### Summer Pilot

The summer pilot supported 56 CYP in group sessions and 9 parents attended groups. The pilot managed to reach a lot more families, more quickly than previously with a better group uptake. This resulted in the waiting list reducing significantly. Parents will be followed up 1 month after the courses to name longer term impacts.

### **7.7 Ad-Hoc Spends**

In addition to our Early Help Contracts, some of the Early Help budget has been allocated to additional services as detailed below.

### 7.7.1 Empowering People, Empowering Communities (EPEC)

£40,000 was set aside in FY 2021/22 and rolled over again into FY 2022/23 to fund a coordinator post to deliver EPEC, a peer support programme. A licence fee of £17,000 was paid in 2021/22, which was rolled over into the current financial year, however this is unable to be rolled over again into 2023/24. Therefore, an internal decision needs to be made as to whether Trafford Council go ahead with commissioning EPEC or to continue without. This financial year, part of the £40,000 set aside for EPEC has been used to fund the additional capacity for the Home Start contract as detailed on page 25. Going into 2023/24, the £40,000 set aside for the EPEC Coordinator has been reduced to £35,000.

### 7.7.2 Reducing Parental Conflict (RPC)

£30,000 has been set aside in previous years (2021/22 and 2022/23) to commission a specific RPC intervention. The Early Help Commissioning team lead on the RPC agenda in Trafford, however focus has been on developing a needs assessment, support pathway and outcomes framework as well as building a training offer to multi-agency partners. The majority of funding for the RPC agenda comes directly from grants awarded by Department of Work and Pensions (DWP), and this £30k was ring-fenced to supplement the DWP funding. Going forward into 2023/24 this amount has been reduced to £10,000. This year we intend to use the £30k to pilot some short breaks offers focused on holiday provision.

### 7.7.4 Trafford Team Together (TTT) Commissions

As a result of TTT, a number of services have been commissioned as a result of presenting needs of the families supported. These are detailed below.

- Broker roles – two VCFSE organisations (Gorse Hill Studios and The Hideaway) were commissioned in the North and West of the borough to deliver a broker role initially for 1 year (October 2021 – September 2022). The contracts for both providers were extended for a further 6 months until March 2023 in line with the TTT Coordinator posts. The cost allocated over this 18-month period was £75,000k, split equally between the two providers (£25,000 per year). Discussions are ongoing at the current time to determine what this offer will look like going forward.

Data from both organisations is requested on a quarterly basis. Data for the first half of the 6-month extension period has been received and details below show the total data

across the 15-month period that the brokers have been operational to date (Oct 2021 – December 2022).

	The Hideaway	Gorse Hill Studios
<b>Number of families supported</b>	112	202
<b>Number children linked to families supported</b>	265	201
<b>Number of TTT meetings attended</b>	23	47
<b>Number of new connections with community groups</b>	0	25
<b>Number of families disengaged</b>	7	24

Key findings from this data:

- Gorse Hill Studios have supported almost double the families as The Hideaway, however in total The Hideaway have supported more CYP.
- Gorse Hill Studios have attended double the number of TTT meetings compared to The Hideaway, no doubt due to the larger geographical footprint supported
- The Hideaway have not evidenced any new connections with community groups over their 15 months as broker, which is a key aim of the support offered.
- More families have disengaged from GHS than The Hideaway, as a percentage of total families supported this is 19% and 6% respectively. Reasons for disengagement from GHS include complexity and number of issues families facing, requiring other support, and losing engagement over school holiday periods. Reasons for disengagement from The Hideaway include referring back to school, lack of contact, referred onto other services.

It is envisaged that TTT will extend beyond March 2023 and will make up one of 3 elements of Family Help, the new term for the Early Help redesign offer. Due to reallocation of funds, the EH budget does not have capacity to support both VCFSE broker roles going forward over the next financial year and therefore a decision is to be made on what this offer looks like going forward. A maximum of £30,000 is available for 2023 / 24 to support a role.

- Parent Drop Ins – Calm Connections were commissioned to deliver weekly parent drop-in sessions to provide peer to peer support for parent / carers. Attendance at these sessions

has generally been quite low despite an apparent need, therefore in January 2023 delivery changed to monthly with each session having a specific focus (i.e., sleep, anxiety etc). Calm Connections also deliver family coaching sessions providing 1 to 1 family support for up to 6 hours per family. The total cost spent on sessions provided by Calm Connections is £6,400. Due to low uptake, it is unlikely these sessions will be recommissioned in their current format for 2023/24.

