TRAFFORD
COUNCIL

AGENDA PAPERS MARKED 'TO FOLLOW' FOR

CHILDREN AND YOUNG PEOPLE'S SCRUTINY COMMITTEE

Date: Tuesday, 21 November 2023

Time: 6.30 pm

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

A G E N D A	PART I	Pages

1. **ATTENDANCES**

   To note attendances, including officers, and any apologies for absence.

2. **DECLARATIONS OF INTEREST**

   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.

3. **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.

4. **MINUTES**   1 - 10

   To receive and, if so determined, to approve as a correct record the Minutes of the meeting held on 26th September 2023.

5. **SCHOOL ATTENDANCE**   11 - 22

   To receive a report from the Director for Education Standards, Quality, and Performance.

6.   **COMPLEX SAFEGUARDING ANNUAL REPORT**   127 - 162

To consider a report from the Director of Early Help and Children's Social Care.

7.   **HEALTHY START**   163 - 190

To receive a report from the Director of Public Health.

8.   **OFFICER UPDATE**

To receive any urgent updates from officers of the Committee.

9.   **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.

10.   **EXCLUSION RESOLUTION**

Motion (Which may be amended as Members think fit):

> That the public be excluded from this meeting during consideration of the remaining items on the agenda, because of the likelihood of disclosure of "exempt information" which falls within one or more descriptive category or categories of the Local Government Act 1972, Schedule 12A, as amended by The Local Government (Access to Information) (Variation) Order 2006, and specified on the agenda item or report relating to each such item respectively.

SARA TODD
Chief Executive

Membership of the Committee

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:

Harry Callaghan,
Tel: 07977 717252
Email: harry.callaghan@trafford.gov.uk

This agenda was issued on **Monday 13th November 2023** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH

WEBCASTING

This meeting will be filmed for live and / or subsequent broadcast on the Council's YouTube channel https://www.youtube.com/channel/UCjwbIOW5x0NSe38sgFU8bKg The whole of the meeting will be filmed, except where there are confidential or exempt items.

If you make a representation to the meeting you will be deemed to have consented to being filmed. By entering the body of the Committee Room you are also consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes. If you do not wish to have your image captured or if you have any queries regarding webcasting of meetings, please contact the Democratic Services Officer on the above contact number or email democratic.services@trafford.gov.uk

Members of the public may also film or record this meeting. Any person wishing to photograph, film or audio-record a public meeting is requested to inform Democratic Services in order that necessary arrangements can be made for the meeting. Please contact the Democratic Services Officer 48 hours in advance of the meeting if you intend to do this or have any other queries.

This page is intentionally left blank

CHILDREN AND YOUNG PEOPLE'S SCRUTINY COMMITTEE

26 SEPTEMBER 2023

PRESENT

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

In attendance

Councillor K. Carter	Executive Member for Children and Young People
Karen Samples	Director of Education Standards, Quality, and Performance
Sally Smith	Lead for SEND & Inclusion
Mike Kelly	Interim Head of Service – Care Experienced Service
Shona Gallagher	SEND Improvement Lead
Sarah Owen	Assistant Director of Nursing and Quality for NHS Greater Manchester
Emma Brown	Director of Adults
Alexander Murray	Governance Officer
Harry Callaghan	Governance Officer

APOLOGIES

Apologies for absence were received from Councillors J. Bennett, R. Paul and D. Acton

18. **DECLARATIONS OF INTEREST**

Councillor Hirst declared that she was a Foster Carer.

19. **QUESTIONS FROM THE PUBLIC**

No questions were received.

20. **MINUTES**

Councillor Procter noted that their name had been misspelt on occasion in the previous set of minutes.

RESOLVED: That the minutes of the meeting held on the 26th September 2023 be approved as an accurate record and signed by the Chair.

21. **TRANSITION FOR CHILDREN IN CARE**

The Interim Head of Service - Care Experienced Service brought the presentation to the Board on behalf of the Head of Service, Cared for and Care Experienced children and young people. The Interim Head of Service - Care Experienced Service started by highlighting the legal framework around care experienced

Children and Young People's Scrutiny Committee
26 September 2023

young people and ran through some of the duties and responsibilities which came with the legal framework.

The Committee were then informed of the four main care leaver categories, which were eligible, qualifying, relevant, and former relevant, and provided the definition to each of these categories. The national and regional picture was then shared, which included the "Ready or not" OFSTED research, which was published in January 2022, and highlighted the need to improve the support for care leavers. The Interim Head of Service - Care Experienced Service shared the key themes which the report identified, which included a sense of isolation and fear for care leavers and not having sufficient involvement in their pathway planning. Some of the voices of care leavers in Trafford were then shared with the committee, which called for more options around housing and accommodation, clarity about what they were entitled to, and that they felt that 'care leaves us rather than we leave care'.

The Interim Head of Service - Care Experienced Service made the committee aware of the commitment and intention for cared for children and care leavers from the Council, which had been set out in the Corporate Parenting Strategy, and had five strategic priorities. These were Participation and Engagement, Health, Education, Providing and Stable Home, and Preparing for Adulthood. The Committee were then told of some of the commitments already made by the Council on the preparing for adulthood priority, which included developing clearer pathway plans for all young people and updating the care leaver offer.

The Interim Head of Service - Care Experienced Service offered the Committee some of the statistics around the upcoming rise of care experienced young people, due to previously high cohorts of cared for children. The Committee were told that the Council was planning to adopt an opt out model rather than opt in, which had a more proactive reach out offer.

The Interim Head of Service - Care Experienced Service reassured the committee that the Council was monitoring how they measure the services performance and data was shared around how the council planned to measure it. This included monitoring data on how the service keeps in touch with young people after they leave the service and analysing suitability of accommodation for young people. Data surrounding the accommodation of current care experienced young people was provided, with the vast majority classified as residing in suitable accommodation.

The accommodation and support options available to young people leaving care was provided to the Committee. There was a range of options available such as 'Staying Put' (where the young person can choose to stay with their foster carer) and supported lodgings (where they have their own room in a private home). The Interim Head of Service - Care Experienced Service referred to the House Projects, which was a joint commission between Trafford and Manchester City Council's, which had already had seven young people successfully identified.

Finally, the Committee was told of those things already delivered by the service, which had included a service improvement plan being in place and the

Children and Young People's Scrutiny Committee
26 September 2023

endorsement by the Council of care for and care experience young people being a protected characteristic and shared some of the steps to come on the continued improvement journey of the service.

The Committee was offered the opportunity to ask questions.

Councillor Hirst asked how many care leavers had a continuous personal adviser (PA) from age 18 to 21. The Interim Head of Service - Care Experienced Service responded that they did not have access to the figures, however, they did say there had been a high turnover of PAs but there had been a move to more sustainable figures recently. It was agreed that they would provide the figure after the meeting.

Councillor Hirst asked about the offer from the service to eight weekly visits for care leavers and whether this was face to face or if something like a text message would count. The Interim Head of Service - Care Experienced Service was very clear that visit should be every eight weeks as a minimum. Councillor Hist asked if there was a target in place for this to be achieved. The response was that this should have be in place. Councillor Hirst responded that it was not.

Councillor Hirst asked how the voices of young people had been captured. The Interim Head of Service - Care Experienced Service responded that the Aftercare Forum had provided many of these responses. Councillor Hirst asked how many care leavers engage with the forum. The Interim Head of Service - Care Experienced Service responded that this was between six and eight.

Lastly, Councillor Hirst asked how those at university's voices were being captured. The Interim Head of Service - Care Experienced Service responded that the eight-weekly meeting with their PA's gathered this voice, which was then fed into their pathway plans. Councillor Hirst felt that there needed to be alternative times offered for the aftercare forum to meet, due to 4pm not always working for people due to work commitments for example. The Interim Head of Service - Care Experienced Service felt that the member raised a good point and promised to go to colleagues at the advocacy service with this feedback.

Councillor Ennis raised that they felt that language such as former relevant was quite triggering and it should be changed. Councillor Ennis also asked if the Interim Head of Service - Care Experienced Service could provide further detail on how a young person becomes categorised in the care leaver categories within the legal framework. The Interim Head of Service - Care Experienced Service explained how a young person becomes eligible. Around the language used, the Interim Head of Service - Care Experienced Service informed Councillor Ennis that the language, such as former relevant, was what was used within the children leaving care act. Councillor Haughey asked if the Council could not use this language. The Interim Head of Service - Care Experienced Service responded that it was an eligibility status laid down in law, but assured Councillor Haughey that this was not language which was used in conversation with care leavers, and was only used on the system.

Children and Young People's Scrutiny Committee
26 September 2023

Councillor Ennis asked if there was any data around care leavers under 25 who were paying council tax. The Interim Head of Service - Care Experienced Service responded that there was none as there was a discretionary exemption in place in Trafford.

Councillor Haughey felt that it was great that many care experienced young people had moved onto higher education, but asked what the relationship was like between Trafford and these further education institutes and whether it was incumbent on the young person to announce their status to access additional support. The Interim Head of Service - Care Experienced Service responded that on the UCAS application form there was a question around if an applicant has been in care. The service asks young people to think about ticking this as they could receive additional support if they did. Councillor Haughey asked where they go back to during non-term time. The Interim Head of Service - Care Experienced Service responded that the Council was statutorily required to provide accommodation when they are at home.

Councillor Duncan said that it was clear that these young people would like the best help in adulthood. They questioned whether the opt out phrasing could be reconsidered as they felt that it seemed contradictory. The Interim Head of Service - Care Experienced Service responded that this was not meant to be misunderstood and was trying to do the most to keep care leavers within council support until 25.

Councillor Duncan asked a further question around the eight-week meetings and whether it was clear that this should now all be done face to face. The Interim Head of Service - Care Experienced Service responded that it was clear to staff that all meetings should be face to face.

Councillor Parker asked if the level of support in the pathway plan was impacted by where people are accommodated. The Interim Head of Service - Care Experienced Service replied that many young people did choose to go back home and live with their former foster carers with the pathway plan influenced by where they live. However, they did affirm that the plan could be influenced by all things.

The Chair finished by saying that the service was about wanting for care leavers the same things one would like for their own children.

RESOLVED:
1. That the report be noted.
2. That the Interim Head of Service - Care Experienced Service provide Councillor Hirst with the data surrounding how many care leavers had a continuous personal advisor from aged eighteen to twenty-one.
3. That the Interim Head of Service - Care Experienced Service provide feedback to colleagues at the advisory service around alternative times for the Aftercare Forum to meet.

22. TRANSITIONS FOR CHILDREN WITH EHCPS

**Children and Young People's Scrutiny Committee
26 September 2023**

The Director for Education Standard, Quality, and Performance informed the Committee that they felt the report showed that the Council recognised the importance of transition for young people in Trafford, however, admitted that the service was aware that there was work to be done.

Firstly, the Director for Education Standard, Quality, and Performance highlighted the importance of 'starting early', which should seek to understand the interests, strengths, and motivation of children with special educational need (SEN) and how this was key to securing lifelong success. The Committee was made aware of the Councils commitment to a programme of professional development, with a significant number of practitioners working in private, voluntary and independent (PVI) providers, having already achieved the level 3 Special Educational Needs Coordinators (SENCo) award. The Committee was assured of the desire for a strong pathway around transition for the youngest into school, and some data was provided in the report on the improved early years outcomes which have been seen in Trafford over the past year.

The Director for Education Standard, Quality, and Performance proceeded with the transition between year six and seven, and how, in Trafford, this was an interesting and complex picture. The Director for Education Standard, Quality, and Performance informed the Committee that they had met recently with both the Trafford Parent Carer Forum and the new Headteacher at Sale High, with transition and inclusivity for those children with SEN being important in the secondary sector, as this was often a time which saw an increase in Education, Health and Care (EHC) plans, due to worry and anxiety about what lies ahead for children with these needs. The Committee was also made aware of a drive for an inclusion collaborative between headteachers and SENCo's across Trafford to meet the needs of these young people.

The Director for Education Standard, Quality, and Performance referred to preparing for adulthood (PfA), and how the service sought external validation from Paula Thompson-Jones, a SEND inspector, who was commissioned to show Trafford where they needed to improve. They referred the Committee to the findings of her report, which provided a tough reading. However, the Director for Education Standard, Quality, and Performance assured the Committee of how the Council had been committed to embracing and working on getting the improvements in place.

The Director for Education Standard, Quality, and Performance spoke about the Lived Experience panels (LEAP), which was launched by the Trafford Parent Carer Forum, and had provided an opportunity to hear the lived experience of those families. The Director for Education Standard, Quality, and Performance spoke on some of the data received from these lived experience interviews, with mental health coming through as a real concern for families during transition and transitioning into adulthood.

The Director for Education Standard, Quality, and Performance shared ambition four within her report, which was "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". They then spoke of how this was the driving force behind

Children and Young People's Scrutiny Committee
26 September 2023

those improvements. In the report, some of the pathways that were in place were provided, as well as some of the work that had been ongoing around supported internships and the SEND Employment Forum, which had received funding in recent months, and shown an improvement and action plan in place sitting around employability and the use of supported internship in Trafford. The Director for Education Standard, Quality, and Performance shared how they felt this was an important move going forward.

Finally, the Director for Education Standard, Quality, and Performance concluded how they felt the report showed the service was clear that things need to change, and that it had identified the steps which are to come to make sure that these improvements take place. The Committee was offered the opportunity to ask questions.

The Chair was happy to see some previous recommendations from the Committee being implemented in these improvements.

Councillor Procter asked what the delay between a request for an assessment for an EHC plan, an assessment taking place, and then the plan being implemented. The Lead for SEND and Inclusion responded that statutory time scales for a decision to be made was six weeks, however, with an increase in parental referrals in recent time which can be sent in with little detail, these can take longer. The service was aiming to make sure that information from the school was provided at the first instance to save time. Data was to be shared with Councillor Procter around how many are done in six weeks.

Secondly, Councillor Procter expressed her issue about the data from children moving to adulthood, and how they felt children were being let down. Councillor Procter insisted that they did not want to see this sort of data again and asked how the service was going to evaluate whether the plan they put in place make a difference moving forward. The SEND Improvement Lead responded that the ambitions plan which had been put together for SEND, was having its actions aligned with performance metrics. One of the problems for PfA at the time was that young people's voices were not strong enough, so the biggest measure for success will be around how the service could understand these voices more clearly. The Director of Education Standards, Quality, and Performance came in and informed Councillor Procter that the service had strengthened governance, leadership, and oversight. Councillor Procter responded that she was most interested in the lived experience.

Councillor Sutton asked if there was enough work being done at the year six / seven stage, as they felt that more work was being done on starting early and preparing for adulthood. The Lead for SEND and Inclusion responded that there was an increased at secondary stage, however, it was a change of key stage where the increases were seen.

Councillor Sutton asked a further question regarding the transition between year six and year seven, about how things were dealt with if circumstances were to change after the February deadline for referrals, up until the end of the school year. The Lead for SEND and Inclusion responded that parents would usually

Children and Young People's Scrutiny Committee
26 September 2023

contact the school or EHC coordinator if things were to change, however, most things that may come up in between would not necessarily change the destination for the children, it would rather require additional planning to look at the provision.

Councillor Sutton asked a similar question around what happens if significant changes happen in the PfA stage. The Lead for SEND and Inclusion responded that communication was key and there was an understanding that improvements needed to be made. However, it was also about managing expectation about what change of setting might have been required.

Councillor Ennis asked about Key Stage four outcomes with only 17% of children with an EHC plan achieving a grade five to nine in English and Maths, which was below the national average, but also a decrease from 2021, and questioned if this was a concern. The SEND Improvement Lead responded that the data could often be cohort dependent and felt that when you look at the data in Trafford it was very good when compared to many other local authorities which were well below the national average. The Director of Education Standards, Quality, and Performance that the progress 8 scores, was the most significant indicator, as it showed the progress which was being made by children with SEN. They were to share the data following the meeting.

Councillor Duncan referenced ambition 4, and asked what activity and playgroups are allocated for SEND children, and what provision there was for this. The Director of Education Standards, Quality, and Performance responded that this data can be provided, but said that sometimes there was sufficiency issues, however, when this had happened, providers had been asked to help and provide support.

Councillor Deakin asked about how communication would be improved, and if there were any quick fixes which could have been had. The Director of Education Standards, Quality, and Performance replied that one piece of improvement which the service was trying to clear up quickly was the communication around transitions deadlines, so families had all the dates and arrangements to hand. The SEND Improvement Lead felt that it was important to communicate expectations and timelines, so that families know when they are to expect update. They affirmed that there was an understanding that clarity needs to be improved.

The Chair thanked the officers for the report.

Councillor Procter asked about co-opted members and if there had been any progression on this. A Governance Officer responded that there had been some interest, and the Director of Education Standards, Quality, and Performance would contact governance services to get contacts with the relevant schools.

RESOLVED:
1. That the report be noted.
2. That the Director of Education Standards, Quality, and Performance provide Councillor Procter with the data around decisions on EHC plans were decided within the six-week deadline.

3. That the Director of Education Standards, Quality, and Performance provide Councillor Ennis with the Progress 8 scores data.
4. That the Director of Education Standards, Quality, and Performance provide Councillor Duncan with the data around early years provision for children with SEN.
5. That the Director of Education Standards, Quality, and Performance speak with governance services around co-opted members.

23. TASK AND FINISH GROUP REPORT ON ACCESS TO MENTAL HEALTH SERVICES

The Chair provided an update to the Committee on the CAMHS task and finish work from the previous meeting. There had been some minor changes to the document and asked the Committee if they would be happy to allow this report to be amended as a delegated decision. The Committee approved the report to be authorised.

RESOLVED: That the Committee approved the amendments to the task and finish work.

24. WORK PROGRAMME

The Chair ran through the work programme for the next meeting, and asked if the Committee was happy with the programme as it was. There was no response from the Committee and was taken as approved.

RESOLVED: That the Committee approve the work programme for the next meeting.

25. URGENT BUSINESS (IF ANY)

The RAAC Report listed below was accepted as an item of urgent business prior to the meeting as it was a topical item which the Chair felt was of importance to the meeting and could not be left until the next meeting due to the urgency.

26. RAAC REPORT

The Director of Education Standards, Quality, and Performance set out some of the things that have been considered since 2018, with the Department for Education (DfE) considering the issue over that time. The Trafford school's capital team have had a firm grip on the issue for some time. The Council was responsible for thirty-nine schools, and none needed any temporary changes to the school or disruption to education. Two schools were identified by the DfE, Altrincham College and Sale Grammar, however, this had been identified a few months before and mitigation had be in place.

The Director of Education Standards, Quality, and Performance affirmed that good learning was being taken from this, and contingency planning had begun to be put into place.

**Children and Young People's Scrutiny Committee
26 September 2023**

RESOLVED: That the report be noted.

The meeting commenced at 6.30 pm and finished at 7.59 pm

This page is intentionally left blank

TRAFFORD COUNCIL

Report to:	**Children and Young People's Scrutiny Committee**
Date:	**November 2023**
Report for:	**Information**
Report of:	**Director of Education, Standards, Performance and Quality Assurance**

Report Title

Overview of School Attendance

Summary

Trafford's Attendance Strategy has an overarching objective for every child that is on a school roll to be in school every day and on time so that every young person can reach their full potential. There is a strong link between good school attendance and achieving strong outcomes for children. This report provides an overview of the current position in Trafford, legislative measures and support strategies to improve attendance rates.

Recommendation(s)

That the contents of the report are noted.

Contact person(s) for access to background papers and further information:

Name: Karen Samples: Director of Education, Standards, Quality and Performance
    Sarah Butters: Head of Education Places, Access and Vulnerable Children
    Martina Mould: School Attendance Officer

1. **Introduction**
   "Improving attendance is everyone's business. The barriers to accessing education are wide and complex, both within and beyond the school gates, and are often specific to individual pupils and families. The foundation of securing good attendance is that school is a calm, orderly, safe, and supportive environment where all pupils want to be and are keen and ready to learn."
   (Working together to improve school attendance: DfE: May 2022)
   The law entitles every child of compulsory school age to an efficient, full-time education suitable to their age, aptitude, and any special educational need they may have. It is the legal responsibility of every parent to make sure their child receives that education either by attendance at a school or by education otherwise than at a school. Central to raising standards in education and ensuring all pupils can fulfil their potential is that pupils need to attend school regularly to benefit from their education. Missing out on lessons leaves children vulnerable to falling behind. Children with poor attendance tend to achieve less in both primary and secondary school.
   The government expects schools and local authorities to:
   ✓ promote good attendance and reduce absence, including persistent absence
   ✓ ensure every pupil has access to full-time education to which they are entitled

- ✓ act early to address patterns of absence
- ✓ parents to perform their legal duty by ensuring their children of compulsory school age who are registered at school attend regularly
- ✓ all pupils to be punctual to their lessons.

2. Attendance data for Trafford

Trafford schools' attendance is amongst the best in England and often used as a benchmark for other LAs to aspire to. Both overall absence from school in Trafford, and Persistent Absence (PA) has been consistently below the National Average for many years now. The recent pandemic however has impacted on school attendance nationally and Trafford has reflected those national trends.

In normal circumstances, some areas of the borough, and some schools, have tended towards lower-than-average attendance, but in recent years we are seeing higher rates of absence generally across the borough with increased absences due to health issues/ anxiety.

Absence from school can be the most complex area to address, as it is usually the symptom of some other issue. Schools and Academies have the primary role in trying to identify the underlying cause of non-attendance and, once identified, it is essential to provide well-coordinated, planned interventions from the range of services available across the LA.

Persistent Absence and Severe Absence

A pupil becomes a 'persistent absentee' (PA) when their attendance drops to 90% or below for any reason whether the absences are authorised or not.

Over a full academic year this would be 38 sessions (19 school days; equivalent to 1 day or more a fortnight across a full school year). Absence at this level will cause considerable damage to a child's educational prospects.

A pupil becomes 'severely absent'(SA) when their attendance drops to 50% or below for any reason, whether the absences are authorised or not. As persistent absence is often a symptom of wider issues in a child's life; schools, local authorities and their partners play a crucial role in overcoming barriers to attendance and ensuring all children can access the full-time education to which they are entitled.

School Year 2021/22 Attendance (Latest Published Data)

SEND		Overall absence	Unauthorised absence	Persistent absence %	Severely absence %
All pupils	Trafford	6.4	1.1	17.6	0.94
	National	7.6	2.1	22.5	1.65
Pupils with an EHCP	Trafford	10.3	2.7	29.5	3.9
	National	12.1	3.0	36.9	5.2
Pupils with SEN Support	Trafford	8.6	1.9	26.1	2.2
	National	9.97	3.2	32.0	2.99
Pupils with no SEND	Trafford	3.9	2.7	15.8	0.52
	National	5.2	3.0	20.0	0.98

Persistently absent (PA) is an absence of 10% or more
Severely absent (SA) is an absence of 50% or more

Attendance data for 2022-23

	All	**EHC**	**SEN Support**	**FSM**	**LAC**
Trafford Primary Overall	94.9	91.4	93.7	91.9	95.1
Trafford Primary Persistent Absence	16.3	21.3	18.2	17.3	17.0
Trafford Secondary Overall	91.9	83.7	88.8	86.4	85.7
Trafford Secondary PA	19.5	34.4	23.8	24.8	29.3
Trafford Special Overall	88.5	NA	NA	85.9	88.4
Trafford Special PA	28.3	NA	NA	28.9	29
Trafford Overall Attendance 92.8% Trafford PA 19.6%			**National Overall Attendance 92.5% National PA 22%**		

Attendance data for Autumn Term 1 2023

4 September to 18 October 2023		Trafford					
School Type	**Measure**	**All**	**EHC**	**SEN Support**	**FSM**	**LAC**	**CP Plan**
All Schools	Overall attendance	95.2	89.5	93.1	91.1	92.9	88.8
	Unauthorised absence	1.3	3.5	1.9	3.2	2.5	4.8
	Persistent Absence (PA)	12.3	26.6	19.3	25.2	18.0	32.3
	Severe Absence (SA)	1.2	5.4	2.2	3.1	3.5	4.6
Primary Schools	Overall attendance	96.1	93.0	94.7	93.4	96.8	93.7
	Unauthorised absence	1.1	2.2	1.5	2.3	1.3	2.9
	Persistent Absence (PA)	10.2	21.7	15.7	21.7	11.0	18.2
	Severe Absence (SA)	0.5	2.0	0.9	2.0	0.0	0.0
Secondary Schools	Overall attendance	94.7	86.5	91.7	89.4	89.5	80.4
	Unauthorised absence	1.3	4.7	2.2	3.9	3.9	9.3
	Persistent Absence (PA)	13.3	30.4	22.6	28.9	23.9	13.6
	Severe Absence (SA)	1.4	8.0	3.1	4.2	6.4	45.5
Special Schools	Overall attendance	90.2	n/a	n/a	88.7	94.6	91.1
	Unauthorised absence	3.1	n/a	n/a	3.5	1.3	1.0
	Persistent Absence (PA)	25.5	n/a	n/a	30.5	15.2	1.0
	Severe Absence (SA)	4.6	n/a	n/a	5.6	0.0	0.0

3. **The importance of attending school regularly**
   Regular attendance at school is critical and is everyone's responsibility.
   In July 2023, the Secretary of State for Education wrote a letter to all Local Authorities, supporting strong school attendance from the first day of term (***Appendix 1***) and new research from the Children's Commissioner published recently, has shown the link between post-pandemic absenteeism and poor academic attainment.

- School attendance data from 2020/21 and 2021/22 and 2022 GCSE results data shows that in 2022, only 5% of children who were severely absent in both Years 10 and 11 achieved at least 5 GCSEs, including English and maths.
- This is compared to 78% of children who were rarely absent in both years who achieved at least 5 GCSEs, including English and maths and 36% of children who were persistently absent.
- Children who are persistently absent are also more likely to end up Not in Education, Employment, or Training, according to research from the Department for Education.
- Children who end up in the criminal justice system have some of the highest rates of school absences.
- In 2019/20, 81% of children who committed any offence and 85% of those who committed a serious violence offence had a history of persistent absenteeism

   Furthermore, the table below details the days of lost learning when children/young people do not attend school regularly

Attendance Rate	Lost Learning Time
100% attendance	0 weeks
95% attendance	1 week & 4 days
90% attendance	3 weeks & 4 days
85% attendance	5 weeks & 3 days
80% attendance	At least 7 weeks & 3 days
80% attendance over 5 years = 1 whole year of education lost. Research suggests that pupils who have an average of 20 days absent per school year see negative effects throughout their educational journey, resulting in a whole GCSE grade deficit by the time they leave secondary education.	