- I'm a Parent Get Me Out of Here – The Counselling and Family Centre in Altrincham were commissioned at the start of 2022/23 to deliver 5 x 6-week workshops for parents of teens to help provide support and advice to understand and manage child behaviour. Uptake and attendance at these sessions were positive, (52 parents attended across 4 cohorts), resulting in an additional 5 x 6 weeks being commissioned for the end of 2022/23. TTT outcome data shows there is a demand for support for parents struggling to meet need / children with emerging SEND, therefore 3 x 6-week pilot sessions specifically for this cohort of parents have also been commissioned. The total spend on these sessions over 2022/23 is £7,770.
- 10 places on the Power 2 Re-discover programme were commissioned through needs identified from TTT at £9,790. The programme provides 1:1 support to young people struggling with wellbeing, isolation and engagement and was delivered in 2 cohorts of 5 young people. All 10 places have now been filled and mentoring completed. Outcomes from the mentoring show:
  - 90% young people improved scores for aspiration
  - 65% young people improved scores for contribution
  - 20% young people improved scores for confidence and 70% maintained scores
  - 45% young people improved scores for learning
  - 65% young people improved scores for people and support

In total £47,970 amount has been allocated in the EH budget on ad hoc spends (excluding EPEC and RPC) and £37,970 amount has been spent. More detail will be included below in the appendix.

## **8. Children with Additional Needs (CWAN) Services**

Five services are commissioned through the CWAN budget which is held and managed by the Early Help Commissioning team. Although separate budgets, there is some cross over between service offers i.e., the Sleep Clinic which is accessible to all Trafford families but also has a specific autism / ADHD (Attention Deficit Hyperactivity Disorder) offer, and short breaks which provide Early Help in the form of respite for families. The CWAN budget is jointly funded by Trafford Council and the Integrated Commissioning Board (ICB). The 5 services funded from this budget are:

- x3 Short Break Groups
- Sleep Clinic
- Supported Internship.

### 8.1 Trafford Council Short Break Commissioned Services Offer

Trafford commissions 3 specific short break services which are designed to support children and young people with additional needs.

An overview of these services is detailed in the table below.

	<b>SENSE</b>	<b>Sport Works 5 – 11 years</b>	<b>Sport Works 11 – 18 years</b>
<b>Cost per place</b>	£100	£40	£41
<b>Age range</b>	5 – 18 years	5 – 11 years	11 – 18 years
<b>Eligibility</b>	Formal diagnosis of ASC with or without other diagnoses	Any additional need requiring less than 1 to 1 support	Any additional need requiring less than 1 to 1 support
<b>Days of delivery</b>	Weekdays x3 school holidays only	Saturdays during term time Weekdays x2 during school holidays	Sundays during term time Weekdays x2 during school holidays
<b>Number of sessions per year</b>	30	56	56
<b>Capacity per session</b>	10	10	12
<b>Total spaces available per year</b>	300	1,120	1,110
<b>Session format</b>	Unstructured play	Structured play	Structured play
<b>Session content</b>	Messy play, outdoor play, art and craft	Sport and activities Drama and music Art and craft	Sport and activities Drama and music Art and craft

### Summary

A recent short breaks review (2022) looked in-depth at these 3 services to see what the monitoring data shows and to look more closely at capacity vs. demand. In summary, SENSE and Sport works 5 – 11 years are the most utilised services with the highest number of

children on the registers and in regular attendance and have the highest number of new referrals. However, due to these higher numbers the demand for places is greater. This means, new referrals into SENSE are now placed on a waiting list, and any new referrals into Sport Works results in all those on the register receiving fewer number of requested places overall.

Sport Works 11 – 18y receives fewer referrals therefore attendance for young people at these sessions is more consistent for the majority of those who attend.

Below gives a summary of service use of all 3 commissioned short breaks services.

	<b>SENSE</b>	<b>Sport Works 5 – 11 years</b>	<b>Sport Works 11 – 18 years</b>
<b>Number of CYP actively attending</b>	36	46	37
<b>Most common age group in attendance</b>	10 – 11 years	8 – 9 years	15 – 18y
<b>Attendance of allocated sessions</b>	97%	80%	75%
<b>Additional commissioned capacity</b>	9 x Saturday sessions January – March 2022 98% attendance of allocated sessions	None over this time period	None over this time period

### 8.2 Sleep Clinic – Together Trust

The Together Trust Sleep clinic started as a pilot in 2016 before being commissioned. In the current contract year (July 2022 – June 2023), the format of delivery was altered to reflect the increase in demand for this service and complexity of cases being referred. The service now offers workshops for professionals and parents and 1 to 1 clinic. There is also a route via paediatric referral for those children with ADHD (attention deficit hyperactivity disorder) and / autism or who are currently prescribed melatonin to help introduce behaviour change techniques to manage sleep habits and reduce the need for medication.

200 clinics are delivered across the academic year. To date, within the current contract year, Together Trust have seen 62 families. The waiting list currently stands at 124 families and an average waiting time of 6 – 9 months. The change in delivery format from earlier years was implemented to address the high waiting lists / times seen in previous years.

### 8.3 Supported Internship – Pure Innovations

Pure Innovations have held the supported internship since 2013. They are contracted to support 10 young people per year into employment through attendance at 1 – 3 work



placements based at Trafford General Hospital and other external organisations, as well as completing a City and Guilds employment qualification. COVID did impact upon the placement element of the contract over 2020/2021 and 2021/22, however in its current year placements have returned to pre COVID delivery.

#### 8.4 DYC Youth Provision – Sport Works

Sport Works are also commissioned to deliver a youth provision. It should be noted that initially this contract was designed to be an inclusive youth group, but throughout the contract history and despite numerous efforts, attendance has been solely from young people with SEND.

Although not funded from the CWAN budget, (this contract sits within the EH budget), it complements the 3 short breaks commissioned offers as a continuation of support for those young people aged 18 – 25 years with majority of attendees sitting within this age bracket.

Data from the short breaks review tells us that 42 young people are accessing this offer and due to the nature of delivery there is currently no waiting list.

#### 9. Budgets

Below is a summary of spend across the Early Help and CWAN budgets for the last 3 financial years.

Financial year	EH Total Budget	EH Actual Spend	CWAN Total Budget	CWAN Actual Spend
2020/21	£459,388	£409,669	£258,678	£258,399.31
2021/22	£459,388	£395,048	£258,678	£264,859.26
2022/23	£468,576	<b>TBC</b>	£278,611	<b>TBC</b>

A more detailed breakdown of spending over these 3 years can be found in the appendix including unit costs per person per intervention to help give a better understanding of value for money. Where additional services have been purchased, or annual costs increased, this has also been noted.

#### 10. Impact of Covid

The pandemic heavily impacted Early Help (and CWAN) contracts by means of delivery, capacity, and case complexity. Trafford providers responded quickly to the pandemic and moved to virtual delivery where possible. Many of our EH contracts have maintained a

hybrid delivery model post pandemic as it allowed for greater accessibility for Trafford residents.

### Demand

Throughout the pandemic demand remained high for Early Help contracts in particular our family support contract with Home Start and intensive mentoring with Salford Foundation.

### Capacity

As a result of increased demand waiting lists have grown to 4/6+ months for many EH services. Home Start and Engage struggled to manage the increased demand for capacity coupled with increased case complexity. As a result, waiting list initiatives were brought in temporarily to manage the influx and support service continuity.

### Complexity

Post pandemic Early Help providers have seen an increase in complex cases and young people presenting with multiple concerns. Anxieties around school returns and increased mental health concerns have become more prominent.

## 12. Summary

The key areas of need highlighted in this document across the various points of referral are:

- MH difficulties (child/young person and adult)
- Domestic abuse
- Poor school attendance
- Disruptive / challenging behaviour (child/young person)
- Emotional regulation (child/young person)
- SEND
- Housing.

Whilst some of these issues (i.e. housing), are outside the scope of the Early Help Commissioning team, the other areas show the continued need for current services, particularly Home Start, Engage, Kooth, Sunrise, TDAS, Sleep Clinic and Short breaks (5 – 11-year age range especially) in addressing these themes.

The data presented within this document shows that referrals into services from TTT continue to increase, particularly into Home Start and Engage, since the introduction of TTT in September 21. With a coordinator now based in the South, referrals are likely to increase further into all commissioned services which will increase demand again without an appropriate increase in capacity to manage these. It should also be noted that in the current contract year (2022/23), some commissioned services have reached capacity well before year end. If this trend is to continue into the 6-month extension period, available support will naturally decrease before the expiry date of September 2023 resulting in increased waiting lists and times.

The future of TTT is yet to be confirmed including how it fits in with the new Family Hub offer, but currently roll out to all schools in the South and Central area is expected from Spring 2023. The roles of the brokers are currently under review to see what this will look like for the next financial year; however, it is envisaged the current format of delivery will not be replicated. The ad hoc commissions through Calm Connections are also unlikely to be replicated due to low uptake, however the sessions delivered through CFC are proving more popular, and if demand continues to present through TTT data then perhaps a more permanent commission should be considered for 2023/24.