   Parents should plan their holidays around school breaks and avoid requesting leaves of absence for holidays unless it is unavoidable.
   As leave of absence is only granted in exceptional circumstances, it is unlikely that the headteacher will agree a leave of absence for a family holiday.

4. **Working together to Improve School Attendance**
   Successfully treating the root causes of absence and removing barriers to attendance, at home, in school or more broadly requires schools and local partners to work collaboratively with, not against families.
   Children may struggle to attend school for a wide range of reasons. The DfE has recently published guidance on improving school attendance (Improving school attendance: support for schools and local authorities - GOV.UK (www.gov.uk)
   This sets out the principles underpinning an effective whole school strategy for attendance and outlines actions that school staff and local authorities may consider taking to improve attendance for all pupils, pupils at risk of persistent absence and pupils who are persistently absent.

In addition, Trafford's attendance officers have established a model attendance policy and guidance aimed at supporting Headteachers, staff and attendance leads, to achieve better outcomes for children, comply with current legislation, raise standards and close the gap by improving engagement and attendance in school.

This outlines the expectations for schools in light of the government's guidance as stated below:

➢ Develop and maintain a whole school culture that promotes the benefits of high attendance. This includes having a clear vision for attendance improvement, evaluating and monitoring expectations and processes, oversight of data analysis and communicating messages to pupils and parents.

➢ Have a clear school attendance policy which all staff, pupils and parents understand, with a whole school approach where every staff member has a role to fulfil in improving attendance.

➢ Accurately complete admission and attendance registers and have effective day to day processes in place to follow up absence.

➢ Robustly track, monitor, and analyse attendance and absence data to identify pupils or cohorts that require support with their attendance and put effective strategies in place.

➢ Build strong relationships with families, listen to, understand, and where possible remove barriers to attendance.

➢ Share information and work collaboratively with other schools in the area, local authorities, and other partners when absence is at risk of becoming persistent or severe.

➢ Facilitate support by removing barriers in school and help pupils and parents to access the support they need to overcome the barriers outside of school.

➢ Formalise support where absence persists, and voluntary support is not working or not being engaged with. The use of a parenting contract can be discussed with the Pupil Absence Team.

➢ Enforce support when formal support is not working.

The team will always recommend following a graduated approach in relation to pupils with low attendance, assessing why they are not attending regularly, creating a plan to support improvement in attendance, implementing the plan and reviewing it to see if improvements have been made.

Graduated Approach

LEVEL ONE	FAILURE TO SEND CHILD TO SCHOOL AFTER REFUSAL OF LEAVE OF ABSENCE.
Criterion	Failure to send child to school after request for leave of absence refused
Vulnerability	
Service Provider	School/LA
Intervention	Head Teacher to consider issue of a penalty notice and send request to Pupil Absence Team via the school portal
	Prosecution in the absence of the penalty being discharged within 28 days

LEVEL TWO	LOW LEVEL LATE / IRREGULAR / NON-ATTENDANCE
Criterion	Attendance between 90%-100% over four weeks
Need/Vulnerability	Child/ family may be vulnerable
Service Provider	School
Intervention	School to contact parent to determine reason for pupil's absence on first day of absence and expected date of return.

	Attendance and monitoring process to identify when absence or punctuality becomes a concern
	Support from the school's attendance officer through telephone calls, letters, emails and home visits
	Parents to be offered access to sources of support via attendance plans or an individual health care plan.
	Praise and reward scheme for children entering level two from any higher level

LEVEL THREE	MEDIUM LEVEL LATE / IRREGULAR / NON-ATTENDANCE
Criterion	Attendance between 80% - 90% over four weeks
Vulnerability	Child/Family may be vulnerable or have a low level need requiring single or multi agency support
Service Provider	School/ LA
Intervention Welfare Support	Identifying pattern of absence Attendance concern letter
	School meeting with parents – Individual Attendance Plan EBSNA toolkit
	Early help assessment / involvement of Trafford Team Together
	In school pastoral and mentoring support and counselling
	Home visits
	Individual health care plan
	Referral to external support services / alternative provision
	Referral for specialist assessment (e.g. SEND/CAMHS)
Intervention Enforcement	Non-attendance warning letters
	Parenting contract
	Home visit

LEVEL FOUR	HIGH LEVEL LATE / IRREGULAR / NON-ATTENDANCE
Criterion	Attendance below 80% over four weeks
Vulnerability	Child/Family may have a complex level of need requiring higher level intervention, including referral to specialist assessments & services.
Service Provider	School/LA /Legal Services
Intervention Welfare Support	As at Level 3
Intervention Enforcement	When all attempts to engage with the family at levels three and four have failed referral to legal services with a view to penalty notice/prosecution/ Education Supervision Order

LEVEL FIVE	SAFEGUARDING NEEDS
Criterion	Any level of attendance
Need/Vulnerability	Child/Young person has acute needs that require statutory intervention to promote and protect the welfare of children/young people.
Service Provider	All Agencies
Intervention	Immediate referral by school, attendance officer or other concerned agency to Children's Services.

	Children's services to conduct an immediate assessment of need or a multi-agency assessment under Children's Act 1989, s17 as appropriate.

The Local Authority has priorities in line with DfE Working Together to Improve School Attendance
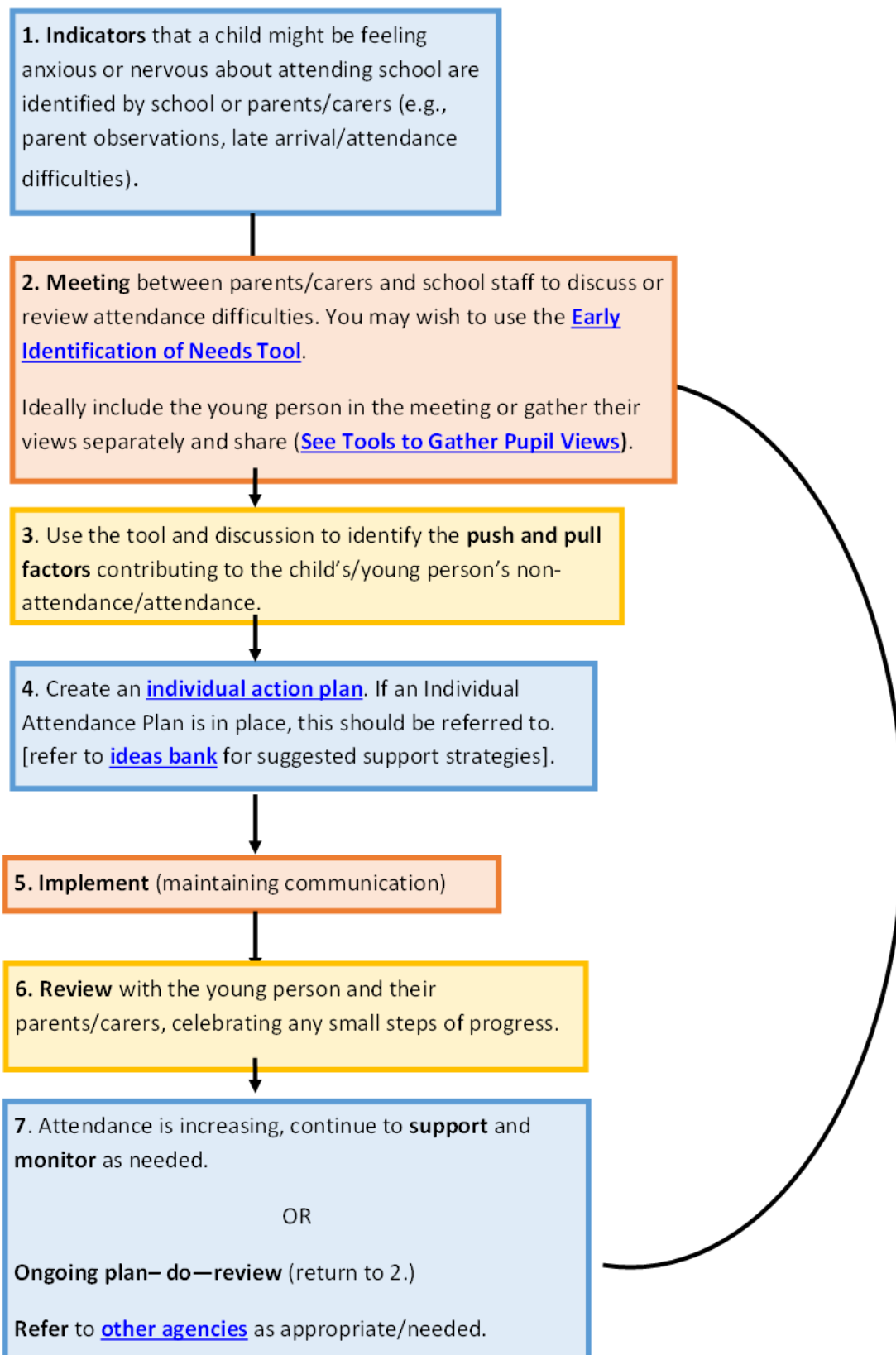1. Rigorously track local attendance data
2. School attendance support team
   - Communication and advice
   - Targeting support meetings
   - Multi-disciplinary support for families
   - Legal Interventions
3. Monitor and improve the attendance of children with a social worker through the virtual school.

5. Emotionally-based School Non-Attendance (EBSNA)

Emotionally Based School Non-Attendance (EBSNA) is a term adopted by Trafford Council and a number of authorities to describe children and young people who have significant difficulties in attending school due to a range of factors. This is distinct from other types of school non-attendance and relates specifically to the emotional distress that they experience around attending school (Thambirajah, Grandison & De-Hayes, 2008).

The following flow chat represents the process of support that should be followed when a child or young person is identified as experiencing difficulties attending school (or as at risk of becoming persistently absent). This may be triggered by concerns shared by school staff, parents/carers, or a reduction in the child's attendance.

Flow Chart of Support

1. Indicators that a child might be feeling anxious or nervous about attending school are identified by school or parents/carers (e.g., parent observations, late arrival/attendance difficulties).

2. Meeting between parents/carers and school staff to discuss or review attendance difficulties. You may wish to use the **Early Identification of Needs Tool**.

Ideally include the young person in the meeting or gather their views separately and share (**See Tools to Gather Pupil Views**).

3. Use the tool and discussion to identify the **push and pull factors** contributing to the child's/young person's non-attendance/attendance.

4. Create an **individual action plan**. If an Individual Attendance Plan is in place, this should be referred to. [refer to **ideas bank** for suggested support strategies].

5. Implement (maintaining communication)

6. Review with the young person and their parents/carers, celebrating any small steps of progress.

7. Attendance is increasing, continue to **support** and **monitor** as needed.

OR

Ongoing plan– do—review (return to 2.)

Refer to **other agencies** as appropriate/needed.

It is important that this cycle of support is completed promptly, and that the support and progress is agreed and regularly reviewed with the young person and their family (e.g., every 3 – 4 weeks). Research suggests that early intervention is the best approach to maintaining regular school attendance.

The aim is to empower staff and parent carers to have conversations together that are structured, and solution focused. This awareness can then lead to possible adjustments and available support being offered to the child, young person and families through a joint support plan.

See Appendix 2 for the EBSNA Strategy

6. Trafford's Family Help Approach

Trafford's Family Help Offer is premised around an 'approach' not a service model harnessing strength of the family help partnerships that exist within communities and across the system.

We are currently developing three main strands to our family help approach which includes Family Hub development, Trafford Team Together and targeted family support, recognising that some families will need support from statutory services including Children's Social Care.

Trafford Team Together (TTT)

Trafford Team Together is a system enabling approach to meet the needs of any child and their family living in Trafford and /or attending Trafford. TTT finds support for children and families living in Trafford or attending a Trafford school preventing small worries turning into bigger problems, TTT also finds support for children and families recovering from crisis. Parents and wider family members are empowered through the shared relational culture, with services working alongside families as partners. The core intent is to 'work with', not to 'do to'. TTT is a holistic approach considering the child, their family and their environment as a whole, rather than a single service issue, it is facilitated by the TTT Co-ordinator identifying the TTT Advocate: the person who knows the child and family best; who has their trust, captures their voice, and secures their engagement. Improving school attendance is one of the outcomes TTT is seeking to address.

TTT is currently in 43 schools across three neighbourhoods North, West and South partially and within the school year dating September 2022 – July 2023, TTT supported 284 families.

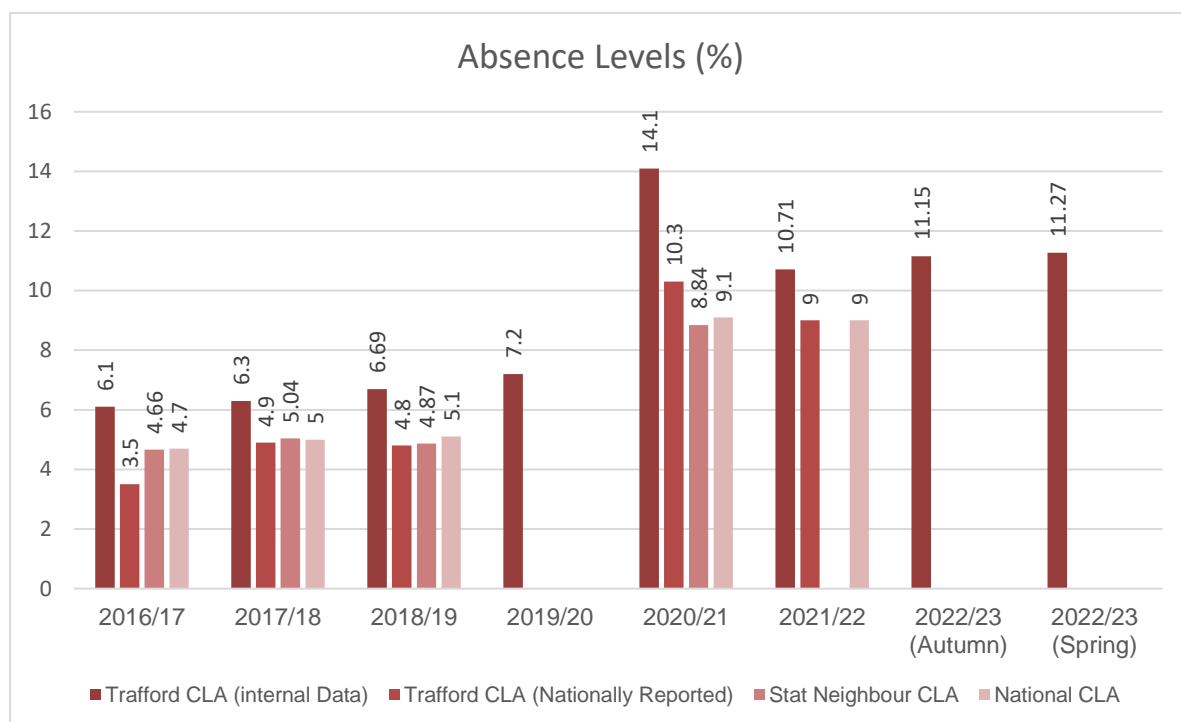### Targeted Family Support (Early Help Workers/Intensive Family Support)

The Early Help Hub Workers & Intensive Family Support (IFS) Service are an internal service. IFS takes a multi – agency, whole family approach to working with children and families who need more targeted help and support to help them cope with significant stressors or problems that impact on family's ability to nurture their children and improve outcomes. IFS workers coordinate the multi-agency team. They undertake direct work with the children and their parents, offering practical assistance where needed, to enable them and equip them with new strategies and tools to implement positive change.

54 families were supported via IFS in the last 12 months where attendance (either SA/ PA) was an issue – this equates to 15% of all families supported by IFS in this period.

The Virtual School

The new responsibilities for Virtual School Heads (VSH) were introduced in September 2021 – giving them a strategic leadership role to champion the educational attendance, attainment, and progress of children with a social worker. This is because children with a social worker are around 3 times more likely to be persistently absent from school and between 2 to 4 times more likely to be permanently excluded from school than their peers. This group are also over ten times more likely to attend state-funded alternative provision settings than all other pupils. For children with a social worker, attending school is also a protective factor, offering a safe space when home is not.

Attendance of our looked after children continues to be an area of concern for us with our internal data (collected via our online attendance management system) showing an increase in absence in Spring Term 2023 compared with Autumn Term 2022 and 2021/22.

Absence Levels (%)

Year	Trafford CLA (internal Data)	Trafford CLA (Nationally Reported)	Stat Neighbour CLA	National CLA
2016/17	6.1	3.5	4.66	4.7
2017/18	6.3	4.9	5.04	5
2018/19	6.69	4.8	4.87	5.1
2019/20	7.2			
2020/21	14.1	10.3	8.84	9.1
2021/22	10.71	9		9
2022/23 (Autumn)	11.15			
2022/23 (Spring)	11.27			

The Virtual School's Strategic Improvement Plan cites the improvement of attendance as a key priority with oversight achieved through the Governing Body and Corporate Parenting Board. Attendance data is also presented to the Social Care Quality and Performance meetings

Daily monitoring of registers and liaison with professionals for school aged looked after children takes place and weekly monitoring of registers and liaising with professionals for post-16 students. Where appropriate, there is direct work with children and families which includes the use of the EBSNA toolkit.

Both the Looked After Children and Child in Need panels provide multi-disciplinary oversight of all persistent and severe with actions agreed. A monthly email to Social Workers and managers for all Persistently Absent and Severely Absent children (which includes information around SEND and placement type) is distributed and daily reports are uploaded to LCS (Social Care Database) regarding any school absence to ensure social workers are informed.

Further strategies for these vulnerable cohorts include:
➢ A Learning Mentor is in post to monitor electronic registers, contact schools and families where children are not in school and offer enhanced support to pupils who are persistently absent. More details regarding the Learning Mentor's work can be found in the Learning Mentor section.
➢ Tuition, mentoring, and counselling are available to all children and 144 children have accessed additional support commissioned by Virtual School this year – more than half of our children of statutory school age.
➢ The Virtual School will be launching a new half-termly attendance training programme in 2023/24 aimed at supporting professionals and family members

who have children who are persistently absent (attendance less than 90%) or severely absent (attendance less than 50%) from school, led by our Assistant Educational Psychologist and Wellbeing Lead. The sessions will explore the impact of low attendance on future outcomes, consider the ways in which mental health and special educational needs impact on attendance, share resources and strategies to improve attendance (including the Emotionally Based School Non-Attendance guidance and toolkit), and will facilitate solution focused discussions around improving attendance for looked after children, previously looked after children and children in need.

7. Support for Schools

All LAs are expected to organise termly **Targeting Support Meetings** with each school in their area so the school's attendance leads and their point of contact in the local authority's School Attendance Support Team can identify, discuss, and agree joint targeted actions for pupils who are persistently or severely absent and those at risk of becoming so.

Due to the capacity in out attendance team being limited (there are only 4 officers), we are using other means of carrying out this responsibility and capitalising on the Autumn term school improvement quality assurance visits carried out by Associate School Improvement Advisers. We have also rag-rated our schools to ensure effective prioritisation. The purpose of the meetings are to discuss the following:

➢ Attendance data and any concerns and actions resulting from this
➢ Day-to-day processes for managing attendance
➢ Current strategies for promoting and incentivising good attendance and for reducing persistent absence in the school including thresholds for accessing wider support services and legal intervention
➢ Pupils considered to be persistently or severely absent
➢ Pupils accessing some of their learning off site, to ensure this is used as a short-term intervention to support a child re-engage in their learning

All schools in the borough are entitled to advice and guidance from the Trafford Pupil Absence Team, using a portal for referring individual cases for advice and a dedicated email address for general absence enquiries. Officers are also creating a School Attendance Hub which will be a "one stop share point" for the dissemination of good practice, pro forma templates and letters, and training webinars and presentations.

8. Legal intervention

Where all voluntary support options are unsuccessful or are not appropriate (e.g. an unauthorised holiday in term time), Attendance Support officers will liaise with school and the early help lead practitioner or social worker (where applicable) to take forward attendance legal intervention to formalise support and/or enforce attendance. Attendance legal intervention can only be used for pupils of compulsory school age and decisions should be made on an individual case by case basis.

STATUTORY SOCIAL CARE INVOLVEMENT

Where there are safeguarding concerns and an Education Supervision Order is not appropriate or has not been successful the case should be considered for statutory social care involvement

FORMAL SUPPORT
A formal **parenting contract** agreed by the pupil, parent, school and/or LA

Progressing to a legally binding **Education Supervision Order** in the Family Court if there is non-engagement and deemed necessary

VOLUNTARY SUPPORT
Helping parents to access services of their own accord and/or a voluntary whole family plan to tackle the barriers

ATTENDANCE PROSECUTION
Where all other routes have failed or are not deemed appropriate, the case should be considered for attendance prosecution in the Magistrates Court (or a Fixed Penalty Notice for irregular attendance)

The Rt Hon Gillian Keegan MP
Secretary of State for Education

Sanctuary Buildings 20 Great Smith Street Westminster London SW1P 3BT
tel: 0370 000 2288 www.education.gov.uk/contactus/dfe

19 July 2023

Dear Chief Executives,

LETTER TO LAs: CALL TO SUPPORT STRONG ATTENDANCE FROM THE FIRST DAY OF TERM.

I am writing to thank you for your hard work and dedication over the past school year in supporting school attendance, and to ask for your continued support in ensuring strong attendance from day one of the new academic year.

Together, we have begun to turn the tide on one of the biggest challenges that COVID-19 has posed to children and young people, their academic and wider development and safety. Over 350,000 fewer pupils were persistently absent in Spring 2023 compared to Summer 2022 and this is due to the collective efforts of the public services that support children and families. Councils up and down the country have responded with purpose to new school attendance guidance which sets out how schools and local authorities should work together to tackle absence, focusing on a 'support first' approach.

However, as I said at the LGA conference earlier this month, there is more to do, with absence rates still well above pre-Covid levels, and the most vulnerable children more likely to be absent. Improving attendance is a critical priority for me and the Department, for the Levelling Up agenda, and I know for local authorities as well. We know attendance has long term impacts on a child's life chances, including attainment, employment prospects and future earnings. We need to work together on this issue. To that end, I have written to schools to recognise their efforts and ask them to prepare for the warmest possible welcome for all children and families this September - including those who may have struggled with attendance in the past. We know that those first days back in school really matter. Evidence from a recent Children's Commissioner report showed that children who miss days 2, 3 and 4 of the new term for unauthorised reasons had a predicted overall absence of almost 45%, or 31 days across the term, compared to children who missed days near the end of term, with a predicted overall absence of 20-30%.

To make the most of the new start that September represents, local authorities have an important role to play in ensuring that as many children as possible are attending from day one of the new academic year.

Firstly, I ask that your school attendance support team takes forward the most ambitious possible preparations for September. In line with the attendance guidance, good practice here involves rigorous analysis of absence data to identify the pupils, cohorts and schools that need the most support, ensuring join-up and data-sharing is established with relevant agencies such as children's social care and SEND, and communicating the area-wide school attendance strategy across the council.

Secondly, over the summer I urge you to mobilise your wider services and staff who have contact with parents and children to help to communicate the importance of a strong return to school. I believe we have a real opportunity to reset the system, if we can ensure that trusted voices are giving the same messages.
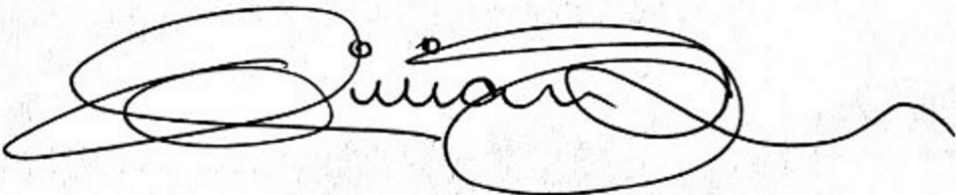
Some great examples I have seen across the country include:
- social workers and early help workers ensuring that that every conversation with a pupil and family involves school attendance and addressing any barriers
- school nurses identifying and working with pupils who are anxious about returning to school
- family hubs giving out information to parents on illness and absence and sharing our attendance guidance for parents

Thirdly, it is essential that services are ready in those early weeks of the new Term, working in partnership with schools, to intervene early where problems emerge, and particularly for children and families with more complex circumstances. A joined-up local effort will be critical.

Thank you once again for your commitment to reducing pupil absence and helping to lead the local response. I look forward to continuing to work with you, schools, trusts and partners in health and beyond, so every child and young person starts the next academic year as strongly as possible.

Yours sincerely,

The Rt Hon Gillian Keegan MP
Secretary of State for Education

SCHOOL ATTENDANCE DIFFICULTIES AND EMOTIONALLY BASED SCHOOL NON-ATTENDANCE

Trafford Guidance Document (V2.0)

Contents

Introduction

This guidance has been developed to provide further information and support for children and young people who are experiencing school attendance difficulties and/or Emotionally Based School Non-Attendance (EBSNA), and to support their families, school staff and other professionals across our Local Authority.

The link between school attendance and attainment is well evidenced; pupils with the highest attainment at the end of Key Stages 2 and 4 have higher rates of attendance over the key stage compared to those with the lowest attainment.

What is Emotionally Based School Non-Attendance?

Emotionally Based School Non-Attendance (EBSNA) is a term adopted by Trafford Council and a number of authorities to describe children and young people who have significant difficulties in attending school due to a range of factors. This is distinct from other types of school non-attendance and relates specifically to the emotional distress that they experience around attending school (Thambirajah, Grandison & De-Hayes, 2008).