There are a number of contracts where changes can be made to better suit need / demand. For example, the volunteer contract with TLC, continues to show a slow uptake and retention of volunteers, an ongoing impact since Covid. Internal talks are currently taking place with other council departments / services to see if this contract can be moved to better meet need elsewhere.

Likewise, The Proud Trust continues to show positive outcomes for the young people attending, however numbers attending remain low. A review of this service specification is required to ensure the service provides value for money and appropriate support for the children and young people who access it.

Both online parenting offers show low uptake despite efforts to promote the offer. Talks with the providers show that where these offers are successful in other local authorities, more resources are committed in the form of training practitioners in the online offer to support families to complete. Whilst licences remain valid for Triple P indefinitely, consideration needs to be given as to whether to commit more money to increase uptake, or to not renew licences and try to promote uptake of those remaining. Evaluating the impact of either online offer is proving extremely difficult.

SEND was also highlighted as a presenting need in the form of emerging SEND, diagnosed SEND without an EHCP and SEND pathway in progress. An element of the 4 lots sitting under the FPS was to ensure all services have an inclusive element to ensure they cater for families of, and children and young people with additional needs. With the short breaks review only recently been completed, it is important the findings for that are aligned to the recommendations of this report.

### 13. Recommendations

13.1 Based on the above summary and data within this document, we have identified a number of themes and proposals for discussion with partners:

Theme	Proposal
Mental health	This is a significant presenting need for children and families. Consider our EH offer in the context of the wider MH offer and identify where we can improve at the EH stage. Continue to part fund Kooth and Sunrise
Children's behaviour and emotional regulation	Opportunity to map the range of mentoring across the council and identify different ways to support young people where formal mentoring doesn't suit their needs. Link this in with parenting support and the MH offer which will be contributing to meeting these needs also
Domestic abuse	Due to high level of presenting need at the front door consider scope and capacity needed for the EH offer
Parenting support	EPEC continues to be an opportunity if we agree this fits alongside our Family Help vision. Costs will be increasing for implementation, a cost-benefit analysis may be useful. Triple P has not been a success in terms of uptake. We propose not to buy any more codes but change some of the current purchase to address different issues e.g. supporting children with anxiety
SEND	An opportunity to build more EH support for SEND families and link in with our short breaks offer. Consider how budgets for EH and CWAN can align to meet demand for short breaks
FPS Lots	Review the proposed lots to ensure they will support our requirements (see 13.2 below)
Volunteer infrastructure	Opportunity to review the requirement for this service as the Family Help work develops, or find an alternative way of delivering which provides better value for money

Commissioning high value contracts	Demand is increasing for our high value contracts for family support and mentoring. Commissioning for these services is likely to require a significant part of the EH budget.  Opportunity to consider what type of support would help families at an even earlier stage to prevent referrals into these services
Ad hoc commissions	Having a portion of the budget available for ad hoc commissions has allowed us to respond to need identified through TTT quickly. Recommend this continues

## 13.2 FPS Lots

	Current lots	Description	Review status
<b>A.</b>	Supporting children and families with a 0 – 5 focus	For families and children aged minus 9 months to 5 years. Focus on health, physical development and wellbeing, educational services, outdoor activities etc.	<b>Keep</b>
<b>B.</b>	Provision for children and young people including: <ul style="list-style-type: none"> <li>- 5 – 18 years</li> <li>- up to 25 for young people with SEND</li> <li>- Care experienced young people</li> </ul>	Focus to include sexual health, substance misuse, physical development, behavioural and emotional development, education services etc.	<b>Keep</b>

<b>C.</b>	Community based support – a highly connect professional and supportive network bound by a shared relational practice model that empowers children, young people and families and agency partners	Increase opportunity and capacity within services i.e., volunteering, advice and guidance.	<b>Review</b>
<b>D.</b>	Therapeutic Packages (to be used by the placements team when requests come through via social care)	Targeted support for issues relating to trauma or mental wellbeing i.e., counselling, therapeutic support, psychotherapy and specialist parenting support.	<b>Keep</b>

## 14. Appendix



Appendices.docx

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## COMMENTARY

## Wait time to what? Could reducing wait times for child mental health services worsen outcomes?

**John D. McLennan MD, MPH, PhD<sup>1</sup>**

**Key Words:** *wait times, waiting lists, health services, treatment outcome*

Addressing wait times for health interventions is a Canadian priority (Mendelsohn, 2002). In response, multiple wait time reduction initiatives have been launched. Chief among these is a key component of the federal-provincial “10-year Plan to Strengthen Health Care” (Health Canada, 2006) with associated monitoring to track progress in priority areas (Canadian Institute for Health Information, 2014). While mental illness was not one of the five priority areas (cancer care, cardiac care, diagnostic imaging, joint replacement, and sight restoration) identified in this initiative, mental illness has been designated in some priority lists, with some including a focus on children. A case in point exists in Alberta whereby children’s mental health was identified as one of six priority areas for access standards which led to child wait time benchmark recommendations (Access Standards Working Group Children’s Mental Health Subcommittee, 2009) and a performance indicator of percent of children receiving scheduled mental health treatment within 30 days (Government of Alberta, 2014). Unfortunately, reports of clinical outcomes from child mental health service wait time reduction initiatives seem nonexistent despite potential benefits and harms.

Unlike the structure of some medical and surgical wait time goals in which specific interventions are designated (e.g., hip arthroplasty), targets for mental illness tend to refer to wait times until contact with the service system, with no specification to accessing specific evidence-based interventions.

This contact focus is reflected in the wait time benchmarks proposed by the Canadian Psychiatric Association (2006), as well as, the Alberta initiative noted above, which both identify time from system contact to specialist assessment. What the typical patient receives after they make contact with various points in the service system for mental illness varies widely and specifics for the most part are unknown, especially in child mental health.

While the inclusion of mental illness in priority lists and the attempts to establish benchmarks for service access ought to be applauded given the often neglected state of mental health care, the failure to specify access “to what” in proposed wait time initiatives creates a situation that, paradoxically, could lead to more harm than good. While reduced time to effective interventions should result in reduced suffering and improved outcomes, there are at least two pathways whereby shortening wait times may worsen outcomes.

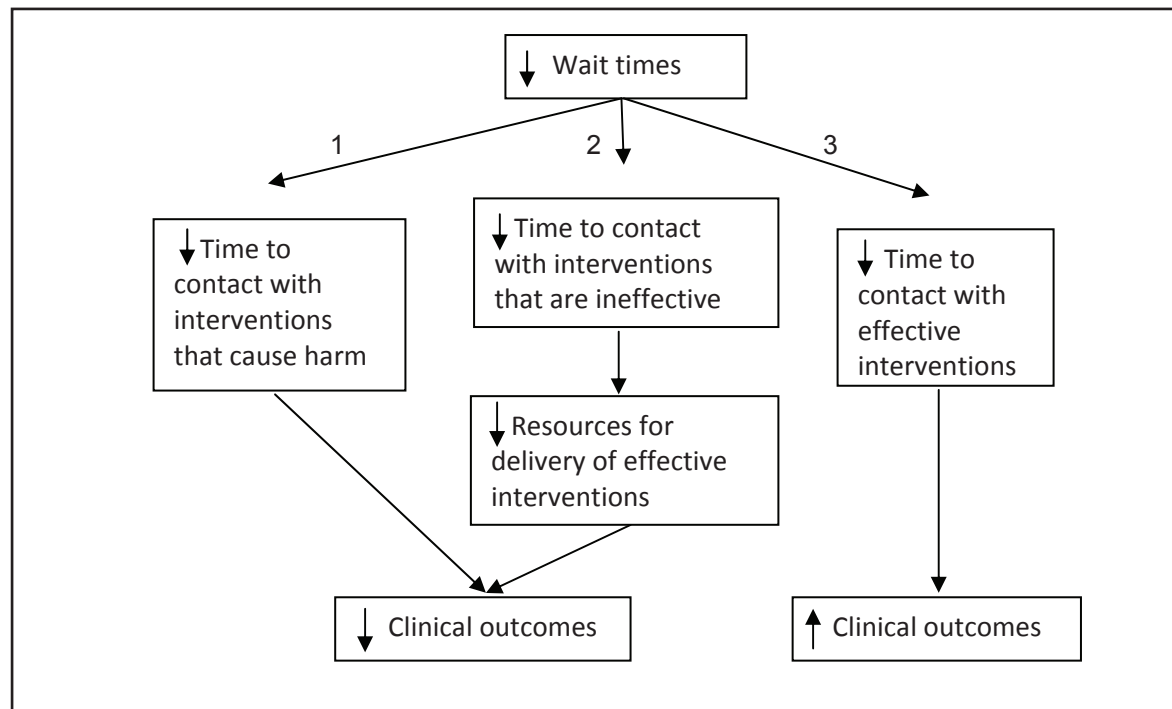
One pathway to worse outcomes could occur if the wait time is shortened to an intervention that has more harmful than beneficial effects (see #1 in Figure 1). It is acknowledged that there are few mental health interventions for which there is sufficient evidence identifying more harm than good. However, this is likely due in part to the failure to systematically assess most interventions for harmful effects, particularly psychosocial interventions (Nutt &

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**Figure 1. Theoretical pathways linking shortened wait times to different clinical outcomes**



Sharpe, 2008), which may be underpinned by the belief that something is always better than nothing. Bickman proposes that “the paradoxical problem with our mental health services is that they are not visibly harmful” (2008) and as such, ineffectiveness, or perhaps adverse impacts, may not be attributed to the intervention by families, clinicians, and/or administrative bodies.