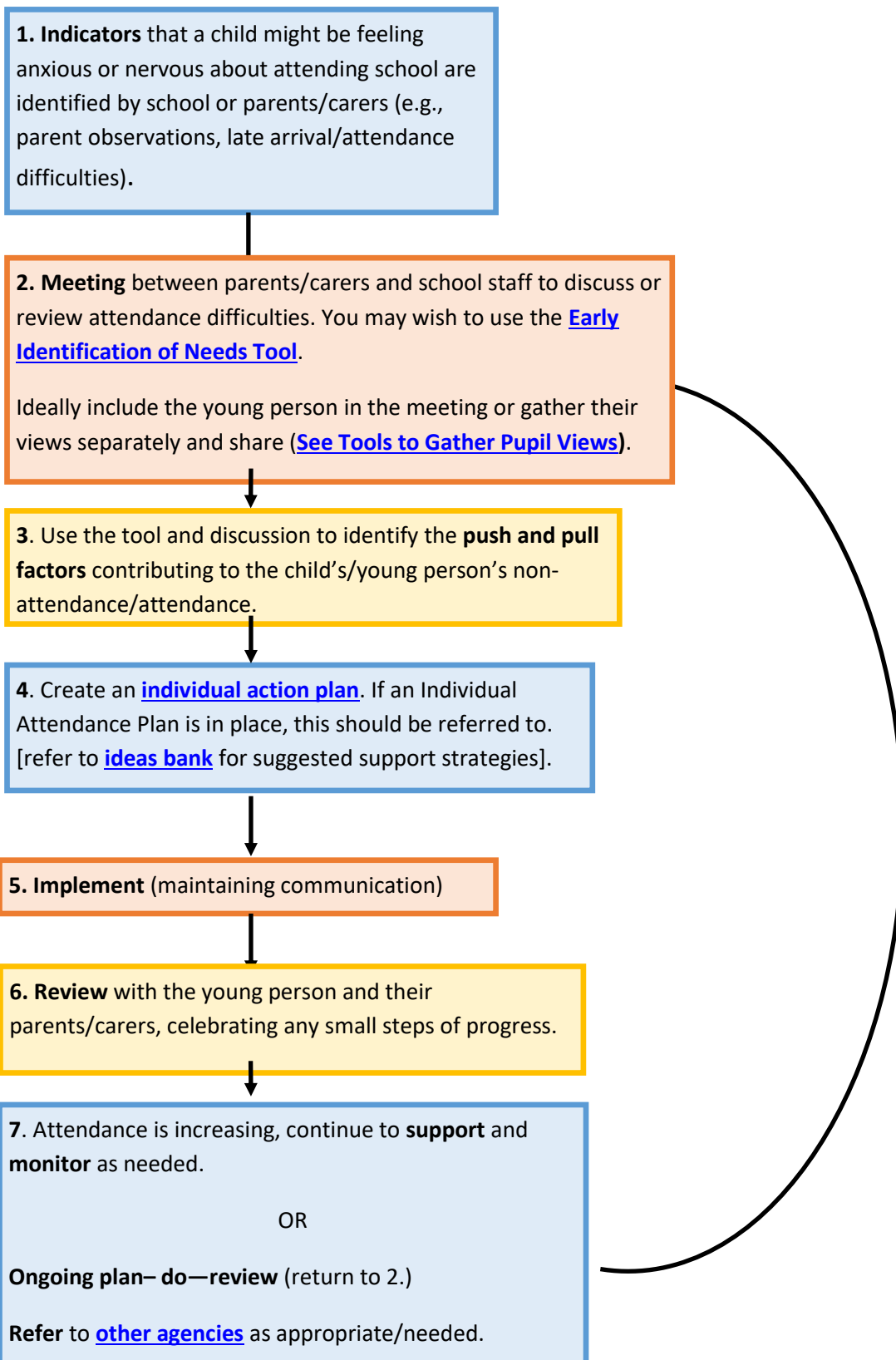**How does this relate to the Working Together to Improve Attendance guidance?**

The Department for Education has recently released **this guidance** which sets out the roles, responsibilities and expectations for schools, academy trusts, governing bodies, local authorities, and parents in promoting and maintaining high levels of school attendance. The Government is committed to the guidance becoming statutory from September 2024. This document will include reference to how professionals working in this area can fulfil these roles and responsibilities, by working in an evidence-informed way to improve school attendance.

How can we support children and young people?

The following flow chat represents the process of support that should be followed when a child or young person is identified as experiencing difficulties attending school (or as at risk of becoming persistently absent). This may be triggered by concerns shared by school staff, parents/carers, or a reduction in the child's attendance. Further information around each area can be found by clicking on the links within the flow chart or in the information overleaf.

It is important that this cycle of support is completed **promptly**, and that the support and progress is **agreed and regularly reviewed** with the young person and their family (e.g., every 3 – 4 weeks). Research suggests that early intervention is the best approach to maintaining regular school attendance.

Flow Chart of Support

1. Indicators that a child might be feeling anxious or nervous about attending school are identified by school or parents/carers (e.g., parent observations, late arrival/attendance difficulties).

2. Meeting between parents/carers and school staff to discuss or review attendance difficulties. You may wish to use the **Early Identification of Needs Tool**.

Ideally include the young person in the meeting or gather their views separately and share (**See Tools to Gather Pupil Views**).

3. Use the tool and discussion to identify the **push and pull factors** contributing to the child's/young person's non-attendance/attendance.

4. Create an **individual action plan**. If an Individual Attendance Plan is in place, this should be referred to. [refer to **ideas bank** for suggested support strategies].

5. Implement (maintaining communication)

6. Review with the young person and their parents/carers, celebrating any small steps of progress.

7. Attendance is increasing, continue to **support** and **monitor** as needed.

OR

Ongoing plan– do—review (return to 2.)

Refer to **other agencies** as appropriate/needed.

Understanding EBSNA

What is Emotionally Based School Non-Attendance?

Emotionally Based School Non-Attendance (EBSNA) is a term adopted by Trafford Council, as well as a number of nearby authorities. It describes children and young people who have significant difficulties in attending school due to a range of factors. Schools sometimes adopt the phrase 'School Refuser' when discussing this group, however this has been challenged by young people as the term 'refuser' suggests the child or young person has control over the school non-attendance. Additionally, it locates the 'problem' within the young person/child and ignores important environmental factors that influence a child or young person's emotional confidence to attend school.

Pupils do not typically perceive their non-attendance as 'refusal', but rather a 'straightforward and understandable' response to their circumstance, preferring to use the terms "stopped going" or "dropped out". They have shared that the experience was one of feeling 'ground down' by the pressures of school, eventually resulting in their non-attendance (Pennick, 2012). Many young people can hold high academic aspirations, despite their difficulties, and perceive non-attendance very much **a last resort** for them (Corcoran and Kelly, 2022).

In line with the DfE's **Working Together to Improve Attendance** guidance, school staff should proactively use data to identify pupils at risk of poor attendance, this includes identifying those children and young people who may be at risk of school-related anxiety and paying attention to any parental concerns.

What does school related anxiety look like?

At home, or at school, children or young people may display their emotional distress in a variety of different ways. It is also important to acknowledge that children and young people may present as being 'ok' whilst in school yet display a high level of distress at home. This can happen when a child or young person 'masks' how they feel in an attempt to 'fit in'. It is therefore important to **listen to parental/carer concerns** and what they communicate about their child's behaviours.

4

Professionals and schools in Trafford have reported children and young people experiencing school related anxiety can present in the following ways:

- Finding it difficult to get out of bed/leave the house/get out of the car on school days
- An increase in emotional dysregulation at certain times e.g., on Sunday nights, before the start of the school term/half term, on certain school days etc
- Frequently communicating that they feel unwell or psychosomatic symptoms (illness caused by or exacerbated by feelings of stress)
- Distress on separation from parent/caregiver
- Dysregulated behaviours (tears and anger) on return home from school
- Withdrawn or dysregulated behaviours in school
- Finding it difficult to talk about or engage in activities related to school
- Comments made by child/young person that indicate that they are feeling unhappy about school or key aspects of school

Why does it happen?

There is no singular cause. EBSNA is underpinned by a number of complex and interlinked factors of relevance to the child/young person, the family and the school environment. West Sussex local authority have adopted a useful way of considering how to reduce the factors that reinforce non-attendance and increase the resilience factors that may support a child/young person to more confidentially attend and feel happier in a school environment.

As highlighted in the **West Sussex materials**, the literature suggests that these contributory factors of 'risk and resilience' can also be divided, and understood, in terms of 'push' and 'pull' factors.

- 'Push' factors (i.e., those that push the child towards attending school)
- 'Pull' factors (i.e., those pull the child away from attending school)

Thambirajah et al (2008)

Emotionally Based School Avoidance is most likely to occur when the risks are greater than resilience, when **stress and anxiety exceeds support**, and when the 'pull' factors that promote school avoidance overwhelm the 'push' factors that encourage school attendance.
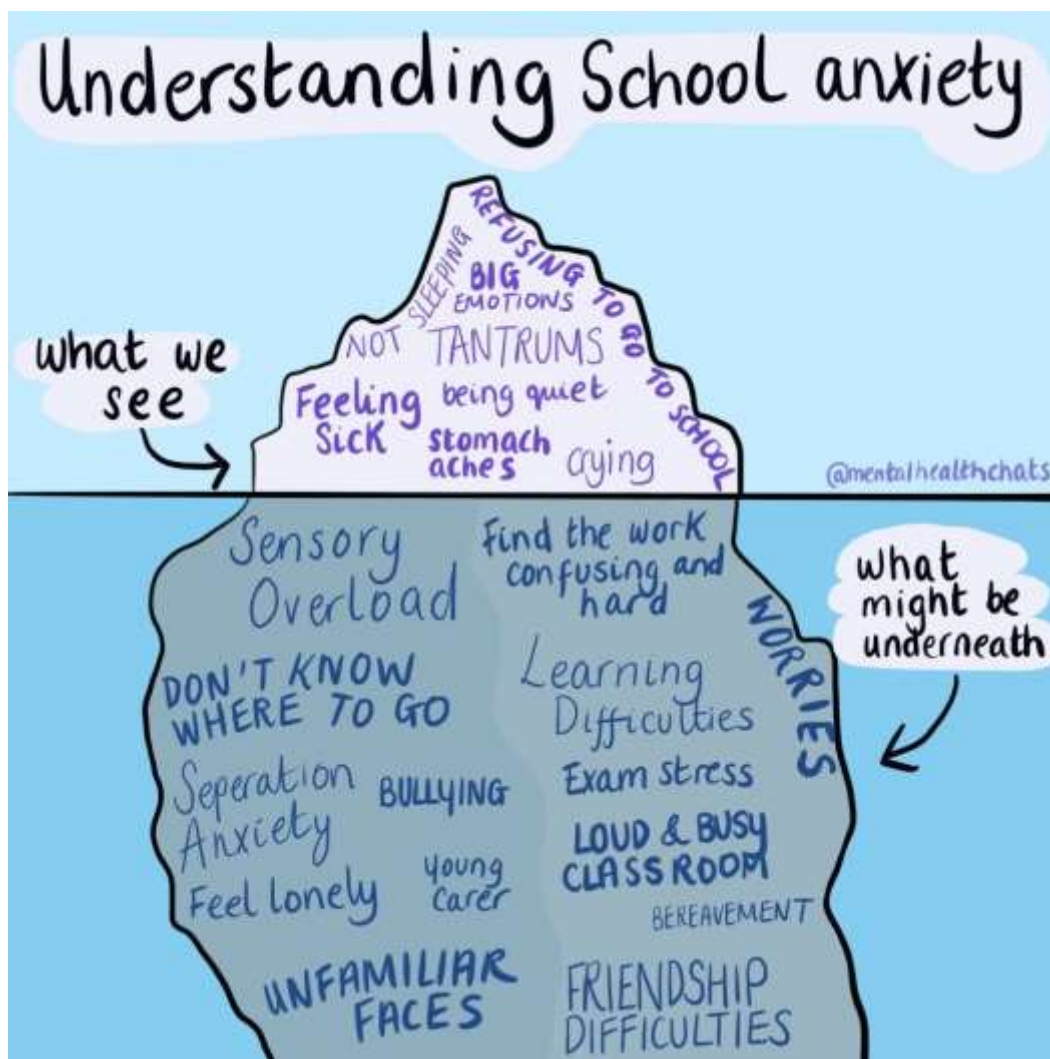
Understanding what may support the child/young person to return to school

Using the information collected using the **Early Identification of Needs Tool (EINT) and views of the child/young person**, you can consider the push and pull factors that may be contributing to the child/young person's feelings about going to school and feelings about staying at home. Refer to our **case studies** to see a worked example of how you might go about this.

We have also created an **ideas bank** which relates to the EINT which you can refer to for practical ideas for support, provision and sign posting. The **action plan** template may provide a useful tool to record these discussions.

> Once school attendance difficulties have been identified, it is essential to work with each identified pupil and their parents to understand and address the reasons for absence, including any in-school barriers to attendance.
>
> - Summary table of responsibilities for school attendance (DfE, 2022) [Page 5]

Recognising those at risk

Whilst it is possible to support a child/young person experiencing EBSNA back into school, early identification and intervention is likely to lead to greater success. It is therefore important for schools to be attentive to:

- a child or young person's communication (both verbally and through their behaviours)
- staff and parent/carer concerns
- patterns of punctuality and attendance
- identification of those at higher risk.

Groups at higher risk of EBSNA:

- Children and young people with sensory processing, social communication needs or a diagnosis of Autism Spectrum
- Children and young people who experience separation anxiety from their parents/carers
- Children and young people experiencing interpersonal difficulties with peers or teaching staff
- Children and young people demonstrating low confidence or 'high pressure' in relation to their learning ability or performance
- Children and young people who have experienced significant trauma, loss or change
- Children and young people who have family members who have experienced EBSNA
- Children and young people who regularly communicate emotional distress at home and/or school
- Children or young people who have historically needed emotional support in school and/or who have demonstrated erratic patterns of attendance who are transitioning to or have recently transitioned to a new Key Stage or school setting
- Children and young people who have found it difficult to adjust to changes in schooling arrangement associated with COVID-19 and/or the return to normal school routines

---

Where absence becomes persistent, put additional targeted support in place to remove any barriers. Where necessary this includes working with partners.

- Summary table of responsibilities for school attendance (DfE, 2022) [Page 6]

Autism and Emotionally Based School Non-Attendance

School attendance can be very stressful for autistic children: in a study of school attendance in autistic children and young people, 43% missed 10% or more of school. The most common reason given for non-attendance was "refusal" to go to school (Totsika et al., 2020).

For many autistic students, school is a challenging and difficult place: in fact, only 26% of autistic pupils report being happy in school (National Autistic Society, 2023). It is unsurprising, then, that a lot of autistic children and young people struggle with attending school: it seems to be a particularly difficult environment for them.

This is compounded by autistic children and young people masking their difficulties in school with families reporting their distress at home but school staff believing that they are "fine in school."

It is important that schools audit how autism friendly they are to make schools a less stressful place for autistic children and young people to attend, so that more of them are happy in school- and so much more likely to be able to attend without detriment to their health.

Below are links to two recommended resources to help understand and support autistic children and young people who may be anywhere from starting to show subtle signs of school distress as reported by their families, or perhaps experiencing obvious difficulties with attending school or even feel unable to attend at all.

How Can Schools Better Support Neurodivergent .pdf (wsimg.com): this document was produced by autistic adults and young people in Greater Manchester.

School Exclusions – School stress and anxiety (autismeducationtrust.org.uk) ; guidance on how school stress and anxiety can lead to EBSNA.

Attendance in the Early Years

Starting school can be an emotional step for parent/carers and children. Parents and school have expectations about how this might be. The move from a PVI setting to 'big school' can be a huge change. Some children transition easily while for others it may cause anxiety. This is more noticeable in children with SEND, particularly those with social & communication needs. Anxiety may not be shown as school non-attendance at this stage but high levels of anxiety may be evident through the child's emotional regulation in school and/or the home. There can be a significant difference between how the child presents in these environments. A positive start to school is an important building block for the child's journey through school and may reduce the risk of EBSNA. Refer to our Top Tips for the EYs transition handout for further advice.

What do young people say?

Effective intervention and support requires an understanding of the perceived 'push and pull' factors contributing to attendance from the perspective of the child/young person, as well as those around them (e.g., parents/carers, key adults in school).

The following study has been conducted with researchers at the University of Manchester, exploring children and young people's experiences of school attendance difficulties across the UK. The views of over 60 pupils were included, resulting in the following themes:
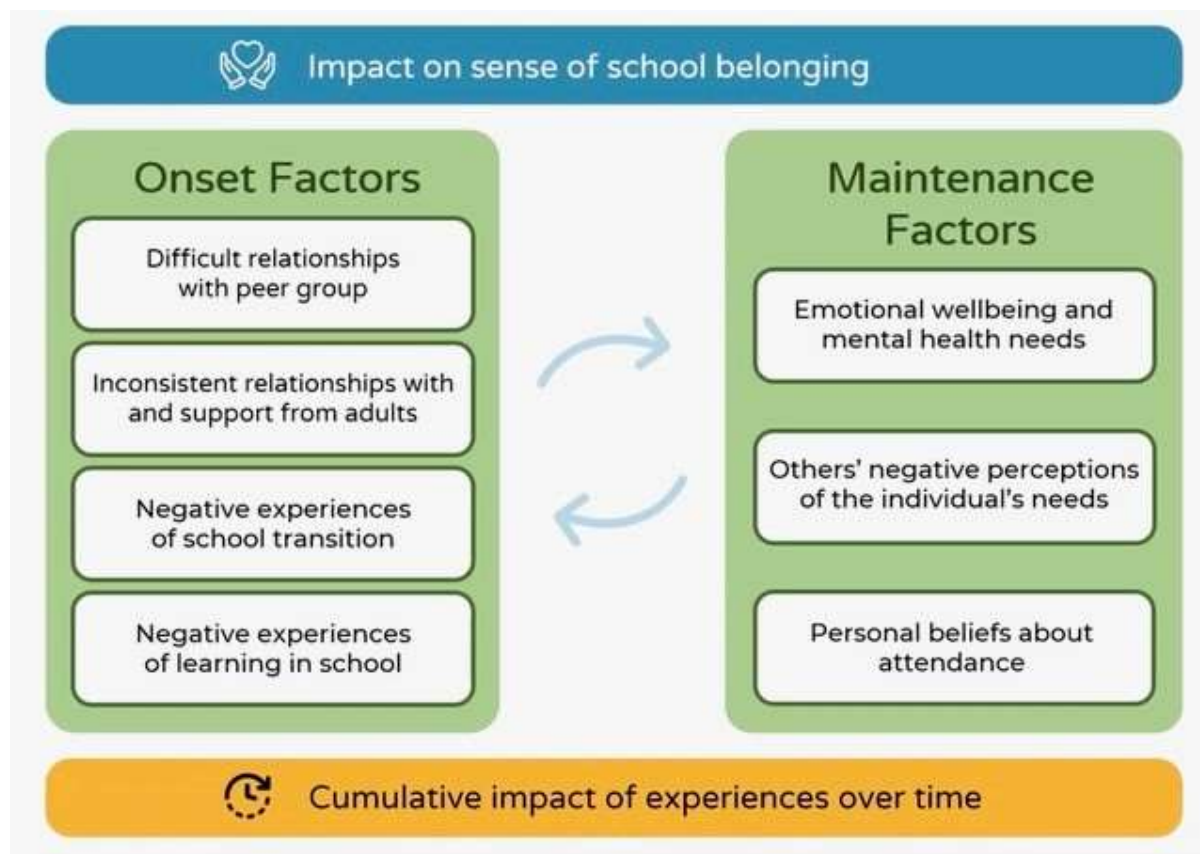
Figure 1: Young People's Experiences of Extended School Non-Attendance in the Literature (Corcoran and Kelly, 2022)

Factors impacting the onset of attendance difficulties

1. **Difficult relationships with peer group**

A sense of peer belonging was identified as very important to the young people. They identified barriers to this as being a fear of or perceived bullying and difficulties socialising, conforming to social norms, and forming friendships. This tells us that additional support to develop and maintain positive relationships within their peer group may aid regular attendance.

2. **Inconsistent relationships with and support from adults**

Many of the young people feared their teachers and perceived them as reluctant to provide support. The support offered was viewed as inconsistent and slow, relating to a lack of perceived validity of the young people's needs and their often-compliant behaviour in school. Positive relationships with teachers were viewed as a protective factor and family members were also identified as 'believing' the young people's needs and supporting their attendance.

3. Negative experiences of school transition

Many of the young people described their transition into a new school as a negative experience. Secondary school was a 'hostile and unwelcoming' environment, which felt very different to their more positive primary school experiences. Relationships with peers became more difficult at secondary school and this could be exacerbated by a loss of friendships over the transition. This suggests that a supported transition and consideration of inclusion within secondary schools will aid regular attendance at school.

4. Negative experiences of learning in school

Pupils noted a lack of support in their lessons, pressure of completing formal exams, and a perceived lack of purpose to their learning. This was mitigated through more interactive teaching approaches and quieter classroom environments. The impact of missed learning over time was also discussed, due to both non-attendance and not having their learning needs met. One suggestion within this theme is for school staff to send work home, minimising the impact of non-attendance on the young person's attainment and progress.

Factors impacting the maintenance of attendance difficulties

5. Emotional wellbeing and mental health needs

Many young people shared that they had experienced anxiety and/or depression, prior to, or because of, their non-attendance. They described their anxiety as controlling them and held many fears about the return to school, particularly around potential bullying and staff reprimands.

Some shared that their depression was a result of not being understood by others and described feeling a need to hide their emotions. They felt isolated and noted that even whilst at school, situations of informal non-attendance, such as exclusion from lessons, increased this sense of isolation.

6. Others' negative perceptions of the individual's needs

Each of these experiences was identified to lead to the young people feeling 'different', and not valued or accepted. The young people also shared experiences of being negatively labelled due to a lack of understanding, e.g., 'lazy' or 'choosing not to come in' and being questioned upon their return regarding why they had been off. The resulting sense of shame made it harder to transition back to school after a period of absence and pupils suggested that a script to aid explanations of their absence have been helpful.

Conversely, adults who were perceived as supportive, who answered questions and who recognised the young people's strengths were valued. These adults also gave the young people more autonomy around when to return to school.

7. Personal beliefs about attendance

Many of the young people held others responsible for their non-attendance and felt **helpless** to change this. Despite this, a protective factor for school attendance were the young people's future aspirations and seeing a purpose in attending school, which motivated them to attend.

Cumulative impact of experiences over time

Many of the young people felt 'ground down' by the pressures of school, describing a gradual decline in their wellbeing eventually resulting in their non-attendance. They discussed the cumulative impact of their experiences over time, with each difficulty building on and worsening the next and resulting in a feeling that they had "just been off too long [to go back]".

Sense of school belonging

The experiences described above appear to suggest that extended school non-attendance needs can arise from a reduced feeling of school belonging. The young people generally associated concepts (1) – (4) with the onset of their difficulties, while responses (5) – (7) were more typically associated with maintenance. This aligns with previous research which found that pupils were more likely to identify school-based factors as limiting their attendance compared to home-based or individual factors. **Increasing pupils' sense of safety and belonging** in school is frequently recommended as an intervention approach for supporting pupils with attendance difficulties.

What can we do?

We need to unpick the factors behind pupils' attendance difficulties to appropriately direct support and promote a sense of belonging. There are a range of tools available to do this, including discussion prompts, card sorts and questionnaires. The research also highlights the impact of language and perceptions of pupils and suggest that practitioners should carefully consider their framing of needs in this area, avoiding terms such as 'avoidance' and 'refusal' and using pupils' preferred terms.

These findings appear to align with the current national picture; in the recent State of the Nation 2022: children and young people's wellbeing report (DfE, 2023), they found:

"In June 2022, 30% of children reported that they felt that they belonged at their school every day, while 41% reported feeling safe every day, and 15% reported enjoying coming to school every day. **There was a strong relationship between school belonging and wellbeing**."

Parental Engagement and Support

Working together with parents and carers is an essential element to supporting regular school attendance (Corcoran et al., 2022). Recent research suggests that 'Unmet SEN' and 'Lack of support from school' were cited by parents as the most common causes of EBSNA (Sawyer, 2022). Within this research, parents shared that Educational Psychologists and other LA Services were rated as the 'most useful' forms of support, followed by SENCOs. This suggests that a professional knowledge of SEN is important when providing attendance support.

Within Trafford, parents and carers have previously shared their experiences of not feeling listened to by school staff or of experiencing blame for their child's difficulties. This can be mirrored by school's experiences of families struggling to engage with support and emphasises the importance of building and maintaining a positive home-school relationship. In collaboration with Trafford Parent Carer Forum, families in Trafford have shared the following as having been helpful:

Compassionate professionals:

- Listen to the child's voice, or their advocate. Trust and listen to parent's concerns.
- Provide a nurturing environment with good pastoral support.
- Team of trusted adults to protect from staff turnover/absence.
- Trusting relationships, where professionals fulfil promised actions.
- Understand the child's needs and see past the behaviour, ("I can see you are a good person".

Knowledgeable, well-trained professionals:

- Someone from senior leadership team being aware and actively involved in the support plan.
- Professionals listen to the family, taking ownership and leadership within the support. Ensure a non-judgemental, trustworthy advocate is there for the family (may not be school staff).
- Professionals accept fault when things go wrong or do not happen.
- Staff understand SEN (with or without diagnoses) and support referrals for assessment or specialist support where needed. Have knowledge of masking and trauma-informed approaches to support families.
- Provide clear communication, including clarity around SEN processes and fulfil promises to families. Avoid using jargon and acronyms and use parents' names (not mum/dad).
- Signpost families effectively to peer support and other services (e.g., Trafford Parent Forum, STEP, SENAS, SENDIASS, Calm Connections).

Reasonable adjustments in school (a legal requirement within the Equality Act, 2010):

- School being flexible, e.g., soft start/uniform adjustments/environment changes if needed etc.
- A consistent safe space for the child, and the ability to subtly leave class if they are struggling.
- A consistent adult to greet them at the door.
- Lowering demands and taking pressure off the child when needed.

These approaches also align with national findings around effectively supporting families and young people with their attendance.