One potential wait time shortening strategy that ought to receive additional scrutiny is expanded offerings of group interventions (Vallerand & McLennan, 2013). This approach may allow more children to be seen in a shorter period of time using less clinical resources. While some group-based interventions for certain populations have empirical support for improving outcomes (e.g., CBT for anxiety disorders) (Flannery-Schroeder, Choudhury, & Kendall, 2005), there is an important empirical literature that has identified risks associated with grouping some high-risk youth together for interventions, particularly those demonstrating delinquent behaviour given the potential for a “deviancy training” effect (Dishion & Tipsord, 2011).

Unfortunately, there may be gaps in the oversight of components of mental health services which may undermine one’s confidence that potentially harmful interventions are systematically weeded out from public and private service offerings, with the exception of some extreme physical interventions such as “indiscriminate application of ablative brain procedures” (i.e., frontal lobotomies) (Sakas, Panourias, Singounas, & Simpson, 2007), being eliminated

after a time. The seeming lack of a requirement for clinical outcome reporting from typical child mental health services in many jurisdictions is suggested as one marker indicative of poor oversight. More typical monitoring appears to be the request for simple counts (e.g., number of patients seen in a period of time) (McLennan, 2010).

While direct harm may be uncommon, a much larger service concern may be the extent of delivery of interventions with minimal or no effect. The corollary is that the routine delivery of evidence-based mental health interventions is rare. It would not be going out on a limb to speculate that most children with mental health disorders in Canada do not receive a full-course of an evidence-based intervention. While now somewhat dated, findings from a meta-analysis of outcomes of a sample of typical community mental health services for child mental health estimated an effective size of around zero (Weisz & Jensen, 2001). There is scant new evidence to refute this past finding, and, unfortunately, a newer review also identifies serious concerns about the effectiveness of usual care delivered within child mental health services (Garland et al., 2013). While perhaps not evidence of direct harm, such service delivery represents an opportunity cost and thereby a potential indirect harm (McLennan, Wathen, MacMillan, & Lavis, 2006).

This situation leads to a potential second pathway whereby shortening wait times could lead to worse outcomes (see #2 in Figure 1). If the extent of attainment of wait time benchmarks is designated as a performance indicator, with

possible repercussions for failing to meet the benchmark, then service providers and agencies will be under pressure to adjust service delivery to try and meet these performance goals. Ignoring delivery of harmful interventions and assuming that service adjustments to meet wait time benchmarks results in no net service content change, there should be no net worsening. However, given the lack of content scrutiny of, and failure to systematically examine clinical outcomes from, most child mental health services, balanced against inadequate resources to meet mental health service needs, there is at least some likelihood of content changes under wait time pressures. The current lack of collecting of, and reporting on, details of service delivery impede the potential to examine this proposed mechanism.

Content changes of greatest concern would occur when resources are shifted from the delivery of evidence-based interventions to something less than that. This could occur if, for example, clinicians attempting to provide a full recommended course of an evidence-based psychotherapeutic intervention are pressured to shorten the course of treatment in order to take on more patients more quickly to shorten wait times. Unfortunately, this was not explicitly examined within a Canadian study of waitlist management strategies (Vallerand & McLennan, 2013). However, the reported practices of shifting to more “generic services tracks” (vs. “specialized service tracks”) and replacing more expensive care providers with less expensive providers noted in that study may require additional scrutiny.

One potential example of this second mechanism may occur if clinicians are asked to perform new delivery strategies, such as running mandatory orientation meetings for prospective patients and families (Wenning & King, 1995). While such an approach may have utility (e.g., efficient delivery of information), such orientation meetings may also be used strategically: (i) to stop the wait time clock quickly (if you count attendance at an orientation meeting as service contact); and/or, (ii) use attendance failure to eliminate a patient from the waitlist (a strategy that may disproportionately impact more vulnerable families). Unfortunately, the Wenning and King (1995) study of this approach did not report on what happened to the 34% of families who failed to attend the orientation meeting and hence were not given an intake appointment. A study by Michelson and Day (2014) found that through investment in engagement strategies for vulnerable families, attendance might improve (which could have the adverse consequence of lengthening wait times).

Strategies for reducing the potential risks of harm from child mental health service wait time reduction initiatives should be considered. First, we need to be able to answer the question “wait time to what?” Leaving it as wait time to any possible contact scenario should not be acceptable. Second, we need to measure clinical outcomes. If clinical outcomes are no better from our shortened wait times, then this

service effort was a failure and we ought to scrutinize the content of what is being delivered. If outcomes are worse, then our service effort was worse than a failure. Monitoring clinical outcomes with the implementation of wait time shortening strategies could also facilitate the identification of improved clinical outcomes. If such is found, the given initiative could be further scrutinized as a potential win-win strategy. This is identified as a third pathway in the Figure, one that could reduce suffering more rapidly and improve outcomes. The realization of this pathway should not be left to chance.

## Acknowledgements/Conflicts of Interest

The author has no financial relationships to disclose.

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## ERRATUM

J Can Acad Child Adolesc Psychiatry. Aug 2010; 19(3): 227–229

In the article “Explaining Odds Ratios” in the *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, by Magdalena Szumilas, MSc<sup>1</sup> on the PubMed Central database at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2938757/> an equation appeared incorrectly. The error is in the Example, part A, the correctly re-arranged equation appears below.

$$OR = \frac{(n) \text{ exposed cases} / (n) \text{ unexposed cases}}{(n) \text{ exposed non-cases} / (n) \text{ unexposed non-cases}} = \frac{(n) \text{ exposed cases} \times (n) \text{ unexposed non-cases}}{(n) \text{ exposed non-cases} \times (n) \text{ unexposed cases}}$$

The *Journal* regrets this error and any inconvenience caused.

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# Hidden waits force more than three quarters of mental health patients to seek help from emergency services

Feedback

Press release

**10 October 2022**

Nearly a quarter of mental health patients (23%) wait more than 12 weeks to start treatment, due to lack of consultant psychiatrists according to research released by the Royal College of Psychiatrists for World Mental Health Day.

A Savanta ComRes poll of 535 British adults diagnosed with a mental illness including eating disorders, addiction, bipolar disorder, anxiety and depression reveals the damaging consequences of hidden waiting lists on the lives of patients.

Over two fifths (43%) say that the wait between initial referral and second appointment – the point when treatment usually starts – has caused their mental health to worsen.

More than three quarters (78%) of those in a hidden waiting list reported that they were forced to resort to emergency services or a crisis line in the absence of mental health support – including 12% going to A&E, 7% ringing 999, 16% contacting 111 and 27% turning to a crisis line.

Waits can be longer than six months for 12% of cases, while 6% of patients wait for more than a year.

Patients whose mental health deteriorated say that it has led to financial problems such as debt, struggles with work resulting in job loss, as well as relationship difficulties, including divorce and family breakdown.

Long waits for NHS mental health treatment are largely down to an insufficient mental health workforce, particularly when it comes to psychiatrists. There is currently just one consultant psychiatrist per 12,567 people in England.

The Royal College of Psychiatrists is calling for a year-on-year increase of medical school places from 7,000 to 15,000 by 2028/29 and a fully funded workforce strategy.

Dr Kate Lovett, Presidential Lead for Recruitment, Royal College of Psychiatrists, said:

“We cannot sit idly by and watch the most vulnerable people in our society end up in crisis.

“Not only do spiralling mental health waiting times wreak havoc on patients’ lives, but they also leave NHS services with the impossible task of tackling rising demand.

“If we don’t train more doctors by increasing medical school places, waits will keep getting longer especially in underfunded specialties like psychiatry.

“Government needs to take responsibility for the fact that without decisive action on workforce, it’s denying patients timely access to lifesaving treatment.”

Claire [not her real name], 45, from South London, has been in and out of hospital 20 times over a decade with addiction and other mental health crises. She said:

“I dropped out of university and moved back home when my mental health worsened, and I had to wait six to seven months to be referred to a community team. The only other way to get help was to present to A&E, which was a traumatic experience – having to be reassessed and readmitted again and again. Turning up to A&E was the only way I could be seen regularly. No one should have to go through that.

“What I experienced after I was discharged only made things worse. There is no help when you are discharged, and I found myself in this revolving door for ten years. I’m in a much better place, but services need to change so that people struggling with their mental health don’t have to wait so long to get help.”