Square Peg asked 2,000 families what would help unblock barriers to school attendance:

1. Flexibility
2. Reasonable adjustments
3. Prioritising wellbeing and happiness
4. Staff training
5. Kindness
6. Pastoral and mental health support
7. Proactive SENCO
8. Trusting parental opinion/experience
9. Accommodations/creative thinking
10. Inclusion for SEN, disability, and ill health

Resources

Alongside school-based support, it may be useful to signpost families to the below:

- **Trafford Parents Forum:** we support and work with parent carers and families of children and young people with Special Educational Needs and Disability (SEND) with or without a diagnosis across all areas of disability and disability across Trafford. https://www.traffordparentsforum.com/
- **Trafford Stronger Together Empowering Parents (STEP):** STEP are a support service within Trafford Parents Forum. We provide emotional and practical support and advice for parent/carers of children and young people with SEND in Trafford. We also have a team of trained volunteers who can act as mentors for parent carers. https://www.trafforddirectory.co.uk/kb5/trafford/fsd/service.page?id=ZhVo9t8DDmU
- **Trafford Special Educational Needs and Disability Information, Advice and Support Service (Trafford SENDIASS):** provides impartial information, advice and support to children and young people with SEND, as well as their parents and carers. https://sendiass.trafford.gov.uk/Home.aspx
- **Trafford Family Information Service (FIS)** provide free, impartial, confidential information and advice to mums, dads, carers, young people and professionals on a range of subjects. https://www.trafforddirectory.co.uk/kb5/trafford/fsd/service.page?id=IF414N9vuKU
- **Calm Connections:** supports parents, caregivers and the whole family of children and young people with emotional wellbeing and mental health challenges. https://www.trafforddirectory.co.uk/kb5/trafford/fsd/service.page?id=dF5YX4tPx04
- **Not Fine in School**: a resource for the growing numbers of families with children experiencing school attendance barriers. https://notfineinschool.co.uk/families

The **SPIRAL** Principles

Sawyer's (2022) six themes (outlined below) can be viewed as principles for practice and can act as a guide to schools and professionals when supporting children and families:

	Supporting parents	Our reflections/actions
S	• Do the professionals supporting the child have an awareness of the wider family needs? Do the parents need support to access services, understand their child's needs or with practical aspects such as childcare, transport and finances?	
	• Do parents have access to appropriate emotional support and reassurance, either from professionals or supportive family members/ friends?	
	• Can parents access support from other parents experiencing similar difficulties in a safe and structured way? E.g., parenting groups, via the school or through workshops/charities?	
P	**Promoting Children and Young People's Sense of Belonging**	
	• Does the child have positive relationships with adults/peers within school? Are there strategies in place to support them to develop these before re-entering the school environment?	
	• Has the child's views and interests been sought? Either through the child or through the parent as an advocate? Are they involved with decisions and plans made for them?	
	• Is the child's psychological wellbeing being prioritised? Have strategies been put into place to ensure that the child feels safe and secure in their environment? Do parents and schools share the same priorities?	
I	**Informing and Including Parents**	
	• Do the parents have a positive and trusting relationship with any staff members? If not, how can trust be improved? Is there regular communication in place between home and school?	
	• Have the parents' views been gathered and acknowledged within support plans? Have efforts been made to ensure that they understand the process and feel listened to?	
	• Do parents have access to clear information around SEND support? Have they been	

	signposted to relevant information and services? Does the school have a clear EBSNA policy or pathway?	
R	**Raising Awareness of EBSNA**	
	• Has the school received training in EBSNA or supporting CYP with anxiety? Do staff feel confident supporting anxiety within the classroom? Does the school have access to appropriate guidance to support early intervention and understanding?	
	• Is there a procedure in place for identifying CYP at risk of EBSNA? Are these monitored over time with collaboration with families? Do schools understand the risk factors that may place CYP vulnerable to EBSNA?	
A	**Accessing appropriate professionals**	
	• Which professionals would be most useful to support action planning when considering the child's needs, circumstances, and experiences? Is holistic support required for the whole family or more specifically to support the child's SEN?	
	• Have involved professionals worked in collaboration with parents and included them within their assessment/ recommendations?	
	• Is there a clear referral pathway for parents and schools to access professional support?	
L	**Lessons learnt from Covid**	
	• How did the child cope during the Covid-19 school closures? Did they access home learning? Did their anxiety levels reduce?	
	• Can remote forms of support be put into place while the child is not attending? Can their learning or building of relationships be facilitated remotely?	
	• What did the school put in place to support children with anxiety to transition back into school following the lockdown period? Is any of this applicable now?	

Taken from: Parents' views on EBSNA: A solution-based exploration into successful reintegration (Sawyer, 2022).

15

Assess, Plan, Do, Review cycles to support school attendance

1) Assessment of Need

Building up a picture of the child/young person's needs

Once indicators of school attendance difficulties have been identified, it is important to collaboratively build up a picture of what may be driving the difficulties in order to appropriately inform intervention. A lead professional or key adult should take responsibility for having overview of and maintaining the support plan and should consider how to work effectively with the child's **parents/carers** throughout this process.

Early Identification of Needs Tool (EINT)

In collaboration with the University of Manchester, several Trafford schools, parents, and professional teams have created a tool to support schools to have a structured conversation with parents/carers and where appropriate the child/young person, when there are concerns a child or young person is at risk of or is experiencing EBSNA. This can be used to consider risk factors and help to identify what might be contributing to a child/young person's emotional distress in relation to school, and the comfort they may experience by being at home.

Please find link here with further guidance in how to use this tool: **Emotionally Based School Non-Attendance (EBSNA) Early Identification of Needs Tool (EINT)** or find the full printable version in Appendix 3.

Trafford Council Emotionally Based School Non-Attendance (EBSNA) Early Identification of Needs Tool (EINT)

Gaining the views of Children and Young people

To best understand how to support the young person who is experiencing attendance difficulties, it is essential to gain their views and understand their perspective. The below tools are recommended based on other Local Authority documents and resources which have been kindly shared with Trafford.

There is **no 'one size fits all'** and tools should be selected as appropriate on a case-by-case basis. For example, ensuring accessibility for those with social communication or learning needs. Activities should be fun, creative and relaxing. Consider who is best placed to meet with the child/young person to gather their views – this may need to be an adult who knows them well, such as a member of school staff or a parent/carer.

Conversation/Consultation

Just having a chat with the young person is a helpful way to understand their perspective. This can be used alongside some of the tools below, which could be used as conversation openers/starters with young people and/or their parents.

Identifying the function (purpose) of the non-attendance

Checklists, such as the **Trafford Early Identification of Needs Tool**, can be used to structure discussions with the young person around what may be affecting their school attendance. Other examples can be found in the **Salford Return to School Checklist** and within the **West Sussex EBSA guidance**.

Card sorts also provide a useful tool for young people to share their experiences, with reduced emphasis on having to explain or talk through their views. An example card sort, developed alongside Claire Nuttall at the University of Manchester, is included in **Appendix 4**. Another option available is the **School Wellbeing Cards**, developed by Dr Jerricah Holder and available to purchase online.

Other ways to structure your discussion with the young person may include completing an **Ideal School** activity, or developing a map or timetable of the school day to track key trigger areas or times.
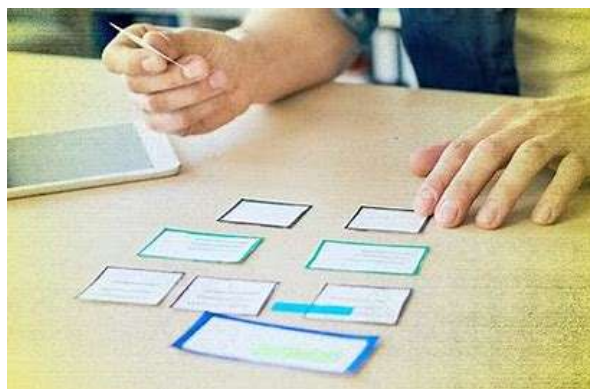
2) Action Planning

It is helpful to record your discussions around supporting attendance in order to ensure agreement from all involved, consistent implementation of the agreed support and to aid review. We have developed the below template to aid this and if helpful, provide an agenda for your meeting.

Consider carefully who is best placed to facilitate the meeting and who should be in attendance. This should include the child's parents/carers and a member of staff from school who knows them well. The child themselves may also wish to join. Ensure that all attendees have a copy of the agenda ahead of the meeting and know what to expect. It is also helpful to ensure families and young people are not overwhelmed by having a large number of people attend from school. Other staff may instead wish to provide written feedback which can be shared ahead of the meeting.

> Remove barriers in school and help pupils and parents to access the support they need to overcome the barriers outside of school. This might include an early help or whole family plan where absence is a symptom of wider issues.
>
> – Working Together to Improve Attendance (DfE, 2022) [Page 8].
>
> Ensure join up with pastoral support and where required, put in place additional support and adjustments, such as an individual healthcare plan and if applicable, ensuring the provision outlined in the pupil's EHCP is accessed.
>
> - Summary table of responsibilities for school attendance (DfE, 2022) [Page 9].

Action and Review Plan Templates

This action plan should be completed alongside the young person, their family members and any other key adults involved in supporting them. The review plan should be completed every 2 – 3 weeks until an improvement in wellbeing and/or attendance is achieved.

Using the information gathered using the questionnaire, card sort and/or toolkit, have a conversation and together begin to think of ideas:

Wellbeing And Attendance Initial Action Plan
Child/young person's name: School name: Lead professional/staff member: Adults supporting this plan: Date of plan:
1.   What is making the young person/child feel less able to attend? *e.g., they are struggling with friendships after recently moving to secondary school*
2.   What does the child/young person like/value about school? What are the things the child/young person finds supportive/might find supportive in school? *e.g., they have a good relationship with their form tutor*

19

3. What are we going to do to reduce the things making it hard for them to attend? This should include support for family members or school staff.

e.g., invite them to a lunchtime club to help them make friends and reduce time spent alone

4. What difference will this make in the next 2 – 3 weeks? Try to ensure targets are SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound) so that we know if the support has worked.

e.g., they will attend form time for at least two mornings per week for the next fortnight

5. When will this plan be reviewed? Ideally this should be every 2 – 3 weeks until the child's wellbeing and attendance have improved:

Date: _____   Agreed by:_____

Next meeting location, date and time: _____

3) Review

In order to assess if plans and interventions are supportive, it is essential to meet with the family and young person again at a later date (around 2 - 3 weeks) to see how things are going and to consider if plans of support need to be revised. It can be helpful to agree set timeframes to ensure these reviews take place.

It is important to acknowledge and celebrate all steps of progress, no matter how small.

Questions to consider:

- *What successes have we achieved in this cycle of support?*

- *What should we continue? How can we maintain any successes?*

- *What barriers have we faced? How can these be addressed and overcome?*

- *What new outcomes and provision do we need for the young person, school or parents/carers?*

- *Is further information gathering or referral to other services needed?*

In situations where things are feeling 'stuck' it is important to involve other professionals. Refer to our **'Who Can Help?'** section to view helpful services to consider.

> Consider additional support from wider services and external partners, making timely referrals.
>
> Summary table of responsibilities for school attendance (DfE, 2022) [Page 9]

Wellbeing And Attendance Review Plan

Child/young person's name: School name:

Lead professional/staff member:

Adults supporting this plan:

Date of review:

1.   Previously agreed targets:

2.   What progress has been made towards these targets? What progress has been made more broadly to develop the young person's wellbeing and/or attendance?

e.g., they attended one out of two form times in the last week.

3.   What has worked to reduce the things making it hard for them to attend?

e.g., invite them to a lunchtime club to help them make friends and reduce time spent alone

4. Have any additional barriers to wellbeing and/or attendance been identified?

5. What support is going to be provided to the young person, their family and school staff over the next 2 – 3 weeks? This may be a continuation of previous strategies and/or a chance to trial something new.

6. What difference will this make in the next 2 – 3 weeks? Try to ensure targets are SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound) so that we know if the support has worked.

e.g., they will attend form time for at least two mornings per week for the next fortnight

7. When will this plan be reviewed? Ideally this should be every 2 – 3 weeks until the child's wellbeing and attendance have improved:

Date: _____   Agreed by:_____

Next meeting location, date and time: _____

Ideas Bank

	Ideas bank
Attendance	
Reduced or erratic attendance (please comment on patterns in notes section below)	Would the child/YP benefit from: ➢ A personalised timetable to enhance attendance, which may include differentiated entry time
Expresses upset/distress to leave home in the morning	➢ Relaxing activity with a trusted member of staff in the mornings or on entry to school
Late for school	➢ Opportunities to talk to a trusted adult and engage in relaxing activities at the end of each day
Expresses distress/reluctance to attend certain lesson (any specific triggers and patterns that lead to avoiding partial or full days of absences please note below)	➢ A transition plan and session on the first day of each half term ➢ Detailed action plan with small steps, e.g., just putting on uniform without going to school, going for a walk with uniform on, and build upon any
Missing lessons/truancy	successes
Expresses upset/distress on return to home	➢ Ensure joined up pastoral care is in place where needed and consider whether a time-limited phased return to school would be appropriate, for
Reluctance to return to school after a school holiday	example for those affected by anxiety about school attendance ➢ Input from **Trafford Pupil Absence Team, Trafford Thrive, or the Educational Psychology Service.**
Loss and Change	
Death of carer, parent, relative, friend	Would the child/YP benefit from: ➢ Support with bereavement:
Death of a pet	https://www.winstonswish.org/supporting-you/supporting-a-bereaved-child/ or
Sudden or traumatic event: could include family member(s) experiencing job redundancy or change and financial pressures.	https://www.onceuponasmile.org.uk/ ➢ More regular and predictable contact with family member working away/no longer living with them
Sudden separation from a family member (including family member working away from home/area).	➢ A buddy system, opportunities to engage in after school activities with peers and a key adult to support them with the transition or change to
Moving to a new house, school, key stage, area (including international new arrivals, a late start or in-year transfer into a new school)	friendship circle ➢ Planned quality time with parent/caregiver ➢ Therapeutic input through **ELSA, school counsellor, Trafford Sunrise, CAMHS, 42nd Street,**
Came from a smaller primary school and/or outside the catchment area	**Kooth, Calm Connections, Talkshop or Trafford Thrive.**
Loss of a classmate or sibling e.g., left for college/university	
Changes in after-school care	
Other	
Family Dynamic	Ideas bank
Carer/parents requiring advice and support	Would child/YP benefit from: ➢ Parent-school meetings/communication with a supportive staff member able to listen and advise
Birth of a new child	
Family separation	➢ Financial or respite support for parent/carer

Family conflict including low level difficulties e.g., working through disagreements and different cultural considerations.	➢ Planned morning routines that may better support the child/YP to come into school
	➢ Support at the school gates from a trusted adult
Practical problems bringing the child to school	➢ Advice to parent about how reassure child e.g., co-developing an Emotion Coaching script (please discuss with Educational Psychology if this approach is unfamiliar)
Child acting as a carer to family member(s) with medical, mental health and/or substance dependency needs.	➢ A different entry time or entrance area
	➢ Input/advice from parent support services: **Trafford Parent Forum, Trafford STEP, First Response Team, Social Care, SENDIASS, Trafford Domestic Abuse Services, Engage Trafford, or Young Carers.**
Family member(s) who have had difficult experiences of school or who have avoided school	
Anxious to leave carer/parent (separation anxiety)	
Curriculum/Learning Issues (Needs)	Ideas bank
Low levels of progress	Would child/YP benefit from:
PE and/or games issues	➢ Differentiated and supported classroom learning and/or interventions (refer to the Trafford Graduated Approach for Cognition and Learning for further ideas)
General learning difficulties e.g., literacy	
Specific subject difficulties and low confidence	➢ Pre-teaching of key vocabulary or information
Exam or test anxiety	➢ Effective Feedback and Growth Mind-set teaching methods, focussing of self-recognition of progress (please seek advice from your Educational Psychologist if this approach is unfamiliar)
Difficulties with relationships with school staff and/or particular teacher/adult.	
Negative view of school	➢ Highlighting and focus on preferred learning activities in the school timetable / reduced timetable
Problems keeping up in lessons	
Fear of failure, making mistakes and not meeting expectations	➢ Ensure child/YP is clear what their day will look like, e.g., what, where, when, who using visual resources such as a visual timetable
Homework challenges	
Passive learning approach	➢ Access arrangements in exams
	➢ An end of day to record what has gone well and what they are looking forward to share with parents/carers
	➢ Access to Homework Club or a reduction in homework demands
	➢ Opportunities to explore the benefits of learning in relation to things they are motivated by e.g., a skill that will help them be able to do something for themselves/ a future job
	➢ Using child/YP interests and strengths to engage them in learning
	➢ An assessment of barriers to learning through school-based assessments, **SENAS or Educational Psychology Service** where needed.
	➢ An increased level of support in school, up to and including an **Education, Health and Care Plan (EHCP).**
Social and Personal	Ideas bank

25

Has been or is being bullied and/or expresses worries about the threat of being bullied	Would child/YP benefit from: ➢ Create opportunities for the child/YP to re-establish contact with peers and key staff (in or outside of school) ➢ Ensuring key staff are available to check in with the child/YP regularly ➢ Ensuring support is not overly 'visible' to others ➢ A whole class or group intervention to support relationships e.g., Circle of Friends (please discuss with Educational Psychology if these approaches are unfamiliar) ➢ Well supported restorative opportunities to support friendships (please discuss with Educational Psychology if these approaches are unfamiliar) ➢ Opportunities to develop key social skills through activities, games and adult and peer role modelling each day ➢ Structured activity and/or access to quieter spaces at break and lunch times ➢ Supported opportunities to engage in enrichment/extra-curricular activities of interest ➢ A **Speech and Language Therapy** assessment ➢ Support from **SENAS or the Educational Psychology Service** in relation to Social Communication
Appears to have few friends/friendship issues	
Difficulties with communication and language	
Difficulties and issues with play/break times (socially isolated and or lonely)	
Fewer leisure interests in school and/or home	
Wellbeing	Ideas bank
Often appears tired or expresses feeling tired and difficulties with sleep routine.	Would child/YP benefit from: ➢ Establish strategies for removing the in-school barriers these pupils face, including considering support or reasonable adjustments for uniform, transport, routines, access to support in school and lunchtime arrangements. ➢ A School Nurse or GP appointment to rule out cause ➢ A well-planned sleep hygiene routine and/or referral to the Sleep Clinic, e.g., **Sleep Tight Trafford** ➢ A more accessible and enabling school context and opportunities to engage in all activities with peers ➢ Advice from **Paediatrics, Occupational Therapist or SENAS** regarding adjustments regarding medical condition or operation ➢ A sensory audit with appropriate advice from Occupational Therapy sheets, and advice from SENAS if needed around making sensory adjustments: https://mft.nhs.uk/app/uploads/2019/09/sensory-processing-pre-referral-advice-oct18.pdf ➢ An emotional literacy intervention to learn about feelings and stress regulation (please discuss with
Has a medical condition and or previously serious illness/operation(s)	
Sensory sensitivities and/or difficulties in specific sensory environments e.g., dislike of or distress in relation to: school uniform or touch, noisier spaces like the canteen, busy spaces and times in the school day, food and smells etc	
Low self-esteem and confidence	
Appears and expresses low mood	
Appears anxious and/or expresses feeling worried e.g., tearful, tense face and body posture, sweating, vocal/tics, complains of feeling unwell, stomach-ache etc, needs to visit the toilet frequently, continence needs. Self-soothing behaviours e.g., rocking, fiddling with objects. Rigid need for order and routine	
Keeps feelings to themselves	
Expresses negative thoughts about self, others and/or life generally	

Has emotional episodes at home and/or school	**42ⁿᵈ Street**, **CAMHS or Educational Psychologist** where needed)
	➢ Exposure to Emotion Coaching narratives if dysregulated (please discuss with **Educational Psychology** if such approaches are unfamiliar)
	➢ A trusted person to 'check in with' each day and talk to about school
	➢ A toileting routine, toilet pass and/or access to a different toilet
	➢ A daily routine support with an interactive visual timeline and pre-warning and support around change
	➢ Daily access to sensory activities
	➢ The option to eat in a classroom/access the canteen at a different time
	➢ Non-verbal tools to communicate how they are feeling
	➢ Safe calm spaces to access if emotionally dysregulated
	➢ If an ongoing sources of distress, therapeutic input through ELSA, school counsellor, **Sunrise, CAMHS, 42ⁿᵈ Street, Kooth, Calm Connexions, The Proud Trust, Talkshop, Young Minds, Engage Trafford**
	➢ A Risk Assessment wherever behaviours are high risk considered in relation to school and home situations
Other	**Ideas bank**
Has a diagnosis or awaiting a diagnosis/EHCP or undiagnosed needs	Would child/YP benefit from:
Appears unsettled in school and/or not their first choice	➢ A higher level of support in school, such as provision of mentoring, careers advice, college placements, 1-2-1 tuition or out of hours learning, or where appropriate an education, health and care plan or alternative provision.
	➢ New or reviewed involvement from **Educational Psychology Service**
	➢ Further assessment through **Paediatrics, TCAS or TASC Pathway**
Parents	**Ideas bank**
Sources of support which parents/carers of the young people may find useful	**Trafford Family Information Service (FIS)** provide free, impartial, confidential information and advice to mums, dads, carers, young people and professionals on a range of subjects. Trafford Family Information Service (FIS)	Trafford Directory
	Trafford SEND Information Advice and Support Service (SENDIASS) provide free, confidential, impartial advice and support to parent carers, children and young people aged 0 - 25 in relation to Special Educational Needs and Disability (SEND) who live in Trafford. Trafford SEND Information Advice and Support Service (SENDIASS)	Trafford Directory

27

	Trafford Parents Forum are a group of Trafford parents supporting Trafford parents who have children and young people with SEN, Disability and/or additional needs. Trafford Parents Forum | Trafford Directory

Trafford Stronger Together Empowering Parents (STEP): STEP are a support service within Trafford Parents Forum. We provide emotional and practical support and advice for parent/carers of children and young people with SEND in Trafford. We also have a team of trained volunteers who can act as mentors for parent carers. Trafford Directory \| Stronger Together Empowering Parents (STEP)

Calm Connections: supports parents, caregivers and the whole family of children and young people with emotional wellbeing and mental health challenges. Trafford Directory \| Calm Connections

Not Fine in School: a resource for the growing numbers of families with children experiencing school attendance barriers. https://notfineinschool.co.uk/families

Virtual Mental Wealth Hub \| Trafford Directory The hub is a collaboration between stakeholders in Trafford to provide a single point of access which will link and signpost to information, advice and guidance relating to anxiety and mental health needs in Trafford. |
| **Teachers** | **Ideas bank** |
| Sources of support which teachers of the young people may find useful | https://www.educationsupport.org.uk/ - UK charity dedicated to supporting the mental health and wellbeing of teachers and education staff in schools, colleges, and universities.

Virtual Mental Wealth Hub \| Trafford Directory The hub is a collaboration between stakeholders in Trafford to provide a single point of access which will link and signpost to information, advice and guidance relating to anxiety and mental health needs in Trafford. |
| **Advice of relevance to neurodiverse groups** | |
| Spectrum Gaming | Spectrum Gaming is an online community for autistic young people, which focuses on building friendships, increasing self-acceptance and advocacy. |

28

What works?

Recent research from the University of Manchester has also highlighted the successful use of these approaches in supporting children and young people to return to school following a period of anxiety (Corcoran, Bond and Knox, 2022):

Key areas identified as supportive included:

- **Effective home-school communications**, to ensure parent/carer concerns are heard and support approaches are consistent.
- **Positive relationships with school staff**, were noted as key for students who successfully returned to school.
- **Awareness of triggers**, understanding the push and pull factors to better support the young person before, throughout and after the school day.
- **Providing an individualised approach,** tailoring the intervention to the specific push and pull factors identified by the young person and those around them.
- **Engagement with other professionals**, when needed, seeking further specialist support to inform the assess, plan, do, review process.

At a whole-school level, Boaler and Bond (2023) also identified four key characteristics of effective support:

- **Proactive school systems** and ethos to support attendance,
- Building **relationships** to support well-being, engagement, and attendance,
- Targeted **intervention** matched to student needs,
- **Collaboration** and meeting the needs of the family.

It may also be useful to refer to:

Not Fine In School's summary for professionals:

https://img1.wsimg.com/blobby/go/a41082e1-5561-438b-a6a2-16176f7570e9/downloads/NFIS%20Schools%20Summary%20Oct%202020.pdf?ver=1689264959614

Square Pegs: Inclusivity, compassion and fitting in – a guide for schools. A useful guide for all professionals working in education and the related issues surrounding children and young people's mental health, as well as policymakers, academics and government ministers. Available to purchase from a range of online suppliers.

Can't Not Won't: A Story About A Child Who Couldn't Go To School. The book also includes written guidance for parents and professionals on what works best when it comes to managing school avoidance. Available to purchase from a range of online suppliers.

Whole School Approaches to promoting regular attendance

> All schools have a continuing responsibility to proactively manage and improve attendance across their school community.
>
> – Working Together to Improve Attendance (DfE, 2022) [Page 9].

Within their guidance, the Department for Education set out their expectation that schools must:

- Develop and maintain a whole school culture that promotes the benefits of high attendance.
- Have a clear school attendance policy which all leaders, staff, pupils, and parents understand.
- Accurately complete admission and attendance registers and have effective day to day processes in place to follow-up absence.
- Regularly analyse attendance and absence data to identify pupils or cohorts that require support with their attendance and put effective strategies in place.
- Build strong relationships with families, listen to and understand barriers to attendance and work with families to remove them.
- Share information and work collaboratively with other schools in the area, local authorities and other partners when absence is at risk of becoming persistent or severe.
  – Working Together to Improve Attendance (DfE, 2022) [Page 9].

It is therefore essential to have a consistent whole school approach, to ensure early identification and intervention for pupils at risk of and/or experiencing school attendance difficulties.

> Improving attendance requires knowledge of guidance and regulations but also expertise in working with families to remove barriers to attendance and safeguard pupils. Just as those barriers are regularly evolving, so too is the training that school staff require to address them. All trusts and governing bodies should therefore ensure that training on attendance is included in the school(s)' continued professional development offer for all staff, and that attendance is covered in any trust/federation wide induction packs.
>
> – Working Together to Improve Attendance (DfE, 2022) [Page 23 – 24].

The DfE have produced a number of useful good practice webinars and training sessions, provided by several schools and multi academy trusts which address school absence issues and support.

Whole school training on school attendance difficulties and Emotionally Based School Non-Attendance is available from Trafford Educational Psychology Service, including training on how to use these materials in your setting. Please contact your EP if you would like to find out more.

There are also a range of workbooks and materials available to support in school intervention, including:

Understanding & Supporting Children & Young People with Emotionally Based School Avoidance (EBSA) – Tina Rae. *A practical user-friendly toolkit of resources providing an overview of EBSA and strategies to support return to school, with a focus on transition from primary to secondary school and the effects of the COVID-19 pandemic.*

EBSA Horizons Online CPD Course - *A comprehensive CPD course on Emotional Based School Avoidance by specialist EP, Dr Jerricah Holder, which develops our understanding and skills to support children and young people experiencing difficulties attending school.*

Emotionally Based School Avoidance, Whole School Audit tool - West Sussex Educational Psychology Service. *A useful checklist which can be completed to review, plan and implement whole school systems for promotion of emotional well-being and prevention of EBSA.*

Emotionally Based School Avoidance, Whole School Audit tool - Lancashire Educational Psychology Service. *A useful checklist which can be completed to review, plan and implement whole school systems for promotion of emotional well-being and prevention of EBSA.*

Anxiety - Paul Stallard, *Printable examples of activities that can be completed with children and young people to support their emotional literacy and wellbeing in school*.