Feedback

For further information, please  
contact:

Email: [press@rcpsych.ac.uk](mailto:press@rcpsych.ac.uk)

Twitter: [@rcpsych](https://twitter.com/rcpsych)

Out-of-hours contact number: [07860 755896](tel:07860755896)

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**CHILDREN AND YOUNG PEOPLE'S SCRUTINY COMMITTEE WORK PROGRAMME 2023-24**

MEETING DATE AND VENUE	AGENDA ITEM	SUMMARY OF ISSUE	CABINET PORTFOLIO (link to Corporate Priorities)	RESOLUTION/RECOMMENDATION	Responsible Officer
Other topics the Committee wish to explore in 2023/24					
<b>25<sup>th</sup> July 2023</b> <b>6:30 p.m.</b> <b>Committee</b> <b>Rooms 2&amp;3, TTH</b>	SEND & EHCP Update				Karen Samples
	Children's Social Care Update				Pamela Wharton
	Task and Finish Group Report				Alex Murray
<b>26<sup>th</sup> September 2023</b> <b>6:30 p.m.</b> <b>Committee</b> <b>Rooms 2&amp;3, TTH</b>	Transition for Children in Care				Pamela Wharton
	Transition for Children with EHCPs				Karen Samples
<b>21<sup>st</sup> November 2023</b> <b>6:30 p.m.</b> <b>Committee</b> <b>Rooms 2&amp;3, TTH</b>	Placement Planning	To review the Council's Plans to handle the demand for school places in 2024/25			Karen Samples
	School Absence	To look at the Council's plans to reduce school absence			Karen Samples

	Healthy Start	To look at what the Council are doing to address health inequalities among children			Helen Gollins
<b>23<sup>rd</sup> January 2023 6:30 p.m. Committee Rooms 2&amp;3, TTH</b>	Youth Offending Service	To look at what the Council and Partners are doing to address rise in knife crime			Andy Zilkha
	Substance misuse	To look at what Early Break and the Council are doing to support young people suffering from substance misuse.			Helen Gollins
	Shine	To look at the support for young people with complex needs and the progress of the multi-agency team model in Trafford.			Pamela Wharton
<b>12<sup>th</sup> March 2023 6:30 p.m. Committee Rooms 2&amp;3, TTH</b>	Hand over to Trafford College	Students from Trafford College to set the agenda.			

**TASK AND FINISH GROUPS**

Date	Title	Summary of issue	Directorate	Timescale	Notes	Outcome

**Items to be scheduled**

Date	Title	Summary of issue	Directorate	Timescale	Notes	Outcome

DRAFT

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## Trafford SCRUTINY TOPIC ASSESSMENT - SELECTION CRITERIA

### 1.0 Defining Scrutiny Topics

For every item on the work programme / new referral, it should be clear:

- What is the issue / activity / project under consideration?
  1. A brief outline of the matter being referred / the question being asked - What is Scrutiny being asked to do?
  2. e.g. undertake a full review of the subject? Investigate / interrogate different policy options? Be consulted on final proposals before decision making? Monitor outcomes / implementation?
- What are the reasons for / expected benefits of involving Scrutiny in this matter?
- Is there a specific deadline for this piece of work?

### 1.1 Topic Selection Criteria

The topic should meet at least one of the following:

- Improvements for local people likely.
- Community/Corporate priority area.
- Key issue for the public.
- Poor performing service.
- High level of dissatisfaction.

### 2.0 Topic Rejection Criteria

The topic should not meet any of the following:

- The issue is already being addressed / being examined elsewhere and change is imminent
- The topic would be better addressed elsewhere (and will be referred there)
- Scrutiny involvement would have limited / no impact upon outcomes
- The topic may be zsub-judice or prejudicial to the Council's interest
- The topic is too broad to make a review realistic
- New legislation or guidance relating to the topic is expected within the next year
- The topic area is currently subject to inspection or has recently undergone substantial change
- Simply for information.

### 3.0 Scoring

Each topic is scored for Importance and Impact on a scale of 1-4 using a scoring guide. (Scoring Topic Assessment Template attached for information).

**Importance** – how well a topic fits with the Council's key aims and priorities.

**Impact** – likely potential impact of outcomes from a scrutiny investigation of the topic in terms of community benefit.

#### 4.0 **Scoring Guide**

##### **Importance**

- 1 Some evidence that the topic is linked to the Council's key aims and priorities but only indirectly.
- 2 Good evidence linking topic to Council's aims but not to Council's current priorities.
- 3 Good evidence linking topic to Council's key aims and priorities.
- 4 Strong evidence linking topic to Council's key aims and priorities.

##### **Impact**

- 1 Minor potential benefits or benefits affecting only one ward/customer/client group
- 2 Minor potential benefits affecting two or more wards/customer/client groups or, moderate potential benefits affecting only one ward/customer/client group.
- 3 Moderate potential benefits affecting more than one ward/customer/client group, or Substantial potential benefits affecting one or more ward/customer/client group.
- 4 Substantial potential benefits community wide or for a significant proportion or section of the community.