Promoting Emotional Resilience, a resource pack produced by West Sussex County Council to support direct work with children and young people.

Addressing emotionally-based school avoidance (annafreud.org), a guide for school leaders, senior mental health leads, and classroom teachers.

Who can help?

In situations where 'stuck' it is important to involve other professionals. Helpful services to consider may include:

Trafford Educational Psychology Service

The **Educational Psychology Service** is here to support children and young people experiencing anxieties about school or Emotionally Based School Non-Attendance (EBSNA) and can also offer a whole school training package around this subject. School SENCOs are able to request this support at termly Planning Meetings with the consent of the child/young person's parents/carers. Educational Psychologists can support indirectly by supporting schools to implement the Graduated Approach as described in this document and wherever needed through direct involvement. Educational Psychologists can support by helping to establish a shared understanding of a child's/young person's needs through direct work with the child/young person and consultation with schools, families and other relevant professionals.

We recognise that children and young people experiencing EBSNA may find it difficult to interact with unfamiliar adults and in such circumstances, we are happy to work in creative ways through the adults that the child/young person trusts (often a parent/carer or key person in school). This work can provide a foundation for informed interventions/support systems which are agreed and implemented by schools to support the child/young person to feel 'emotionally safe' in the school environment and achieve better attendance. This support is often reviewed and refined over time to ensure progress is being made. Where there is evidence that a child/young person has a high level of need and may benefit from a more enhanced level of support or a different type of provision, an Educational Psychologist may also be asked to provide Advice to the Local Authority following a request for Education, Health Care Plan (EHCP) assessment. This usually takes place when an Educational Psychologist is already involved.

Trafford Pupil Absence Team

The Pupil Absence Team is part of the Education of Vulnerable Children Service. We provide attendance advice and guidance to all schools by offering Targeting Support meetings, analysing key attendance data, advising on the content of Individual Attendance Plans, when to use a parenting contract, and on signposting to other agencies.

We also provide statutory advice to all schools on Parental Responsibility Measures for non-attendance which include the issue of Penalty Notices, prosecutions in the Magistrates' courts and Education Supervision Orders. We monitor and follow up cases of Children Missing from Education and collect and analyse data for children on a school roll who are at risk of missing education (CARME).

Trafford's Special Educational Needs Advisory Service (SENAS)

Trafford's Special Educational Needs Advisory Service (SENAS) can provide support to schools for children who are experiencing or at risk of EBSNA. We provide support to schools for children and young people (CYP) who have social communication needs (including autism), physical/medical needs or learning needs including specific learning difficulties (such as dyslexia). We know that many children with these and other needs may find it difficult to attend school for a number of reasons. We are particularly aware that a number of CYP (especially those who are autistic) may mask or camouflage the difficulties they are experiencing, appearing fine in school and releasing their true feelings at home. We provide support to schools to put appropriate support into place for both CYP's learning and their social times in school which can help to reduce school anxiety, including when the anxiety is not apparent in school.

Schools can request our support through a Single Agency Referral Form (SARF) on Liquid Logic, Trafford council's secure system.

Trafford Special Educational Needs and Disability Information, Advice and Support Service (SENDIASS)

We offer free, confidential, impartial advice and support for parent carers, children and young people aged 0-25 in relation to Special Educational Needs and Disabilities (SEND) who live in Trafford.

We have a dedicated website offering information and advice and our social media pages provide information regarding both local and national services and events.

We offer a 24- hour voicemail service on 0161 912 3150. We can also be contacted at sendiass@trafford.gov.uk or via the contact form on our website at https://sendiass.trafford.gov.uk.

Trafford Thrive in Education

Trafford Thrive in Education is an early intervention mental health support team working in Trafford, with young people experiencing low mood, anxiety, and behavioural difficulties including emotionally based school non-attendance. We consist of two partner organisations - Place2Be are based in primary schools and MHST (Mental Health Support Team) are based in secondary schools. We are currently based in 34 Trafford schools.

School Senior Mental Health Leads can consult with the team about young people they feel may be appropriate for referral. All referrals are made with consent from the young person and their carers.

Thrive in Education can support young people, their families, and schools, through advice and consultation, offering group support and workshops or by directly working with the young person or their parent on a 1: 1 basis. We also support schools in developing their Whole school Approach to mental health and emotional wellbeing. We are committed to supporting young people in ways that are most meaningful to them.

Trafford Virtual School

The Virtual School is a statutory service that is in place in every council in England to promote the education of looked after children, previously looked after children and children in need (children who have ever had a social worker). The golden thread that runs through Virtual School, whoever we are supporting, is that education is a huge protective factor for our children, offering life changing opportunities. But education doesn't have to just be about what happens in classrooms and what starts at 9am and ends at 3:30. It's about supporting our children to find a sense of identity, to find what interests them and what they might want to do when they grow up. It's about keeping high expectations and nurturing high aspirations even when things are toughest.

Looked after children - We oversee the education of all of the Trafford looked after children. We have an online register so that we can keep track of the children's attendance, see who is not in school and put support in where it's needed. We manage a team of teachers, educational psychologists, careers advisers and a Speech and Language Therapist among others so we can respond quickly to children's needs and support their schools to ensure they get the best education possible. This includes completing termly Personal Education Plan (PEP) meetings with schools, social workers, children and families to discuss any barriers they might face in education and come up with strategies to maximise their achievements. Trafford Council is 'Corporate Parent' to these children as we often share parental responsibility, and we have a duty to ensure that we champion their education in the same way as any parent would.

Previously looked after children - We offer information and advice to families and schools who are supporting previously looked after children – that's children who were adopted from care or made subject to Special Guardianship Orders or Child Arrangement Orders.

Children in Need - In June 2021 the DfE announced that the role of Virtual Schools would be expanded further to include a strategic leadership role in terms of overseeing the education of 'Children in Need'. We are looking at data around Children in Need so that we can promote policy and strategy within the Local Authority and schools in improve outcomes in education.

Specialist Education Practitioner on First Response:

The role of Specialist Educational Practitioner is a point of contact in Trafford Children's First Response who can offer educational advice, guidance and support to referrers, families, educational settings, other professionals and agencies and as well as staff on First Response.

Through a First Response referral or contact the role may then include liaising with schools, parents and carers about EBSNA, talking about barriers, discussing the graduated approach and the screening toolkit and signposting to appropriate support and services.

Spectrum Gaming

34

Spectrum Gaming is an online community for autistic young people which has three main intended outcomes:

1) Building Friendships - A lot of autistic young people are lonely, isolated and struggle with friendships. We wanted to create a community where autistic young people feel comfortable and can make strong friendships in a safe way. Our main provision is our online community, that anyone from across the UK can access. We also run meet ups for young people who live in the Greater Manchester area.

2) Increasing Self-Acceptance - Because of how much people misunderstand autism and the way it is diagnosed, unfortunately many autistic people hate their diagnosis or feel ashamed of being autistic. We want to make sure as many autistic people as possible are able to accept their differences and live the happiest lives they can

3) Advocacy - We don't just want to be a community that enables autistic young people to develop meaningful friendships and develop a more positive perspective of autism. We want to create a movement that will have a positive influence on society through advocacy and enable strategical change to ensure the needs of autistic young people are met across the UK. We have created a platform where young people can share their voices through content, talks and more. You can see some examples of content we produce on our YouTube channel.

Frequently Asked Questions (FAQs)

Schools

How should this type of absence be coded?

The absence should be authorised if school is satisfied that the reasons given are genuine and should therefore be coded I (illness) in the school register. DfE guidance is clear that schools should authorise absence due to both physical and mental health related illness.

What support is available to schools?

Alongside this guidance document, additional guidance and support is available from a number of teams across the Local Authority. Please refer to the Who Can Help section of this guidance to identity which team would be best to contact.

Whole school training on Emotionally Based School Non-Attendance is available from Trafford Educational Psychology Service.

What does the law say?

The law entitles every child of compulsory school age to an efficient, full-time education suitable to their age, aptitude, and any special educational need they may have. It is the legal responsibility of every parent to make sure their child receives that education either by attendance at a school or by education otherwise than at a school.

Where parents decide to have their child registered at school, they have an additional legal duty to ensure their child attends that school regularly. This means their child must attend every day that the school is open, except in a small number of allowable circumstances such as being too ill to attend or being given permission for an absence in advance from the school.

Refer to the Working Together to Improve Attendance guidance, the mental health issues affecting a pupil's attendance: guidance for schools and **Trafford Pupil Attendance Team** for further information and support.

Should we send work home for children who are too anxious to attend?

Many children and young people share that fear of falling behind or not being able to keep up in lessons makes it harder for them to attend or return to school. This difficulty may then be worsened by a period of absence, as the child falls further behind and experiences increasing anxiety about returning to their lessons. By allowing the child to complete work from home, you can reduce their fears about returning to lessons, maintain a positive sense of connection with school staff, and minimise the impact on their attainment and progress. Where possible, marking or providing feedback on the child's work will support them to maintain this connection with their teachers.

This is in line with recent DfE guidance, which states "In exceptional cases, a child might also be unable to attend for medical reasons but well enough to learn from home. In these circumstances, a school may consider providing remote education, allowing children to keep on track with their education and stay connected to their teachers and friends…

…When a child cannot attend school but is well enough to learn, their school should always seek to overcome the barriers to attendance and provide support for the pupil to attend before offering remote education. It is important that remote education is only considered as a last resort and a short-term solution as part of a plan to reintegrate back to school…

…It's the school's responsibility to make sure that any work provided during periods of remote education is high quality, ambitious, and covers an appropriate range of subjects. Schools should aim for remote work to be equivalent in length to the core teaching time they would receive in school. However, this is not always possible and a child's age, home environment and learning needs should be considered."

Refer to the DfE's blog post and guidance for further information.

Can part-time timetables be used for children who are anxious about attending school?

The following answer has been taken from the DfE's [mental health issues affecting a pupil's attendance: guidance for schools](#).

The [Working together to improve school attendance](#) guidance sets out the principles of part-time timetables. A part-time timetable might refer to an agreed period of time where the child is allowed to be away from school for part of the school week. All children of compulsory school age are entitled by law to an efficient, full-time education suitable to their age, aptitude and any special educational need they may have. It is the legal responsibility of all parents/carers to ensure their child receives that education by full-time attendance at school or otherwise.

In very exceptional circumstances, however, where it is in a pupil's best interests, a plan to help a child to attend well may involve the use of a temporary part-time timetable to meet their individual needs. For example, where a medical condition (including a mental health condition) prevents a pupil from attending school full-time and a part-time timetable is considered as part of a re-integration package.

A medical condition might include a mental health condition, however schools should keep in mind the nature of the challenge, and whether it can instead be managed by implementing reasonable adjustments to support attendance, as outlined above.

Any part-time timetable should seek to maximise face-to-face school time as much as possible. Schools should consider providing remote education to help pupils stay on track with the education they would normally receive. Any remote education should only be considered if the pupil is well enough and able to learn and should be given in line with the guidance providing remote education: guidance for schools.

Any part-time timetable arrangements should be designed with the specific barrier to attendance in mind, have a time limit by which point the pupil is expected to attend full-time, (either at school or at an alternative provision setting), and have formal arrangements in place for regularly reviewing the timetable with the pupil and their parents/carers.

The effective practice examples demonstrate how utilisation of a temporary part-time timetable can help to improve a pupil's attendance over time. In agreeing to a part-time timetable, the school, parents/carers and pupil have agreed to the pupil being absent from school for part of the week or day, and therefore must treat absence as "absence with leave" (a type of authorised absence). A part-time timetable must not be used to manage a pupil's behaviour. Guidance and further support with managing mental health and pupil behaviour is also available.

A part-time timetable may also refer to full attendance at school, but with different arrangements for the attendance of lessons. This is also a valid option and example of a reasonable adjustment (see the effective practice examples for more detail). We would encourage school staff to consider the same principles outlined in this section for this type of arrangement (i.e., for it to be regularly reviewed, agreed by all parties, building back up to full time spent in classes, etc.).

Refer to the [Working Together to Improve Attendance](#) guidance, the [mental health issues affecting a pupil's attendance: guidance for schools](#) and **Trafford Pupil Attendance Team** for further information and support.

37

When should schools take legal action to support regular attendance?

Successfully treating the root causes of absence and removing barriers to attendance, at home, in school or more broadly requires schools and local partners to work collaboratively with, not against families. In line with the Working Together to Improve Attendance guidance, legal action should be used as a last resort. Their guidance states:

Where absence persists and voluntary support is not working or not being engaged with, partners should work together to explain the consequences clearly and ensure support is also in place to enable families to respond. Depending on the circumstances this may include formalising support through a parenting contract or education supervision order.

Where all other avenues have been exhausted and support is not working or not being engaged with, enforce attendance through statutory intervention or prosecution to protect the pupil's right to an education. [Page 8]

Refer to the Working Together to Improve Attendance guidance, the mental health issues affecting a pupil's attendance: guidance for schools and **Trafford Pupil Attendance Team** for further information and support.

When should we apply for an Education, Health and Care Plan (EHCP)?

Education, Health and Care Plans (EHCPs) are for children and young people who have a special educational need or disability that cannot be met by the support that is available at their school or college setting. Most children and young people with special educational needs will have help given to them without the need for an EHC Plan at the SEN support level.

In some cases, children who display EBSNA behaviours may have underlying special educational needs and require support above the SEN support level. If this is the case schools or parent can request that the Local Authority undertake an Education Health Care needs assessment.

In order to be able to decide whether an assessment should occur the Local Authority will need to see evidence that the school or college have taken appropriate action following the assess, plan, do and review cycle and there is evidence that the child or young person has not made adequate progress or has only made progress because of a very high level of support.

Families

What can I do to help at home?

Alongside engaging with school-based support, the most important thing is to continue to be there for your child and to provide nurture and reassurance at home. Children often report that family members are some of the few adults that they feel listen to them, so continuing to be present for your child and listening to their worries about school will be a big support.

It may also be helpful to link up with families experiencing similar difficulties. The following organisations are working across Trafford:

- **Trafford Parents Forum:** we support and work with parent carers and families of children and young people with Special Educational Needs and Disability (SEND) with or without a diagnosis across all areas of disability and disability across Trafford.
  https://www.traffordparentsforum.com/
- **Trafford Stronger Together Empowering Parents (STEP):** STEP are a support service within Trafford Parents Forum. We provide emotional and practical support and advice for parent/carers of children and young people with SEND in Trafford. We also have a team of trained volunteers who can act as mentors for parent carers.
  https://www.trafforddirectory.co.uk/kb5/trafford/fsd/service.page?id=ZhVo9t8DDmU
- **Trafford Special Educational Needs and Disability Information, Advice and Support Service (Trafford SENDIASS):** provides impartial information, advice and support to children and young people with SEND, as well as their parents and carers.
  https://sendiass.trafford.gov.uk/Home.aspx
- **Trafford Family Information Service (FIS**) provide free, impartial, confidential information and advice to mums, dads, carers, young people and professionals on a range of subjects.
  https://www.trafforddirectory.co.uk/kb5/trafford/fsd/service.page?id=IF414N9vuKU
- **Calm Connections:** supports parents, caregivers and the whole family of children and young people with emotional wellbeing and mental health challenges.
  https://www.trafforddirectory.co.uk/kb5/trafford/fsd/service.page?id=dF5YX4tPx04
- **Not Fine in School**: a resource for the growing numbers of families with children experiencing school attendance barriers. https://notfineinschool.co.uk/families

Further guidance around parental support for anxiety can be found at the following websites:

https://www.nhs.uk/mental-health/children-and-young-adults/advice-for-parents/anxiety-in-children/

https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/anxiety/

What does the law say for parents and carers?

The law entitles every child of compulsory school age to an efficient, full-time education suitable to their age, aptitude, and any special educational need they may have. It is the legal responsibility of every parent to make sure their child receives that education either by attendance at a school or by education otherwise than at a school. Where parents decide to have their child registered at school, they have an additional legal duty to ensure their child attends that school regularly. This means their child must attend every day that the school is open, except in a small number of allowable circumstances such as being too ill to attend or being given permission for an absence in advance from the school.

Parents are expected to work with the school and local authority to help them understand their child's barriers to attendance. This includes proactively engaging with the support offered to prevent the need for more formal support.

For further advice, contact Trafford SENDIASS. They provide free, confidential, impartial advice and support to parent carers, children and young people aged 0-25 in relation to Special Educational Needs and Disability (SEND) who live in Trafford.

Refer to the Working Together to Improve Attendance guidance, the mental health issues affecting a pupil's attendance: guidance for schools and **Trafford Pupil Attendance Team** for further information and support.

Children and Young People

How common are school attendance difficulties?

Recent research suggests that between 3 – 5% of children and young people experience this type of difficulty at some point in their education. That's around one child in each class!

What is anxiety?

Anxiety is the feeling you get when you're worried or scared about something. Some anxiety can be helpful as it can keep you safe from danger. But sometimes anxiety can make you feel like things are worse than they actually are and can feel overwhelming.

Just like adults, children and young people feel worried and anxious at times. Children can feel anxious about different things at different ages. Many of these worries are a normal part of growing up.

Anxiety becomes a problem for children when it starts to get in the way of their everyday life. For example, if you go into any school at exam time, many of the children will be anxious, but some may be so anxious that they do not manage to get to school that morning.

What can I do?

- Challenging your worries is helpful – think about how likely the worry is to happen. What might you say to someone else who's experiencing this worry?
- Find positive activities you enjoy and plan these into your week or try to think about something you're looking forward to in the future
- Do physical exercise, learn mindfulness or yoga
- If you are still worried, talk to someone you can trust at home or in school

The following websites also have lots of helpful resources to further understand anxiety and how to take care of yourself.

- https://www.childline.org.uk/info-advice/your-feelings/anxiety-stress-panic/anxiety/
- https://www.healthforteens.co.uk/feelings/anxiety/
- https://www.youngminds.org.uk/young-person/mental-health-conditions/anxiety

Appendix 1: Primary Case Study – Preeya (Year 3)

Preeya's mother has approached you as she is worried about Preeya. You have a good relationship with Preeya's mother as you supported her when Preeya's older brother Asif became ill with Leukaemia. You often visited him at home and dropped homework activities off for him to complete. Asif is now at Secondary school, and you often chat with mum about how he is doing. The family are very protective of him.

Preeya's mother says that after school Preeya will often come home and run up to her bedroom, often telling her siblings to leave her alone. This is new behaviour; she does not want to talk about her school day and will not explain what's wrong. Preeya can be reluctant to get out of bed in the morning, complain of tummy aches and will argue with her twin brothers who have just started at the Infant school. By contrast Preeya's mother has noticed that Preeya seems happier at the weekends, she gets up early and enjoys spending time with her dad, helping him to set up their shop. Preeya's started working shifts last year and as such Preeya is dropped off or collected by her grandma or father, and this routine can be changeable.

Attendance records indicate that since transitioning to the Juniors Preeya has had a few of sick days and she is late for school, most often on a Thursday and Friday. When Preeya has been off school due to tummy aches, Preeya's mother says she will often follow her father around the house, and they will often prepare the evening meal together.
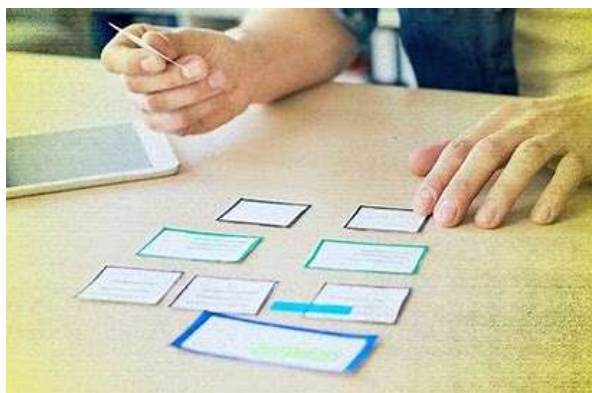
Preeya is taught by two teachers. She has Miss Connor for the first half of the week, and Mr Hall for the second half of the week. Whilst both teachers do not feel Preeya is displaying obviously anxious behaviours in school, Mr Hall has noticed that she appears tired and less engaged in the afternoons, often saying she 'doesn't know' and looking down when asked questions during whole class discussions. This happens even when Preeya has a good understanding of the subject being discussed. In terms of learning, both of the teachers feel Preeya is struggling with literacy but feel she is doing well in other areas of the curriculum. Preeya is a creative child who enjoys art and some of the children in her class have suggested that they should set up more drawing activity in the Breakfast Club.

At playtimes Preeya will readily go on to the playground with her friend Mia, and they are often observed laughing and chatting together. Preeya does not tend to interact with other children in class except for Mia, however one of the children has complained that Mia is being mean to them, and you have had to speak with Mia about this. At lunchtimes Preeya will often hang back in the classroom and sometimes Preeya will ask Miss Connor if she can eat her lunch with Billy and Tim who are currently allowed to eat in the classroom because of their sensory sensitivities to the noise and smells in the lunch hall.

In the Infant school, Preeya's mother says Preeya would often talk fondly about her favourite TA who now works in the Reception class, but she does not talk about any of the teachers in the Junior school. Preeya will always volunteer to go over to the Infant school to pass on a message for the Head Teacher and she seems to like to have this responsibility.

Preeya finds it difficult to articulate what might be contributing to her feelings about school, but she has been able to complete the card sort with you:

Like me	Not like me
I find it difficult to leave the house in the morning. My life at home has changed or is different to how it used to be. My life at school has changed or is different to how it used to be. I worry about my parent/carer during the day. My sibling doesn't/didn't go to school. I find some lessons difficult. I worry about 'getting it wrong' in lessons or not meeting my targets. Other people are unkind or bully people in school. I sometimes feel like I don't fit in at school. I feel poorly or unwell at school. I find the school environment overwhelming. I am happier when I am at home.	The journey to/from school is difficult. I have been out of school too long to go back. My family/carers do not want me to go to school. I don't like my lessons. I don't see the point in going to school. I don't have people to talk to or spend time with at school. I feel tired at school. Going to school makes me feel bad/worried about myself. I am not listened to/believed when I talk about my feelings. I do not have the right equipment for school. I do activities that I enjoy at home.

Through discussion with Preeya's mother, information from teachers and a consideration of Preeya's views you are able to complete the [Early Identification of Needs Tool](#):

Trafford Council Emotionally Based School Non-Attendance (EBSNA) Early Identification of Needs Tool (EINT)

Name (pupil): Preeya Sundar-Walker   Year Group: 3

Completed by: Mrs Jackson (Learning Mentor), Kanta Sundar (mum), Miss Connor and Mr Hall (Class Teachers)

Date: 26.01.21   Name of school: Forest Mount Juniors

In consultation with the parent/caregiver please go through this questionnaire and rate your levels of concern by ticking the corresponding 'level of concern' box and adding additional notes where appropriate in the notes sections.

	Level of concern				
Attendance	High	Medium	Low	Not an issue	Not known
Reduced or erratic attendance (please comment on patterns in notes section below)	✓				
Expresses upset/distress to leave home in the morning	✓				
Late for school	✓				
Expresses distress/reluctance to attend certain lesson (any specific triggers and patterns that lead to avoiding partial or full days of absences please note below)	✓				
Missing lessons/truancy				✓	
Expresses upset/distress on return to home	✓				
Reluctance to return to school after a school holiday or weekend	✓				
Notes on key items - Late on Thurs/Fridays Mr Hall's days - Happier weekends, enjoys time with dad in shop					
Loss and Change	High	Medium	Low	Not an issue	Not known
Death of carer, parent, relative, friend				✓	
Death of a pet				✓	
Sudden or traumatic event: could include family member(s) experiencing job redundancy or change and financial pressures.	(See below)				
Sudden separation from a family member (including family member working away from home/area).				✓	

	High	Medium	Low	Not an issue	Not known
Moving to a new house, school, Key Stage, area (including international new arrivals), a late start or in-year transfer into a new school		✓			
Came from a smaller primary school and/or outside the catchment area				✓	
Loss of a classmate or sibling e.g., left for college/university				✓	
Changes in after-school care		✓			
Other		✓			

Notes on key items
- Asif has had serious illness and family have needed to look after him and give him lots of attention. He is now back in school
- Pick up routines have changed/are changeable and Preeya is now coming to school with the twins in the mornings
- Recent transition from KS1/Infants, missing Ms Fletcher (Infants)

Family Dynamic	High	Medium	Low	Not an issue	Not known
Carer/parent requiring advice and support/finding things hard		✓			
Birth of a new child impacting relations and/or routine		✓			
Family separation					
Family conflict including low level difficulties e.g., working through disagreements and/or different cultural considerations			✓		
Practical problems bringing the child to school and/or problems travelling to school for young person					
Child acting as a carer to family member(s) with medical, mental health and/or substance dependency needs.				✓	
Family member(s) who have had difficult experiences of school or who have avoided school	? (See comment below)				
Anxious to leave carer/parent (separation anxiety)		✓			

Notes on key items
- Brother home schooled previously, but did not avoid school
- Change in pick up routines due to mum's work
- Little brothers just started at the Infants- start of day has changed
- Following dad a lot at home

Curriculum/Learning Needs	High	Medium	Low	Not an issue	Not known
Low levels of progress				✓	
PE and/or games issues				✓	
General learning needs				✓	
Specific subject difficulties and low confidence		Literacy			
Exam or test anxiety					✓

	High	Medium	Low	Not an issue	Not known
Difficulties with relationships with school staff and/or particular teacher/adult.		✓			
Negative view of school					
Problems keeping up in lessons					✓
Fear of failure, making mistakes and not meeting expectations		✓			
Homework challenges				✓	
Passive learning approach		✓			

Notes on key items
- Seems less confident in speaking in class- says 'don't know' often
- Literacy needs- Candidate for Toe by Toe?
- Dislikes literacy and PE (although enjoys Sports Days on the field), but likes other subjects
- More reluctant to attend on days when Mr Hall teachers

Social and Personal	High	Medium	Low	Not an issue	Not known
Has been or is being bullied and/or expresses worries about the threat of being bullied					✓
Appears to have few friends/friendships		✓			
Difficulties with communication and language		✓			
Difficulties and issues with play/break times (conflict, socially isolated and/ or on own)		✓			
Fewer leisure interests in school and/or home					✓

Notes on key items
- Seems less confident in speaking in class
- Some issues in social circle that may need support
- Likes art/creative activity, cooking and being in the shop with dad, likes going on errands to the Infants/seeing Ms Fletcher

Wellbeing	High	Medium	Low	Not an issue	Not known
Often appears tired or expresses feeling tired and difficulties with sleep routine		✓			
Has a medical condition and or previously serious illness/operation(s)				✓	
Low self-esteem and confidence		✓			
Appears and expresses low mood					
Appears anxious and/or expresses feeling worried e.g., tearful, tense face and body posture, sweating, vocal/tics, complains of feeling unwell, stomach-ache etc., needs to visit the toilet frequently, continence needs, self-soothing behaviours e.g., rocking, fiddling with objects, rigid need for order and routine	✓				
Keeps feelings to themselves	✓				

Expresses negative thoughts about self, others and/or life generally				✓	
Has emotional episodes at home and/or school	✓				

Notes on key items
- In the afternoon is tired
- Not speaking up in class in afternoons
- No able to verbalise what is upsetting her

Other	High	Medium	Low	Not an issue	Not known
Has sensory sensitivities e.g., in response to noisier/crowded times in school such as smells and tastes in the lunch hall etc. Please see here for a broader understanding of a child/young person's sensory needs: sensory-processing-pre-referral-advice-oct18.pdf (mft.nhs.uk)		✓			
Has a diagnosis or awaiting a diagnosis/EHCP or undiagnosed needs				✓	
Appears unsettled in school and/or not their first choice of school				✓	
Complex needs e.g., special educational needs effecting capacity to attend school and anxiety when in school (can be hidden anxiety) including those relating to physical and medical needs e.g., displays reluctance or some discomfort with aspects of moving and handling etc.				✓	

Notes on key items
- Seems to prefer quiet space of classroom for lunch, dislikes noise

47

Together you reflect on the push/pull factors and begin to think of ideas:

What are the things that are leading Preeya to feel less comfortable in school?	Why might Preeya feel more comforted at home?
- Thurs/Fridays - Relationship with Mr Hall - Noise - Literacy/PE - Having to speak in class - Difficulties in peer group circle - Uncertainty over pickup/drop off routines	- Special time with dad - Knowing Asif was able to learn at home
What does Preeya like/value about school? What are the things that Preeya finds supportive/may find supportive? - Experiences with Mia - Extending Preeya's social circle through social group/structured activity on playground - PSHE project on friendships skills/being a good friend - Literacy: Assess if any need for greater differentiation/targeted support help to build skills and confidence - Partner work to support contributions in class Having a timetable that support Preeya to e.g.: - See Ms Fletcher on Thurs and Fridays and/or building Preeya's relationship with new staff (Mr Hall) through special time together (jobs/responsibilities) - Option to routinely eating in classroom (rather than hall - Breakfast club- Art/creative activity in mornings - Knowing pick up routines via personalised visual timetable to support the above - Check noise levels in PE to see if adjustments can be made and talking to Preeya about what type of PE lessons she does enjoy	What might help Preeya to be more able to transition to school? - Clear parental explanation of why her brother needed to stay off school and why he now needs to attend - Ensuring that special time activities with dad routinely take place after school/at the weekend (could be built into a weekly routine and planned with Preeya in advance?) - Calmer morning routines via parental use of Emotion Coaching script, trialing ear defenders in mornings, opportunity to walk to school with Mia? - Consider with Preeya communications tools in school to enable Preeya to signal to her teacher how she is feeling/with agreements of how she will be supported at these times

Appendix 2: Secondary Case Study – Aiden (Year 8)

Aiden's mother has approached you as she is worried about Aiden. You were made aware of Aiden's previous attendance difficulties when he transitioned from his primary school in Year 7, and it was reported that he was often late to school and his attendance frequently dropped below 90%, resulting in his family receiving multiple warning letters from the Local Authority. Aiden had access to a teaching assistant in his Year 6 class who he often spoke to throughout the day. Aiden currently travels by tram to school, as his parents both have to be in work by 9am. In primary school they were able to drop him off as there was a free breakfast club available from 8am.
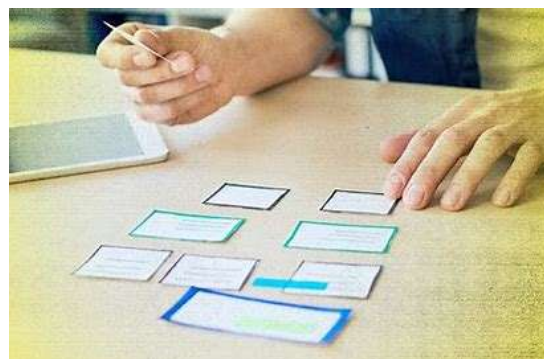
Aiden's mother says that he often complains of nausea or headaches in the morning and has become quieter and more withdrawn at home. His attendance at school is around 85%, though he is often late and misses morning registration. You have had limited contact with his family over this year, though his form tutor has told you that he has noticed a similar pattern of emotions in the morning, but Aiden usually looks fine to him by the afternoon form.

In terms of learning, Aiden has always worked hard and achieved ARE in his end of KS2 assessments. He has become more reluctant to engage in learning activities over this term, and often does not return homework or these are done to a low standard. Aiden's teachers are aware that he is struggling in class but say that he does not raise his hand or ask for help. On a couple of occasions this term you have found him on the corridors during lesson time or hiding in the toilet.

At breaktimes Aiden will readily go on to the field with his friend Josh, and they are often observed laughing and chatting together. Aiden does not tend to interact with other children in class except for Josh and has previously reported to staff that other children pick on them. On one occasion Aiden retaliated physically, resulting in a fixed term exclusion. When Josh is absent, Aiden will often hang back in the classroom and sometimes Aiden will ask Miss Connor if he can eat his lunch with Billy and Tim who are currently allowed to eat in the classroom because of their sensory sensitivities to the noise and smells in the lunch hall.

Aiden finds it difficult to articulate what might be contributing to his feelings about school, but he has been able to complete the card sort with you:

Like me	Not like me
I find it difficult to leave the house in the morning.	The journey to/from school is difficult.
I don't like my lessons.	I have been out of school too long to go back.
I don't see the point in going to school.	My family/carers do not want me to go to school.
I don't have people to talk to or spend time with at school.	I do not have the right equipment for school.
I feel tired at school.	I do activities that I enjoy at home.
Going to school makes me feel bad/worried about myself.	My life at home has changed or is different to how it used to be.
I am not listened to/believed when I talk about my feelings.	I worry about my parent/carer during the day.
My life at school has changed or is different to how it used to be.	My sibling doesn't/didn't go to school.
I worry about 'getting it wrong' in lessons or not meeting my targets.	I find some lessons difficult.
Other people are unkind or bully people in school.	
I sometimes feel like I don't fit in at school.	
I feel poorly or unwell at school.	
I find the school environment overwhelming.	
I am happier when I am at home.	

50

Through discussion with Aiden's parents, information from teachers and a consideration of Aiden's views you are able to complete the <u>Early Identification of Needs Tool</u>:

Trafford Council Emotionally Based School Non-Attendance (EBSNA) Early Identification of Needs Tool (EINT)

Name (pupil): Aiden Keegan   Year Group: 8

Completed by: Mrs Oswald (SENCo), Ms Keegan (mum), Miss Haywood (Head of Year 8)

Date: 26.01.21   Name of school: Forest Mount High School

In consultation with the parent/caregiver please go through this questionnaire and rate your levels of concern by ticking the corresponding 'level of concern' box and adding additional notes where appropriate in the notes sections.

	Level of concern				
Attendance	High	Medium	Low	Not an issue	Not known
Reduced or erratic attendance (please comment on patterns in notes section below)	✓				
Expresses upset/distress to leave home in the morning	✓				
Late for school	✓				
Expresses distress/reluctance to attend certain lesson (any specific triggers and patterns that lead to avoiding partial or full days of absences please note below)			✓		
Missing lessons/truancy		✓			
Expresses upset/distress on return to home			✓		
Reluctance to return to school after a school holiday or weekend		✓			
Notes on key items ✓ Often misses morning registration due to difficulties getting ready					
Loss and Change	High	Medium	Low	Not an issue	Not known
Death of carer, parent, relative, friend				✓	
Death of a pet				✓	
Sudden or traumatic event: could include family member(s) experiencing job redundancy or change and financial pressures.				✓	
Sudden separation from a family member (including family member working away from home/area).				✓	
Moving to a new house, school, Key Stage, area (including international new		✓			

arrivals), a late start or in-year transfer into a new school					
Came from a smaller primary school and/or outside the catchment area	✓				
Loss of a classmate or sibling e.g., left for college/university		✓			
Changes in after-school care				✓	
Other				✓	

Notes on key items
- Recent transition from Primary School. Aiden is one of only three pupils from his primary school who have moved to Forest Mount High.

Family Dynamic	High	Medium	Low	Not an issue	Not known
Carer/parent requiring advice and support/finding things hard		✓			
Birth of a new child impacting relations and/or routine				✓	
Family separation		✓			
Family conflict including low level difficulties e.g., working through disagreements and/or different cultural considerations			✓		
Practical problems bringing the child to school and/or problems travelling to school for young person	✓				
Child acting as a carer to family member(s) with medical, mental health and/or substance dependency needs.				✓	
Family member(s) who have had difficult experiences of school or who have avoided school				✓	
Anxious to leave carer/parent (separation anxiety)		✓			

Notes on key items
- Aiden dislikes getting the tram as he reports it is 'very busy', 'smelly' and the other children pick on him.
- Aiden's parents report feeling very anxious about his attendance as they feel at risk of fines or legal action.

Curriculum/Learning Needs	High	Medium	Low	Not an issue	Not known
Low levels of progress		✓			
PE and/or games issues		✓			
General learning needs			✓		
Specific subject difficulties and low confidence	✓				
Exam or test anxiety	✓				
Difficulties with relationships with school staff and/or particular teacher/adult.			✓		
Negative view of school		✓			
Problems keeping up in lessons		✓			
Fear of failure, making mistakes and not meeting expectations		✓			

	High	Medium	Low	Not an issue	Not known
Homework challenges			✓		
Passive learning approach		✓			

Notes on key items
- Seems less confident in speaking in class- says 'don't know' often
- Dislikes literacy and PE (although enjoys Sports Days on the field), but likes other subjects

Social and Personal	High	Medium	Low	Not an issue	Not known
Has been or is being bullied and/or expresses worries about the threat of being bullied	✓				
Appears to have few friends/friendships		✓			
Difficulties with communication and language		✓			
Difficulties and issues with play/break times (conflict, socially isolated and/ or on own)		✓			
Fewer leisure interests in school and/or home					✓

Notes on key items
- Seems less confident in speaking in class
- Some issues in social circle that may need support, particularly struggles when Josh is absent.

Wellbeing	High	Medium	Low	Not an issue	Not known
Often appears tired or expresses feeling tired and difficulties with sleep routine			✓		
Has a medical condition and or previously serious illness/operation(s)				✓	
Low self-esteem and confidence		✓			
Appears and expresses low mood	✓				
Appears anxious and/or expresses feeling worried e.g., tearful, tense face and body posture, sweating, vocal/tics, complains of feeling unwell, stomach-ache etc., needs to visit the toilet frequently, continence needs, self-soothing behaviours e.g., rocking, fiddling with objects, rigid need for order and routine	✓				
Keeps feelings to themselves	✓				
Expresses negative thoughts about self, others and/or life generally				✓	
Has emotional episodes at home and/or school			✓		

Notes on key items
- Does not usually communicate how he is feeling to school staff or his parents. Becoming more withdrawn and gaming in his bedroom most evenings.

Other	High	Medium	Low	Not an issue	Not known

Has sensory sensitivities e.g., in response to noisier/crowded times in school such as smells and tastes in the lunch hall etc. Please see here for a broader understanding of a child/young person's sensory needs: sensory-processing-pre-referral-advice-oct18.pdf (mft.nhs.uk)		✓			
Has a diagnosis or awaiting a diagnosis/EHCP or undiagnosed needs			✓		
Appears unsettled in school and/or not their first choice of school		✓			
Complex needs e.g., special educational needs effecting capacity to attend school and anxiety when in school (can be hidden anxiety) including those relating to physical and medical needs e.g., displays reluctance or some discomfort with aspects of moving and handling etc.			✓		
Notes on key items - In Year 5, parents had discussed referring Aiden for an Autism assessment, though this was postponed due to the Covid-19 pandemic.					

54

Together you reflect on the push/pull factors and begin to think of ideas:

What are the things that are leading Aiden to feel less comfortable in school?	Why might Aiden feel more comforted at home?
- Difficult journey into school on the tram - Anxiety around performance in lessons - Possible low self-esteem - Having to speak in class and work in groups - Difficulties in peer group, including perceived bullying - Sensory sensitivities through the day -	- More control over sensory stimuli - Reduced pressure to complete schoolwork as parents are both at work during the daytime - Access to online community of friends who Aiden says he prefers as they 'get him'
What does Aiden like/value about school? What are the things that Aiden finds supportive/may find supportive? - Experiences with Josh - Extending Aiden's social circle through social group/structured activity on playground - PSHE project on friendships skills/being a good friend - Academic: Assess if any need for greater differentiation/targeted support help to build skills and confidence - Partner work to support contributions in class Having a timetable that support Aiden to e.g.: - Access to ELSA sessions which build Aiden's self-esteem and social skills. - Option to routinely eating in classroom (rather than hall) - Breakfast club option to support journey into school.	What might help Aiden to be more able to transition to school? - Ensuring that gaming activities only take place outside of school hours. - Calmer morning routines via parental use of Emotion Coaching script, trialing ear defenders in mornings, opportunity to drive Aiden to school earlier and meet a preferred adult or peer at the entrance. - If Aiden has to get the tram, access to calm space in school to regulate before going to his lessons. - Consider with Aiden communications tools in school to enable Aiden to signal to his teacher how he is feeling/with agreements of how he will be supported at these times, including a way to ask for help when needed with his work.

Appendix 3: Early Identification of Need Tool (EINT)

Trafford Council Emotionally Based School Non-Attendance (EBSNA) Early Identification of Needs Tool (EINT)

Name (pupil): _____DoB:_____

Completed by (names and relationship to pupil):_____

Date: _____ Name of school: _____

In consultation with the parent/caregiver please go through this questionnaire and rate your levels of concern by ticking the corresponding 'level of concern' box and adding additional notes where appropriate in the notes sections.

Attendance	High	Medium	Low	Not an issue	Not known
Level of concern					
Reduced or erratic attendance (please comment on patterns in notes section below)					
Expresses upset/distress to leave home in the morning					
Late for school					
Expresses distress/reluctance to attend certain lesson (any specific triggers and patterns that lead to avoiding partial or full days of absences please note below)					
Missing lessons/truancy					
Expresses upset/distress on return to home					
Reluctance to return to school after a school holiday					
Notes on key items					
Loss and Change	High	Medium	Low	Not an issue	Not known
Death of carer, parent, relative, friend					
Death of a pet					

Sudden or traumatic event: could include family member(s) experiencing job redundancy or change and financial pressures.					
Sudden separation from a family member (including family member working away from home/area).					
Moving to a new house, school, Key Stage, area (including international new arrivals), a late start or in-year transfer into a new school					
Came from a smaller primary school and/or outside the catchment area					
Loss of a classmate or sibling e.g., left for college/university					
Changes in after-school care					
Other					
Notes on key items					

Family Dynamic	High	Medium	Low	Not an issue	Not known
Carer/parents requiring advice and support/finding things hard					
Birth of a new child impacting relations and/or routine					
Family separation					
Family conflict including low level difficulties e.g., working through disagreements and/or different cultural considerations					
Practical problems bringing the child to school and/or problems travelling to school for young person					
Child acting as a carer to family member(s) with medical, mental health and/or substance dependency needs.					
Family member(s) who have had difficult experiences of school or who have avoided school					
Anxious to leave carer/parent (separation anxiety)					
Notes on key items					

Curriculum/Learning Needs	High	Medium	Low	Not an issue	Not known
Low levels of progress					
PE and/or games issues					
General learning needs					

	High	Medium	Low	Not an issue	Not known
Specific subject difficulties and low confidence					
Exam or test anxiety					
Difficulties with relationships with school staff and/or particular teacher/adult.					
Negative view of school					
Problems keeping up in lessons					
Fear of failure, making mistakes and not meeting expectations					
Homework challenges					
Passive learning approach					

Notes on key items

Social and Personal	High	Medium	Low	Not an issue	Not known
Has been or is being bullied and/or expresses worries about the threat of being bullied					
Appears to have few friends/friendship					
Difficulties with communication and language					
Difficulties and issues with play/break times (conflict, socially isolated and or one own)					
Fewer leisure interests in school and/or home					

Notes on key items

Wellbeing	High	Medium	Low	Not an issue	Not known
Often appears tired or expresses feeling tired and difficulties with sleep routine.					
Has a medical condition and or previously serious illness/operation(s)					
Low self-esteem and confidence					
Appears and expresses low mood					
Appears anxious and/or expresses feeling worried e.g., tearful, tense face and body posture, sweating, vocal/tics, complains of feeling unwell, stomach-ache etc., needs to visit the toilet frequently, continence needs, self-soothing behaviours e.g., rocking, fiddling with objects, rigid need for order and routine					
Keeps feelings to themselves					
Expresses negative thoughts about self, others and/or life generally					

	High	Medium	Low	Not an issue	Not known
Has emotional episodes at home and/or school					

Notes on key items

Other	High	Medium	Low	Not an issue	Not known
Has sensory sensitivities e.g., in response to noisier/crowded times in school smells and tastes in the lunch hall etc. Please see here for a broader understanding of a child/young person's sensory needs: sensory-processing-pre-referral-advice-oct18.pdf (mft.nhs.uk)					
Has a diagnosis or awaiting a diagnosis/EHCP or undiagnosed needs					
Appears unsettled in school and/or not their first choice of school					
Complex needs e.g., special educational needs effecting capacity to attend school and anxiety when in school (can be hidden anxiety) including those relating to physical and medical needs e.g., displays reluctance or some discomfort with aspects of moving and handling etc.					

Notes on key items

Planning next steps:

Make comments regarding:

- Any strategies that you have used to support pupil previously

- What has/could work well

- Concerns you have around school's ability to support the pupil at present

- Anything else

- Your initial next steps to support the pupil based on discussions

Appendix 4: Card sort to support pupil views

Card Sort Activity

The card sort activity has been developed to gain an understanding about why a child/young person might not want to go to school. The cards cover a range of factors ranging from school environment, journey to and from school, social relationships, lessons, family dynamics and the home environment but the factors listed are not exclusive. Therefore, there should also be blank cards for a child/young person to record additional reasons which might affect whether they want to go to school.
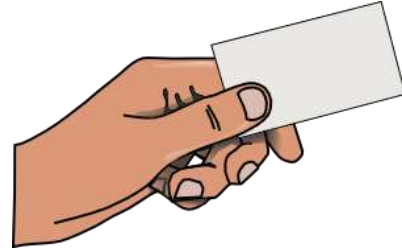
Ideally, the cards should be used creatively and flexibly and as an exploratory tool to open up discussions about why a child/young person does not want to go to school. This could then lead to conversations about what factors might support them. This should ideally be done with an adult they know and trust, and in an environment where they feel relaxed and able to speak freely. Make sure the adult is familiar with the cards in advance, in case any sensitive topics are likely to arise.

An example script is included below to show how they might be used.

The cards I am going to ask you to choose from show different reasons why young people might not want to go to school. In a moment I will show you the cards and I will ask you to choose the ones which you think make it difficult for you to be happy and/or safe in school. There might be some things that make you want to stay at home or some things which make you not want to go to school. You can tell me which are 'like me' or 'not like me' to help me understand how best to help you.

If there is a card which does not affect whether you want to go to school, you could put it to one side. There might also be other reasons why you do not want to go to school. We can write these on the blank cards.

Then we might talk about/ draw things that help you to be happy and safe to go to school. This will help us to think about what we can do to support you to go to school safely and happily.

You might want to explore the extent to which the factors affect how much a child/young person wants to go to school by asking them to rank them for example. Obviously, this will depend upon the child's developmental level.

The card sort activity is an adaptation from Nuttall's (2011) card sort, which incorporated information from Birmingham Educational Psychology Service's Path to School (2008) and information from West Sussex Educational Psychology Service (2004) about factors associated with school attendance difficulties. It is also informed by Trafford Educational Psychology Service's Early Identification of Need Tool. This may be a helpful way to reflect on the pupil's views and experiences when putting together your action plan. It can be found at: Virtual Mental Wealth Hub | Trafford Directory

Like Me	Not Like Me

Attendance Factors

I find it difficult to leave the house in the morning. 	Talk me through your morning routine. What does that feel like for you? Is this better/worse after weekends and holidays? What would your ideal morning routine look like? What would you change if you could?

The journey to/from school is difficult. 	Talk me through your journey to/from school. What modes of transport do you use? Who do you travel with? Does anything happen along the way? What does that feel like for you? What emotions would you identify? When are these strongest? What would your ideal journey look like? What would you change if you could?

I have been out of school too long to go back. 	How would you score your desire to go back to school (e.g., 1 – 10)? What might make you more or less likely to want to return to school?

61

Loss and Change
Be sensitive to experiences of bereavement and loss within this section

Someone I am/was close to is not in my life anymore.

Be sensitive to experiences of bereavement and loss within this section

Can you tell me a bit more about that? What do you miss about that person?
What might help you to feel closer to them again?

My life at home has changed or is different to how it used to be.

What is different at home?
What would you change if you could?

My life at school has changed or is different to how it used to be.

What is different at school?
What would you change if you could?

I have recently changed school or year groups.	What emotions do you feel about the change? What do you miss about your previous school/class?

I have recently moved house/flat.	What emotions do you feel about the change? What do you miss about your previous house/flat/home?

Family Factors

I worry about my parent/carer during the day.	Can you tell me a bit more about that?

63

I need to stay with my parent/carer in the daytime.	Why do you need to stay with them? (e.g., illness, caring responsibilities, helping with a family business) What might help them if you came to school? What might they say if I asked them?

My family/carers do not want me to go to school.	How do you know? Do you know why they think this? What do you think about going to school?

My sibling doesn't/didn't go to school.	What is the same/different for you? What do you think they want you to do?

Curriculum and Learning Factors

I don't like my lessons. 	Which lessons are good/not so good? Why is this? (e.g., trouble keeping up, work is difficult or boring, teacher actions, behaviour management, peer difficulties). Are there any lessons you have enjoyed previously? What made them good? What would you change if you could?

I find some lessons difficult. 	Which lessons are easier than others? Why is this? (e.g., teaching style, curriculum content, lack of equipment, unmet learning needs, peer difficulties) Are there any lessons you have found easier previously? What made them easier? What would you change if you could?

I worry about 'getting it wrong' in lessons or not meeting my targets. 	Which lessons are good/not so good? Why is this? Have you experienced 'getting it wrong' before? What happened? Are there any lessons where you worry less about this? What helps?

My teachers do not always help me in the right way.	Which lessons/teachers are better/worse? Why is this? Are there any lessons/teachers you have found helpful previously? What made them helpful? What would you change if you could?

I don't see the point in going to school.	Can you tell me a bit more about that? What would you like to do when you are older? How might school help you to do that?

Social Factors

Other people are unkind or bully people in school.	What happens? Have you ever experienced this? (You may sensitively want to ask who is involved, what this looks like). Where does bullying happen in school? Are teachers aware of this? What do they do? Is there anything else you'd like teachers to do to help?

66

I don't have people to talk to or spend time with at school. 	What do you normally do at break and lunch times? Do you have friends at school? Who would you count as a friend? Are teachers aware of this? What do they do? Is there anything else you'd like teachers to do to help?

I sometimes feel like I don't fit in at school. 	What makes you feel this way? Is there anything you would like to change to fit in more? Is there anything you would like others to know or understand better about you?

Other people do not understand me/my needs. 	What makes you feel this way? Is there anybody who does understand you? What do they do differently? Is there anything you would like others to know or understand better about you? What would happen differently if they did?

Wellbeing

I feel tired at school.	Tell me about your typical sleep routine. How do you feel when you wake up in the morning? Does anything help you to feel more awake or wake up faster?

I feel worried at school or worry about coming into school.	What does your worry typically feel like? Are there times when this is better or worse through the day/week/year? How severe would you score it from 1 – 10? What might make you feel a little better or a little worse in school?

I feel poorly or unwell at school.	*Be aware of any existing medical conditions which may contribute to this* What usually feels poorly or unwell? How would you describe this? How severe would you score it from 1 – 10? What might make you feel a little in school?

I do not feel confident enough to go to school. 	Can you describe what makes you feel this way? Do you think your parents/carers/teachers/friends would agree? What would need to change for you to feel confident enough? How might you know when you were ready?

Going to school makes me feel bad/worried about myself. 	Can you describe what things school makes you feel bad/worried about? Are there times/lessons/teachers where this is better?

I am not listened to/believed when I talk about my feelings. 	Can you tell me more about that? What would it look like if someone was listening to you? What would happen?

69

I have mental health needs which make it difficult to attend school.	*Be aware of any existing medical conditions which may contribute to this*
	Can you tell me more about that?
	What might make you feel a little better in school?
	Do you have any diagnoses which would be helpful for us to know about?

I have physical health needs which make it difficult to attend school.	*Be aware of any existing medical conditions which may contribute to this*
	What usually feels poorly or unwell? How would you describe this?
	How severe would you score it from 1 – 10?
	What might make you feel a little better or a little worse in school?
	Do you have any diagnoses which would be helpful for us to know about?

School Environment Factors

I find the school environment overwhelming.	It may be helpful to draw a map of the school for this activity, to identify difficult areas or hotspots.
	Which bits of school are better?
	What would you say is overwhelming? (e.g., noise, crowding, strong smells, lighting, size/navigation).
	Is there anywhere in school that you like to spend time?
	Is there anywhere in school that you try to avoid?

I do not have the right equipment for school. 	What are you missing? (e.g., stationary, uniform, lunch money). What might help with this?

I do not like using the toilet in school. 	Can you tell me more about that? Are there times when this is better/worse?

I do not like using the dining hall in school. 	Can you tell me more about that? Are there times when this is better/worse?

Home Factors

I am happier when I am at home. 	Talk me through a typical day at home for you. What makes you feel happy at home? How happy would you say you feel at home from 0 – 10? How does this compare to at school?

71

I do activities that I enjoy at home.	Talk me through a typical day at home for you. What activities do you like to do? Who do you like to spend time with?

It is safer at home.	Talk me through a typical day at home for you. What makes you feel safe at home? How safe would you say you feel at home from 0 – 10? How does this compare to at school?

Other

There is something else.	Is there anything else that we haven't talked about? What is important for the adults around you to know to help you?

The following strategy cards may also be used to explore what support or provision the child or young person might find helpful. Blank cards have been provided for the child to add their own ideas if needed:

Would Help Me	Would Not Help Me
Changing the way that I travel to or from school.	A chance to visit my school and/or teachers before going for the whole day.
Help to get to know my teachers and/or make new friends in school.	A way to speak to my parent/carer during the day.
Someone to stay with my parent/carer in the daytime.	A change to my lessons and/or subjects.
A chance to get up and move around after working for a while.	Ear defenders (noise reducing headphones).
Extra time to think before being expected to answer.	Adults quietly checking that I know what to do.
Not being expected to do group work.	Signals to ask for help (e.g., red/green card).
Being introduced to a group of people with similar interests e.g., for social times.	My own workspace with limited distractions.
Somewhere to do homework in school.	Attending online some of the time.
Help with the work in my lessons or to catch up on learning that I have missed.	Support for when people are unkind or bully me in school.
More people to talk to or spend time with at school.	Help to feel like I fit in at school.
Help other people to understand me/my needs.	Help me to feel less tired at school.
Help to feel less poorly or unwell at school.	More support with my mental health needs which make it difficult to attend school.
More support with my physical health needs which make it difficult to attend school.	Make changes to the school environment (e.g., make it less noisy, busy, smelly).

Help me to have the right equipment for school.	Do more activities or lessons that I enjoy in school.
Help to feel safer in school.	There is something else.

Appendix 5: Top Tips for the EYs transition handout

Factors to consider

1. **How big is the difference between the PVI and school? This will give clues on how child may find the transition.**

Social Setting e.g.

- Number of children in a room
- child led vs adult directed
- how long child attended setting
- number of changes of setting

Differences in

settings

Environment e.g.

- Size of classroom
- Outdoor access
- Quiet areas
- High handles/open doors
- Toilet & dining room location

Communication with parents

- How? App, face to face,
- When? Private or classroom
- Drop off routines
- Familiarity with staff- key person
- Parent expectations

Routines

- **Snacks**- e.g. structured, choice, foods, waiting.
- **Lunch times**- where they eat and how much help? travel to hall, eat in large busy hall or small room.
- **Circle time**: expectations to sit, how to leave, how long to sit, accessibility & motivation
- **Pick Up/Drop off**- business, times- flexibility
- **Toilet**- in room, down corridor
- **P.E.**
- **Structured vs unstructured**

2. **Do we know the child's strength, preferences & needs? This will help ensure a positive start to school.**

Language & Communication

Understanding of language

Expressive language, confidence to speak

Functional use

PSED

Understands and follows routines, Follows adult direction

Ability to cope with large groups, cooperative play

Child's motivators and rewards

Best ways to supporting child's regulation

Listening & Attention.

listen 1:1 with adult, small group or large group?

Length time?

Better with own or adult choice

Fidget toys or movement breaks help

Know Me

Physical Needs- help needed?

Able to use outdoor equipment

Dressing

Moving around environment, seating

Eating

Skills with cutlery, opening packages

Selective eating

Dietary requirements

Travelling to hall

Sensory Needs

Sensory over load- profile?

Noises e.g. hand dryer, crying

Need for quiet

Tactile defensive- avoid mess, no apron,

Mouthing toys- will child ingest or mouth, what types of materials

Continence

Child's level of independence

Happy with different toilets

Sits on toilet, feet on floor

Uses toilet to urinate and/or open bowels

Wipes bottom

Asks for help

Preferred play e.g.

Exploratory, sensory

Solitary

Schemas

Indoor/outdoor

76

3. **Some ways to help**

Develop a positive working relationship with parents

Share positives as well as struggles

A private space and time to talk

Listen & validate

Create an informal atmosphere where parent feels supported

Remember child can be very different home to school

A positive start

A Transition Plan:

Meet with setting & parents

Plan best steps e.g. visuals, visits, uniform play

Transition visits with parent including toilet

Gradual build up for some children

School & Parent to support school readiness

Small steps approach

Developing listening skills at home through play

Dressing skills- easy fastening & practice at home

Finding photo, name card, matching activities

Using cutlery, cups, recognising water bottle,

Practice journey to school

Practice morning routine

A flexible child centred approach

Listen to & observe child. Validate. Give positive feedback. Support regulation

Identify factors that may cause anxiety and ways to help

Key worker who child responds best to

Transition toys/fidget toy/realistic goals

Flexible start time to reduce stress of the rushed morning getting ready or busy drop off

Buffer/Transition time on arrival e.g. 10 minutes quiet time in book corner before

Supporting understanding

Reduce language levels

Opportunities to communicate

Use visuals e.g. communication board, Sign Along

Cues of reference- what is next? When is lunch and home time?

Visual timetable

Trafford Council

Model School Attendance Policy September 2023

This document is intended for use as guidance only. Schools and Academies must ensure that any policies derived from the guidance in this model policy reflect their own specific requirements, such as setting, pupil ages, and percentages of pupils with special educational needs.

The model policy has been developed in accordance with the 2022 statutory guidance 'Working together to improve school attendance'.

Whole School Attendance Policy

Name of School

Policy Consultation & Review

This policy is available on our school website and is available on request from the school office. We also inform parents about this policy when their children join our school and regularly thereafter through our school newsletter and other relevant opportunities.

We recognise the expertise our staff build by managing school attendance daily and we therefore invite staff to contribute to and shape this policy and associated attendance and safeguarding arrangements.

This policy will be reviewed in full by the Governing Body on at least an annual basis. This policy was last reviewed and agreed by the Governing Body on **[insert date]**. It is due for review on **[insert date]**.

Signature   Headteacher   Date:

Signature   Chair of Governors Date:

1	**Introduction/Aim**
2	**Legal Framework**
3	**Safeguarding**
4	**Roles and Responsibilities**
5	**Categorising Absence and Attendance**
5.1	Leave of absence
5.2	Medical appointments and absence due to illness
5.3	Pupil absence for the purposes of Religious Observance
5.4	Gypsy, Roma and Traveller pupils
5.5	Unauthorised absence
6	**Our Procedures**
6.1	Register keeping and recording
6.2	Late arrival at school
6.3	Expected absence procedure for parents
6.4	Attendance Rewards & Interventions
6.5	Support Systems
6.6	Persistent Absence and the use of legal interventions
6.7	Reduced timetables
6.8	Alternative Provision
7	**Deletions from the Register**
8	**Related Policies**
9	**Statutory Framework**
	Appendix: Attendance Policy Quick Guide for Parents

1. Introduction/Aim

At   **name of school** we believe that regular school attendance is essential if children are to achieve their full potential. We value the attendance of all pupils. Missing out on lessons leaves children vulnerable to falling behind and can put them at risk of wider harm. There is a wide range of evidence as to the health and wellbeing benefits of school-age education. Research commissioned by the Department for Education shows missing school for even a day can mean a child is less likely to achieve good grades, which can have a damaging effect on their life chances. As set out in this policy, we will work with families to identify the reasons for poor attendance and try to resolve any difficulties at the earliest opportunity.

Our attendance policy aims to give clear guidance to staff, parents, pupils, and governors to:

- Support every pupil's achievement by establishing the highest possible levels of attendance and punctuality;
- Recognise the key role of all staff in promoting good attendance;
- Provide a clear framework for monitoring and responding to pupil absences;
- Make parents / carers aware of their legal responsibilities and ensure their children have access to the education to which they are entitled.

We recognise that attendance is a matter for the whole school community. Our Attendance Policy should not be viewed in isolation; it is a strand that runs through all aspects of school improvement, supported by our policies on safeguarding, prevention of bullying, behaviour, and inclusive learning. This policy also considers the Human Rights Act 1998, the Equality Act 2010, UN Convention on the Rights of the Child, the DfE Keeping Children Safe in Education 2023 guidance, and other relevant legislation.

2. Legal Framework

Section 7 of the 1996 Education Act states that parents must ensure that children of compulsory school age receive efficient full-time education suitable to their age, ability, and aptitude to any special educational needs they may have, either by regular attendance at school or otherwise. A child is of compulsory school age at the

beginning of the term following their 5th birthday. A child ceases to be of compulsory school age on the last Friday in June of the school year in which they reach the age of 16.

In line with 'Working together to improve school attendance' the government expects all schools and local authorities to:

- Promote good attendance and reduce absence, particularly severe and persistent absence;
- Ensure every pupil has access to full-time education to which they are entitled;
- Act early to address patterns of absence.

Parents are expected to perform their legal duty by ensuring their children of compulsory school age who are registered at school attend regularly and punctually.

In accordance with the Education Act 1996, we will work with parents and carers and the Local Authority to ensure that parents are supported to secure education for children of compulsory school age. Where required, we will formalise support and where necessary, work with the LA to use legal measures.

A "Parent" is defined as:
- Any natural parent, whether married or not
- Any parent who, although not a natural parent, has parental responsibility as defined in the Children Act (1989) for a child or young person
- Any person who, although not a natural parent, has care of a child or young person.

3. Safeguarding

At **name of school**, we believe every pupil should be able learn in an enjoyable and safe environment and be protected from harm. We respect and value all children and are committed to providing a caring, friendly and safe environment for all our pupils so they can learn and participate in all school activities in a relaxed and secure atmosphere.
Attending school regularly promotes the welfare and safety of children whilst they are not in the care of their parents. Safeguarding is about offering early help and support to children and families, and difficulties with attendance and lateness may be signs that something is worrying the child or that there are difficulties in the home environment. Poor or irregular attendance, persistent lateness, or children missing from education may be considered a safeguarding matter if this places your child at risk of harm.

Safeguarding the interests of each child is everyone's responsibility and within the context of this school; safeguarding and promoting the welfare and life opportunities for children encompasses attendance, behaviour management, Health and Safety, access to the curriculum and anti- bullying, protecting children from abuse and neglect, online safety, radicalisation and extremism, FGM and CSE.

More information on safeguarding and the protection of children can be found in the schools Safeguarding and Child Protection Policy.

In order to allow us to safeguard the children in our care it is important that parents provide the school with their current contact details and provide at least **[three]** other contact numbers in case of emergency.

It is also important for parents to let school know of any specific vulnerability in relation to their child or home circumstances. If you are uncertain about what would be considered a vulnerability please speak with **……XXX……**

4. Roles and Responsibilities

At **name of school** we believe that improving school attendance is everyone's business, and that it is a shared responsibility by governors, all school staff, parents, pupils, and the wider school community.

Schools should insert the names of key staff with responsibility for the management of attendance. Working together to improve school attendance states this should include the name and contact details of-
- **Senior leader responsible for the strategic approach to attendance in school**
- **School staff who pupils and parents should contact about attendance on a day-to-day basis and**
- **School staff who pupils and parents should contact for more detailed support on attendance**

Role	Name	Contact details
Senior Attendance Lead		
Attendance Officer		
Named Governor for Attendance		

The Governing Body of **school name** recognises the importance of school attendance and promotes it across the school's ethos and policies. They take an active role in attendance improvement by:

- Setting high expectations of all leaders, staff, pupils, and parents so that children attend school every day and are safeguarded from harm.
- Identifying a member of the governing body to lead on attendance matters and ensuring that there is a named senior manager to lead on attendance.
- Ensuring school leaders fulfil expectations and statutory duties by rigorously evaluating the effectiveness of the school's attendance procedures so that consistent attendance support is provided for all pupils.

- Ensuring the school engages and works effectively with the local authority Pupil Absence Team and wider local partners and services to address barriers to school attendance.
- Regularly reviewing attendance data, discussing, challenging trends, and helping school leaders focus improvement efforts on the individual pupils or cohorts who need it most.
- Ensuring high aspirations are maintained for all pupils and processes for support are adapted to the individual needs of pupils including those with long term illnesses, special educational needs and disabilities, looked after children, pupils with a social worker and pupils from cohorts with historically lower attendance such as those eligible for free school meals.
- Ensuring all school staff receive adequate training on attendance and that relevant staff have access to opportunities to share and learn from good practice in other schools.
- Ensuring that attendance data is shared with the Local Authority or Department for Education as required and on time.
- Reviewing the school's Attendance Policy on at least an annual basis, ensuring that the required resources are available to fully implement the policy.

The head teacher at **[insert school name here]** will:
- Ensure this policy is implemented consistently and reviewed for efficacy periodically
- Monitor school-level absence data and reporting it to governors
- Monitor the impact of any implemented attendance strategies
- Request the issuing of fixed-penalty notices, where necessary

School will have a designated senior attendance lead with overall responsibility for championing and improving attendance in school and who will:

- Actively promote the importance and value of good attendance to pupils and their parents through regular communication (eg website, newsletters etc)
- Form positive relationships with pupils and parents.
- Ensure that there is a whole school approach which reinforces good school attendance, with teaching and learning experiences that encourage all pupils to attend and to achieve.
- Monitor the implementation of the Attendance Policy and ensure that the policy is reviewed annually.
- Ensure that all staff are aware of the Attendance Policy and adequately trained to address attendance issues.
- Ensure that the regulations and other relevant legislation are complied with, that staff understand the attendance register is a legal document and that attendance and absence are coded correctly in accordance with DfE guidance Working together to improve school attendance (publishing.service.gov.uk)
- Return school attendance data to the Local Authority and the Department for Education as required and on time.
- Report the school's attendance and related issues through termly reporting to the Governors .

- Meet regularly with the Attendance Officer to ensure that attendance data is collected and analysed frequently to identify causes and patterns of absence.

- Ensure that systems to report, record and monitor the attendance of all pupils, including those who are educated off-site are implemented.

- Ensure robust school systems are in place which provide useful data at cohort, group and individual pupil level to give an accurate view of attendance, reasons for absence and patterns amongst groups such as:
  - ➢ children who have a social worker including looked-after children
  - ➢ young carers
  - ➢ children who are eligible for free school meals
  - ➢ children who speak English as a second language
  - ➢ children who have special educational needs and disabilities

- Interpret the data to devise solutions and to evaluate the effectiveness of interventions.

- Develop a multi-agency response to improve attendance and support pupils and their families.

- Document interventions used to a standard required by the local authority should legal proceedings be instigated.

- Set out how Pupil Premium will be used to support pupils with irregular attendance.

All staff at [insert school name here] will:

- Actively promote the importance and value of good attendance to pupils and their parents.
- Form positive relationships with pupils and parents.
- Contribute to a whole school approach which reinforces good school attendance; with good teaching and learning experiences that encourage all pupils to attend and to achieve.
- Comply with the regulations and other relevant legislation.
- Implement systems to ensure a consistent approach to reporting, recording and monitoring the attendance of all pupils, including those who are educated off-site.
- Ensure that registers are recorded accurately and in a timely manner.
- Contribute to the evaluation of school strategies and interventions.
- Work with other agencies to improve attendance and support pupils and their families.

The Attendance Officer will work to further develop relationships with families to bring about improved attendance. This may involve seeking multi-agency support. The

member of staff responsible for attendance will support good attendance, respond to concerns, and promote improvement in attendance by:

- Rigorously monitoring and analysing pupil attendance data.
- Undertaking attendance meetings with the Designated Safeguarding Lead, SENDCO, and other relevant staff members.
- Implementing the identified strategies for promoting excellent whole school attendance.
- Implementing the identified strategies for tackling unsatisfactory attendance.
- Managing individual pupil casework files.
- Coordinating individual attendance action plans for pupils causing concern including using the ESBNA tool kit to identify issues early on, the instigation of a Family Help Assessment and Plan and/ or the implementation of a parenting contract.
- Ensuring first day calling procedures are adhered to if a child is absent from school without contact from parents.
- Taking an active lead in delivering whole school initiatives such as awards assemblies and reward schemes.
- Making referrals to appropriate external agencies.

School [admin/office] staff will:

- Take calls from parents/carers about absence on a day-to-day basis and record it on the school system
- Transfer calls/information from parents/carers to the [head of year/pastoral lead] in order to provide them with more detailed support on attendance

Parents are expected to:

- Take a positive interest in their child's work and educational progress.
- Ensure their child is in school on time every day.
- Instil the value of education and regular school attendance within the home environment.
- Contact the school if their child is absent to let them know the reason why and the expected date of return, following this with a note of explanation.
- Avoid unnecessary absences; for example, by making medical and dental appointments for outside of school hours and not taking term time holidays.
- Ask the school for help if their child is experiencing difficulties with any aspect of their schoolwork or home and family life.
- Inform the school of any change in circumstances that may impact on their child's attendance.
- Support the school by becoming involved in their child's education, forming a positive relationship with school, and acknowledging the importance of children receiving the same messages from both school and home.
- Maintain effective routines at home to support good attendance.
- Attend all meetings requested to discuss attendance issues.

Pupils will:

- Be aware of the school's attendance policy and when and where they are required to attend. This will be communicated to them by school staff, school website, parents and through the school timetable.
- Speak to their class teacher or another member of staff if they are experiencing difficulties at school or at home which may impact on their attendance.
- Attend all lessons ready to learn, with the appropriate learning tools requested and on time for the class.
- Bring a note of explanation from their parents or guardians to explain an absence that has happened or is foreseen.
- Follow the school procedure if they arrive late. This will help the school to monitor attendance and keep accurate records for the child's individual attendance. This is also vital for health and safety in the event of a school evacuation.

5.Categorising Absence and Attendance

When marking our registers, we will apply the national codes as outlined and regulated by the Department for Education guidance to accurately record and report attendance in Working together to improve attendance (May 2022).

5.1 Leave of Absence

Since September 2013, changes to Government regulations and guidance mean that Headteachers can no longer authorise leave of absence unless there are exceptional circumstances. All absences associated with a holiday (without exceptional circumstance) during term time will be marked as unauthorised in the register. Any parents known to have removed their child from school for the sole purpose of a holiday may be referred to the Local Authority and be issued with a penalty notice fine or referred to the Local Authority to consider prosecution if the leave of absence is unauthorised for 8 sessions (4 school days) or more. A penalty notice is issued to **each parent for each child**, the penalty being £120 per parent per child (discounted to £60 if paid within 21 days).

We believe that children need to be in school for all sessions that the school is open to them so that they can make the most progress possible. However, we do understand that there are times where a parent may legitimately request leave of absence for a child due to 'exceptional circumstances'. At **[insert school name here]**, leave of absence is only granted at the discretion of the Headteacher. **[insert school name here]** will respond to all applications for leave of absence in writing.

Parents wishing to apply for leave of absence during term time must apply in writing to the Headteacher at least a month before the planned leave. Other than in emergency, if a written request for leave of absence is not completed and the leave is

taken without a request being submitted, the leave will not be considered by the Headteacher, and it will be marked as unauthorised. **[insert school name here]** will treat each application individually. Retrospective requests will not be considered and will result in the absence being categorised as **unauthorised.** In such cases the school may make a referral to the Local Authority to request that a penalty notice fine is issued or consider prosecution.

A penalty notice request or a referral for prosecution may be submitted to the Local Authority should: -

- The parent fail to submit a leave of absence request in advance of taking the leave.
- An application for a leave of absence is not agreed by the Headteacher but is still taken.
- A longer period is taken more than the agreed number of days.

When absence is granted by the Headteacher, the parents will need to agree a date of return. If a pupil fails to return on the expected date and contact is not received from, or made with the parents, school will seek advice from the Local Authority. This could result in possible children missing from education procedures being instigated.

5.2 Medical Appointments and absence due to illness

Parents should try to make appointments outside of school hours wherever possible. Where appointments during school time are unavoidable, we ask that a parent notifies the school in advance of the appointment wherever possible. The pupil should only be out of school for the minimum amount of time necessary for the appointment. In most circumstances, a child should not miss a whole day at school for an appointment. If a pupil must attend a medical appointment during the school day, they must **[insert school signing-out procedure]**. No pupil will be allowed to leave the school site without parental confirmation.

In the majority of cases, absences for illness which are reported following the school's absence reporting procedures will be authorised without the need for parents to supply medical evidence unnecessarily. In line with Department for Education guidance, if we do have a genuine concern about the authenticity of the illness, we may ask the parent to provide medical evidence, such as a prescription, appointment card, or other appropriate form of evidence. If the school is not satisfied about the authenticity of the illness, the absence will be recorded as unauthorised.

Where a child has an emerging a pattern of non-attendance, we will discuss the reasons for absence with the child's parent. We will invite parents to attend school-led Attendance Support meeting as an appropriate early intervention strategy. As part of this support, we may seek consent from parents and the pupil as appropriate to liaise with the child's healthcare professional.

Where a pupil has a verified and chronic health condition, we will aim to work with parents to ensure children have access to education and provide appropriate support in line with <u>Supporting pupils with medical conditions at school</u> and local authority policy <u>illness-and-your-child.pdf (trafford.gov.uk)</u> We will also consider whether an Individual Healthcare Plan is required.

5.3 Pupil Absence for the purposes of Religious Observance

[insert school name here] acknowledges the multi-faith nature of British society and recognises that, on some occasions, religious festivals may fall outside school holiday periods and is recognised as such by a relevant religious authority. Where this occurs, the school will authorise the pupil absence only for the actual day of the celebration/festival. Additional days either side will not be authorised. Parents are requested to give advance notice to the school.

5.4 Gypsy, Roma and Traveller pupils

Gypsy, Roma and Traveller (GRT) pupils are among the lowest achieving groups of pupils at every key stage in education, although some GRT pupils achieve very well at school. There are many complex and interwoven factors that may influence the educational attainment of GRT pupils. Schools and Local Authorities can make a big difference to their life chances through:
- Clear high expectation of all pupils, regardless of their background
- An inclusive culture that welcomes all communities
- Strong engagement from parents

In line with The Education Act 1996, Section 444(6) the school will authorise the absence of a pupil of no fixed abode who is unable to attend school because:
- the parent is engaged in a trade or business of such a nature as to require them to travel from place to place,
- that the child has attended at a school as a registered pupil as regularly as the nature of that trade or business permits, and
- if the child has attained the age of six, that they have made at least 200 attendances during the previous 12 months.

This provision applies *only* when the family are engaged in a trade or business that requires them to travel and when the child is attending school as regularly as that trade permits. In these circumstances, parents have a duty to ensure that their children are receiving suitable education when not at school.

When a family is trading or otherwise conducting their business in or around Trafford, if a family can reasonably travel back to their base school (see below) then the expectation is that their child will attend full-time. **[insert school name here]** will be regarded as the base school if it is the school where the child normally attends when they are not travelling. However, the pupil must have attended **[insert school name here]** in the last 18 months. Parents can register their children at other schools temporarily while away from their base school; in such cases, the pupil's school place

at **[insert school name here]** will be kept open for them whilst travelling. This is to protect them from unfairly losing their place at their school of usual attendance.

To ensure we can effectively support all our pupils, we ask that parents:
- Advise the school of their forthcoming travelling patterns as soon as these are known and before they happen; and
- Inform the school regarding proposed return dates.

5.5 Unauthorised Absence

Absence will not be authorised unless parents have provided a satisfactory explanation and it is accepted as such by the school. The decision to authorise absences is at the discretion of the Headteacher. Examples of unsatisfactory explanations include but are not limited to:

- A pupil's/family member's birthday
- Shopping for uniforms
- Appointments for hairdressing
- Closure of a sibling's school for INSET (or other) purposes
- An unwillingness to attend school, or inability to attend owing to inadequate personal/family organisation
- A refusal to attend school on health grounds but where the pupil is considered well enough to attend
- Holidays taken without the authorisation of the school

6. Our Procedures

6.1 Register Keeping and Recording

The Education (Pupil Registration) (England) Regulations 2006, as amended by 2016 regulations, require schools to take an attendance register twice a day, once at the start of the morning session and then again during the afternoon session. The register must record whether the pupil was:

- Present;
- Absent;
- Present at approved educational activity; or
- Unable to attend due to exceptional circumstances.

For the purpose of this policy, the school defines:

"Absence" as:
- Arrival at school after the register has closed
- Not attending school for any reason

"Regular" attendance as:
- Attendance at every session the school is open to pupils

An "authorised absence" as:
- An absence for sickness for which the school has accepted the reasons given.
- Medical or dental appointments which unavoidably fall during school time, for which the school has granted leave
- Recognised days of religious or cultural observances for which the school has granted leave.
- An absence due to a family emergency or unavoidable cause

An "unauthorised absence" as:
- Parents keeping children off school unnecessarily or without reason
- Truancy before or during the school day
- Absences which have never been properly explained
- Arrival at school after the register has closed
- Shopping, looking after other children or birthdays
- Day trips and holidays in term-time which have not been agreed
- Leaving school for no reason during the day

In this section, the school should outline the procedures in place for taking registers and clearly specifying the times and methods for register keeping and recording.

6.2 Late Arrival at School

At **[insert school name here]** all pupils are expected to arrive on time and complete a full day for every day of the school year. The school day begins at **[insert time]** and finishes at **[insert time]**. We advise all parents to ensure their child is on site prior to this. The school register will be taken at **[insert time]** All pupils arriving after this time are required to report to the main office with their parents, who will be expected to sign the late book and provide a reason for their absence. If their arrival is before **[insert time]** it will be recorded as late - L code (Late before the close of register).

The school register will officially close at **[insert time]**. The DfE advises that schools should close the register to pupils no more than **30 minutes** after the register was taken. All pupils arriving after this time will be marked as having an unauthorised absence for the morning session - U code (Late after the close of register). This is categorised as an unauthorised absence for the session. Parents will be contacted to discuss any patterns of late arrival. Repeated arrival after the close of registration will result in appropriate interventions being instigated and may also result in a warning letter leading to a penalty notice being issued or prosecution (after 10 sessions of recorded unauthorised lateness) as a last resort.

Please note: L or U codes will be used if a pupil arrives after the close of the afternoon register for the PM session.

6.3 Expected absence procedure for parents:[Schools can add their own procedures here]

A parent has a legal responsibility to ensure that their child attends school regularly. If a child is unavoidably absent from school parents are expected to contact school by telephone call on the morning of the first day of absence and on each subsequent day, identifying the reason for absence and the expected date of return. **[Insert telephone number of absence line here]** If no contact is received, then absence protocols will be instigated.

If a child is absent, the following actions will be initiated by the school:

- The first day calling procedures will be activated for all pupils who are not in school after close of register at **[insert time]** and where no reason for absence is known.
- If there is still no contact made from the pupil's parents, a further telephone call home will be made again that morning. If no response can be gained, the child's named emergency contact/s will be telephoned.
- If school cannot contact a parent or other emergency contact and are concerned about a pupil, a home visit may be carried out.
- School will telephone home if a pupil leaves the school without permission.

In cases of ongoing attendance concerns, school may also:

- Visit the home of the pupil.
- Write to the parents of a pupil to highlight attendance or punctuality issues.
- Invite parents to discuss how school can support the family to make improvement.
- Refer to an external agency/ support service to offer support, guidance, and advice .
- Refer to the Local Authority for joint enquiries to be made to establish the whereabouts of the child through Children Missing Education procedures Education of Vulnerable Children Handbook March 2023.pdf
- Refer to the Local Authority to consider issuing a penalty notice or to consider prosecution when all other interventions have failed, or an unauthorised leave of absence has been taken.
- Refer the matter to an appropriate external agency for multi-agency support, such as implementing an Early Help Assessment **or consulting with the Children's First Response team or the police, where there are safeguarding concerns.**

6.4 Attendance Rewards & Interventions

In this section schools should clearly outline their staged approach to supporting regular attendance including:

- **Use of data – What is your attendance target? how is it monitored and shared with the whole school community including all staff, parents, children? Who is responsible for this and how regularly does this happen?**
- **Reward systems – how is attendance rewarded? Include information about frequency and types of rewards. How do you promote the importance of school attendance?**
- **How will attendance concerns be addressed with parents?**

At **[insert school name here]** we will investigate any pupils who are on track to be persistently absent (PA) and will not wait until attendance is below 90%.

6.5 Support Systems

At **[insert school name here]** we recognise that poor attendance can be an indication of other difficulties at home and or in school. Parents are encouraged to inform school of any difficulties or changes in circumstances that may affect their child's attendance and or behaviour in school, for example, bereavement, divorce/separation, emerging health concerns. This will help the school identify any additional support that may be required. Parents should contact **[insert relevant contact – eg: AO/HOY here]** to share concerns or information in the first instance.

We also recognise that some pupils are more likely to require additional support to attain good attendance. The school will implement a range of strategies to support improved attendance based on the individual needs and circumstances of the child.

Strategies we may use to support you include:

In this section, the school should clearly outline all the strategies and services they can employ to support children's attendance where there are emerging concerns. Schools should consider the full range of mechanisms they have available to support the child academically as well as socially and emotionally.

Examples would be Trafford Inclusion Charter, Trafford SEMH Graduated Approach, parenting contracts, Educational Psychology, Family Help, the ESBNA toolkit, EHC team, SEND consultants, Pupil Absence Team, alternative provision etc

To plan the correct support, we will always invite parents and pupils to attend a meeting to discuss the concerns and devise a plan to support the child's regular

attendance. Support offered to families will be child-centred and planned in discussion and agreement with both parents and pupils.

Levels of Intervention and Support

LEVEL ONE	FAILURE TO SEND CHILD TO SCHOOL AFTER SCHOOL REFUSES LEAVE OF ABSENCE.
Criterion	Failure to send child to school after request for leave of absence refused
Vulnerability	Any
Service Provider	School/LA
Intervention	Head Teacher to consider issue of a penalty notice and send request to Pupil Absence Team via the school portal
	Prosecution in the absence of the penalty being discharged within 28 days

LEVEL TWO	LOW LEVEL LATE / IRREGULAR / NON-ATTENDANCE
Criterion	Attendance between 90%-100% over four weeks
Need/Vulnerability	Child/ family may be vulnerable
Service Provider	School
Intervention	School to contact parent to determine reason for pupil's absence on first day of absence and expected date of return.
	Attendance and monitoring process to identify when absence or punctuality becomes a concern
	Support from the school's attendance officer through telephone calls, letters, emails and home visits
	Parents to be offered access to sources of support via attendance plans or an individual health care plan.
	Praise and reward scheme for children entering level two from any higher level

LEVEL THREE	MEDIUM LEVEL LATE / IRREGULAR / NON-ATTENDANCE
Criterion	Attendance between 80% - 90% over four weeks
Vulnerability	Child/Family may be vulnerable or have a low level need requiring single or multi agency support
Service Provider	School/ LA
Intervention Welfare Support	Identifying pattern of absence
	Attendance concern letter
	School meeting with parents – Individual Attendance Plan
	EBSNA toolkit
	Family help assessment / involvement of Trafford Team Together
	In school pastoral and mentoring support and counselling
	Home visits
	Individual health care plan
	Referral to external support services / alternative provision
	Referral for specialist assessment (e.g. SEND/CAMHS)
Intervention Enforcement	Non-attendance warning letters
	Parenting contract
	Home visits

LEVEL FOUR	HIGH LEVEL LATE / IRREGULAR / NON-ATTENDANCE
Criterion	Attendance below 80% over four weeks
Vulnerability	Child/Family may have a complex level of need requiring higher level intervention, including referral to specialist assessments & services.
Service Provider	School/LA /Legal Services
Intervention Welfare Support	As at Level 3
Intervention Enforcement	When all attempts to engage with the family at levels three and four have failed referral to legal services with a view to penalty notice/prosecution/ Education Supervision Order

LEVEL FIVE	SAFEGUARDING NEEDS
Criterion	Any level of attendance
Need/Vulnerability	Child/Young person has acute needs that require statutory intervention to promote and protect the welfare of children/young people.
Service Provider	All Agencies
Intervention	Immediate referral by school, attendance officer or other concerned agency to Children's Services.
	Children's services to conduct an immediate assessment of need or a multi-agency assessment under Children's Act 1989, s17 as appropriate.

6.6 Severe Absence, Persistent Absence and the use of Legal Interventions

"Severe absence" (SA)is defined as missing 50% or more of schooling across the year for any reason.. more than half of all school sessions missed.

"Persistent absence " (PA) is defined as missing 10% or more of schooling across the year for any reason. Over a full academic year this would be 38 sessions (19 days).

Absence at these levels can be extremely damaging to a child's educational prospects.

The attendance of all pupils at our school are monitored to identify children who are SA, PA, or are at risk of becoming PA. Where emerging concerns are identified we will instigate appropriate and timely interventions as outlined in the section above. Referrals may also be made to external agencies for targeted support.

If parents fail to engage with support and their child continues to have unauthorised attendance/ punctuality, a warning letter may be sent to each parent informing them that a request may be made to the Local Authority to pursue legal proceedings either through a penalty notice for parentally condoned absence, consideration of an Education Supervision Order or prosecution in the Magistrates' Court. A Penalty Notice or prosecution can be requested by the school for irregular attendance after 10

missed sessions (5 days) of unauthorised absence where the parent/s are not engaging with school's attempts to address the absence.

Parents found guilty in a Magistrates' Court of failing to secure their child's regular attendance at school under the provisions of the Education Act 1996, will receive a criminal record and a maximum penalty of a £1000 fine under a Section 444 (1) offence or a £2500 fine or up to a 3-month prison sentence, or a parenting order/ community order under a Section 444 (1a) offence.

6.7 Reduced timetables

All schools have a statutory duty to provide full-time education for all pupils and we are committed to every child's right to a suitable, full-time education offer. In very exceptional circumstances, we may decide to implement a temporary, reduced timetable to meet a pupil's individual needs and only where it is safe to do so.

A reduced timetable will not be treated as a long-term solution and will have a time limit by which point the pupil is expected to attend full-time or be provided with alternative provision. We will never put a reduced timetable in place without written agreement from parent/carer and/or other professionals working with the family as appropriate. This intervention will only be used as part of a comprehensive package of support for the pupil; it will be reviewed regularly in partnership with the child, parent and any other relevant professionals working with the family.

Pupils absent from school and receiving remote education still need to be marked as absent in the register.

6.8 Alternative provision

Where arrangements have been made for a pupil to attend alternative provision, school attendance staff will be notified and updated about any changes in the arrangements, so they can ensure the registers are marked accordingly.

Attendance staff and other relevant colleagues will communicate closely with the AP setting.

We will follow up with pupils and parents/carers on any attendance concerns, in conjunction with the AP.

If a pupil is only being offered part-time AP, school will ensure the pupil is offered additional educational provision, which together with the AP equates to a full timetable, unless there are exceptional reasons why not. Pupils will only be offered part-time educational provision for the shortest time possible and this will be regularly reviewed with the pupil and parents/carers with the aim of the pupil accessing fulltime education as quickly as possible.

Dual Registration and use of the D code

If a pupil from the school is attending another state-funded DfE registered school, Pupil Referral Unit or Alternative Provision Academy, for part or all of their education, the pupil will be dual registered at this school (Dual - Main) and the other setting (Dual - Subsidiary).

If a pupil is attending an AP which is not a state-funded DfE registered school, Pupil Referral Unit, the pupil cannot be dual-registered.

When a pupil from the school is dual registered with another setting, we will ensure the pupil and parents are clear about the pupil's timetable; i.e. when the pupil is expected to attend the school or the other setting, and what the arrangements are for register marking, including the use of the D code. The school will also be clear which setting will be following up any absences. Where pupils are dual-registered, the AP should provide the school with attendance updates weekly, unless otherwise agreed with the alternative setting. However, if attendance and/or safeguarding concerns are identified at any point, the AP is expected to raise these with the school immediately, and a course of action will be agreed in writing between the school and the AP.

A dual registered pupil must not be removed from either setting's roll without the agreement of the other setting.

Off-site educational activity (B code)

If a pupil is attending an AP setting which is not another school or Pupil Referral Unit for part or all of their education, the school will mark the sessions which the pupil attends the alternative setting as code B (off-site educational activity). The school will mark any sessions attended at the school with the relevant present code, and any absences with the relevant absent code. Such APs should provide attendance updates daily, unless otherwise agreed, so the school can mark the register accordingly.

Unless otherwise agreed with the AP, the AP is expected to notify the school by 10.00am on the morning of any individual pupil absences, to ensure the school is made aware of any attendance concerns as soon as possible and takes follow up action as necessary.

If attendance and/or safeguarding concerns are identified at any point, the AP is expected to raise these with the school immediately.

7. Deletions from the Register

At **[insert school name]** we will add and will only delete pupils from our school roll in line with the Pupil Registration Regulations. In most circumstances, we will know in advance about pupils leaving our school; this will be planned and discussed with the parent in advance of the pupil leaving. At **[insert school name]** we will always work with families to gain information about the pupil's next school and/or address before

the pupil leaves to reduce the risk of pupils becoming a child missing education through lack of shared information.

We follow Trafford Council's Child Missing Education procedures and will ensure the Children Missing Education Team are informed of all removals from our school roll no later than the date the child is removed in line with statutory responsibilities. Where the location of a pupil is unknown we will liaise with Trafford Pupil Absence Team so that joint reasonable enquiries can be made to ascertain the child's whereabouts and the pupil will remain on roll until those enquiries are exhausted.

If a child is removed from roll to home educate, we can only de-register the child if we receive, in writing, the parent's intention to educate their child other than at school. The pupil will be de-registered on receipt of such a letter and Trafford Council will be informed of the removal from roll as outlined above. We will also inform Trafford Council's EHE team.

NB: Please amend as applicable - the exception to the above is if the child is on the roll of a special school. In this case, permission for parents to home educate must be given by the local authority.

[insert school name here] will follow Trafford Council's Children Missing Education procedures when a pupil's whereabouts is unknown, and the school will carry out joint enquiries with Trafford Council to establish the whereabouts of the child.

8. Related Policies

To underpin the values and ethos of our school and our intent to ensure that pupils at our school attend school regularly and reach their full potential the following policies are integral to this approach:

- safeguarding including child protection
- medical needs
- admissions
- anti-bullying
- exclusion
- SEND
- teaching and learning
- behaviour and rewards

Please enter other relevant school policies making sure that these have been approved by the Governing Body.

9. Statutory Framework

This policy has been devised in accordance with the following legislation and guidance:

- [Working together to improve school attendance, DfE, (September 2022)](#)
- [School attendance parental responsibility measures, DfE (January 2015)](#)
- [Children missing education, DfE (September 2016)](#)
- [Working together to safeguard children, DfE (July 2018)](#)
- [keeping children safe in education 2023 –](#)
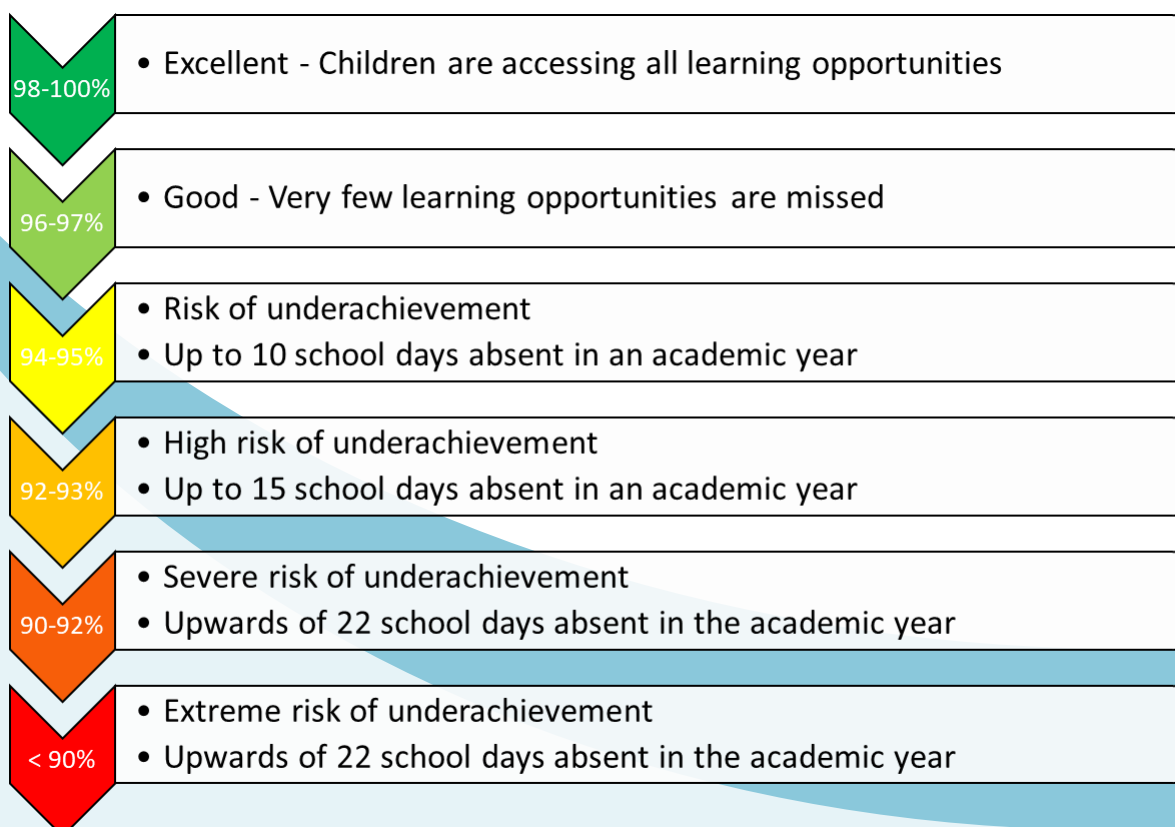- [pupil registration regulations](#)

APPENDIX

Attendance Policy Quick Guide for Parents

We expect pupils to attend school for 100% of the academic year.

You can support your child to have excellent attendance by taking these steps:

- Ensure your child arrives on time for school every day and is ready to learn. Arriving after registration is recorded as an unauthorised absence. Pupils must be in school by **XX:XX am**.
- Avoid taking holidays during term time.
- If your child appears to be only slightly ill, send them in to school. We have staff who will contact you if their condition deteriorates.
- Book any medical appointments outside of school hours. If this is unavoidable, please book for as late in the afternoon as possible and inform the school of appointments in advance.
- Supply a copy of the appointment card or hospital letter if your child has an appointment during school hours.

If your child becomes reluctant to go to school or you need help, please contact the school immediately; we are more likely to be able to work together to solve any problems if we act early.

98-100%	• Excellent - Children are accessing all learning opportunities
96-97%	• Good - Very few learning opportunities are missed
94-95%	• Risk of underachievement • Up to 10 school days absent in an academic year
92-93%	• High risk of underachievement • Up to 15 school days absent in an academic year
90-92%	• Severe risk of underachievement • Upwards of 22 school days absent in the academic year
< 90%	• Extreme risk of underachievement • Upwards of 22 school days absent in the academic year

'On the day' absences: what should I do if my child is not 'fit' to go into school?

On each day your child is unfit to come to school, please report this absence using the (**insert details relevant to your school arrangements)** to let us know. In the message you must leave your child's full name, year and tutor group and give the specific reason for absence. The information you give will be recorded on our official register.

Leave of Absence

There may be exceptional circumstances where you need to request a leave of absence for your child. Please use our 'Leave of absence request' form to make these types of requests. The form should be submitted in advance of the leave of absence, via **[insert school email address]**. You will receive a letter in response, to advise if the request has been granted or declined. Please note that a holiday in term time will only very rarely be considered as an exceptional circumstance.

Punctuality

Pupils are expected to arrive on time for school in the morning and for every lesson during the day. Your child is late to school if they do not arrive by **XX:XXam**.

The Government remains very clear that no child should miss school apart from in exceptional circumstances and schools must continue to take steps to reduce absence to support children's attainment. I hope we can count on your support in this matter.

Please contact **[insert school contact]** if you require any support with ensuring your child's regular school attendance.

TRAFFORD COUNCIL – CHILDREN'S SERVICES

Report to:	Children and Young People's Scrutiny Committee
Date:	21.11.23
Report for:	Information
Report of:	Tracey Staines, Head of Vulnerable Adolescent Service
Report Title	Complex Safeguarding – SHINE Annual Report 2022 -2023

The purpose of this report is to provide an overview of the SHINE, complex safeguarding service Annual Report which is being presented to Children and Young People's Scrutiny.

SHINE is Trafford's specialist Exploitation team which works collaboratively with partner agencies to support young people at risk of or experiencing exploitation. This is the first year the service has produced an Annual Report and reflects the strengthened governance arrangements that are in place.

The report details the changes that have been made to the service as well as performance information and the areas that will continue to be strengthened over the next two years.

The SHINE service operates to an agreed model and aligned with Trafford's EPIC values and those of Greater Manchester Complex Safeguarding approach.

In addition, the work with our partners has led to the adoption of a 4 P approach – to prevent, protect, pursue, and prosecute.

This very much engenders the need to:

- **Prevent** exploitation through early intervention and strength-based approaches identification acknowledging that young people are victims first – even when they are engaged in criminal activity. Focus on working collaborative to disrupt criminal activity.

- Have effective multi-agency plans that **Protect** our young people from extra familial harm.

- Tackle exploitation by **Pursuing** the adults who are causing harm and exploiting our children and young people.

- To support in the **Prosecution** of perpetrators of exploitation.

Inherent in all our exploitation work is the need to work in collaboration and our co-located service with Greater Manchester Police is strong in this regard.

Key highlights for this year have included:

- Continued investment and stabilisation of the specialist team – notable the development of the Vulnerable Adolescent Service – that sees our Youth Engagement Service (YES), Youth Justice Service, SHINE service and Missing from Care and Home team under a single Head of Service

- The strengthening of our governance and audit processes to ensure there is a clear line of sight to practice – at all levels.

- To invest in training and development opportunities across the collective work force

- The strength of the multi-agency allocation panel to ensure that children and young people at risk of exploitation receive the help and support they need.

- The introduction of the Greater Manchester wide strength base assessment tool – the WISE tool

- The introduction of a pictorial strength and risk-based map that includes known association that we can work with Police colleagues to disrupt activity.

- The increased identification of Child Criminal Exploitation (CCE) and the broadening of the service remit to tackle this.

It is important to note that risk is inherent within the work of exploitation and inevitably there will be areas of concern and the need to continually strengthen our practice in line with the emerging research and evidence base.

Recommendations

- For Scrutiny to note the contents of the Annual Report and offer challenge to the service.

- To note the progress to date in respect of strengthening practice in respect of exploitation.

- To note the areas of focus within the Service development plan.

- To agree to receive subsequent Annual Reports and updates as appropriate.

Contact person for access to background papers and further information:

Tracey Staines

tracey.staines@trafford.gov.uk

This page is intentionally left blank

Trafford Children's Services Complex Safeguarding Annual Report

2022 – 2023

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

Contents   **Page**

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

Foreword

Welcome to Trafford's Children's Services Complex Safeguarding Annual Report 2023- 2024.

Our vision is for Trafford to be the best place for children and young people to grow up happy, healthy, with confidence, ambition and surrounded by love, care, and kindness. We want our children and young people to have the very best start in life and to thrive throughout their childhood and teenage years, and for families and carers to be supported to enable this.

We recognise that complex safeguarding is an approach to understanding and responding to our young people's experiences of significant 'extra familial harm'. We know that the relationships young people have with peers, adults, people in their neighbourhoods, professionals, or 'online', in all their environments can feature exploitation in varying forms. Sometimes parents and carers have little influence over these contexts, and this can undermine family relationships.

Complex safeguarding often expands beyond the objectives of traditional social care and child protection systems and can be a scary time for young people, their parents and families, and professionals who are supporting them. The social workers in our complex Safeguarding team 'SHINE' and wider partners are committed to engaging with young people, and anyone who has influence over them to promote safety and stability wherever possible. We recognise that assessment and intervention within these other spaces are a critical part of safeguarding practices that can be delivered using innovative and creative approaches. Greater Manchester's definition of complex safeguarding is,

"Complex Safeguarding is criminal activity (often organised), or behaviour associated with criminality, involving children and young adults (often vulnerable) where there is exploitation and/or a clear or implied safeguarding concern." (Complex Safeguarding Delivery Plan 2019).

Our principles are founded in relational practice and based on our 'EPIC' values of 'Empowerment, Person centred approaches, Inclusivity and Collaboration' and align with the GM definition and approach. Trafford is committed to working holistically and collaboratively with parents, carers, families, partners, and communities to achieve this vision, and to prevent abuse and exploitation, to protect children and young people, and to pursue perpetrators and bring them to justice.

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

1 Trafford Complex Safeguarding in Context

1.1 Our SHINE multi-agency complex safeguarding team was established in 2019 and works with children and young people who are known to be exploited, suspected to be exploited, or vulnerable to being exploited. The missing from home/care team are inextricably connected with SHINE, however the focus of this report is on SHINE.

1.2 Our SHINE team has is resourced with a Head of Service, Practice Manager, SHINE Advanced Practitioner, missing from home/care Advanced Practitioner, 4 social workers, young persons' missing coordinator, and 2.5 missing workers. The SHINE team is co-located with Greater Manchester Police, and our Trafford division have a dedicated complex safeguarding police team and information intelligence analyst. Our SHINE team has expanded, and the work that we do is further enhanced by our complex safeguarding specialist nurse, and trusted relationship psychologist.

1.3 SHINE sits within the Vulnerable Adolescent Service and is aligned with our young person's missing team, Youth Justice, and the Youth Engagement Service, including the Childrens Rights Service. This allows us to access advice from colleagues and partners across the adolescent service, including a speech and language therapist, children and adolescent mental health link worker, mental health counsellor, careers advisors, and all the '*talk shop*' resources.
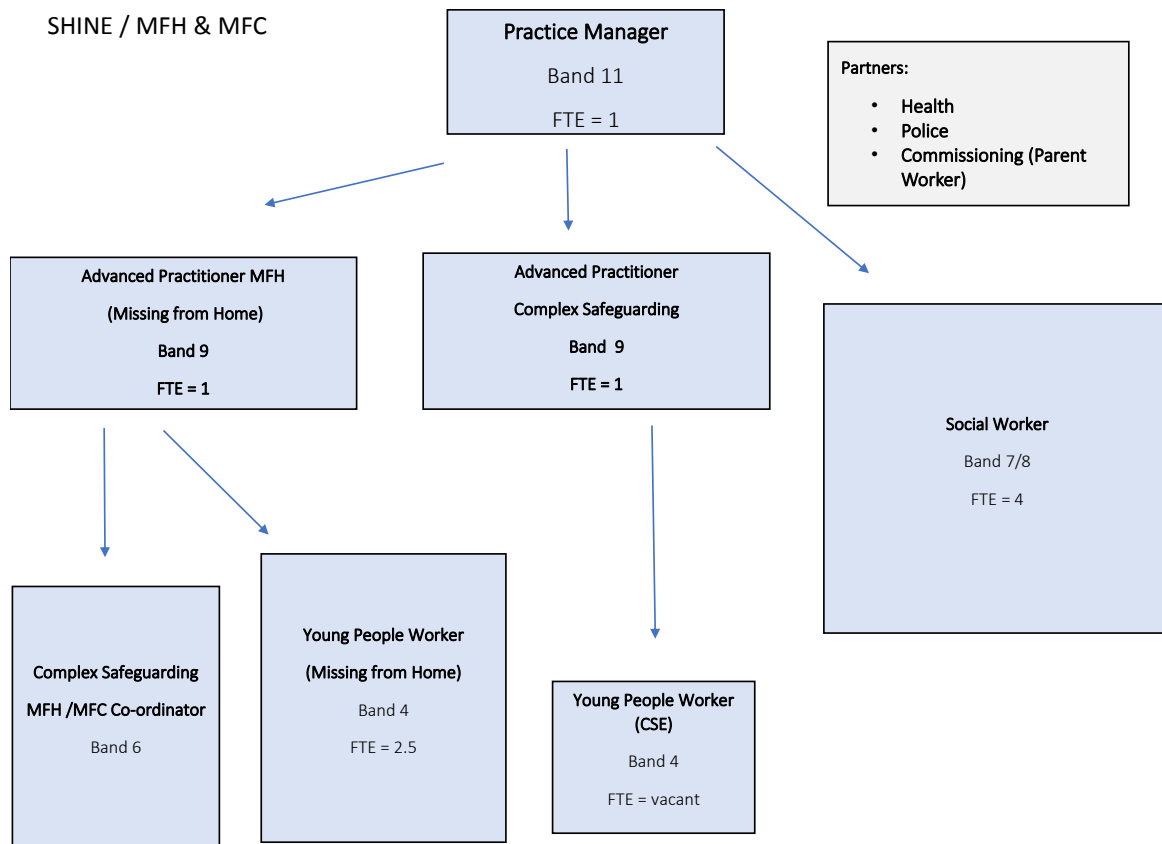
1.4 The accountability and governance framework for our SHINE team sits within the wider corporate structure: Ambitions for Children and Young People Plan [Ambition 7], Trafford Strategic Safeguarding Partnership, Greater Manchester Complex Safeguarding Executive, and Ofsted.
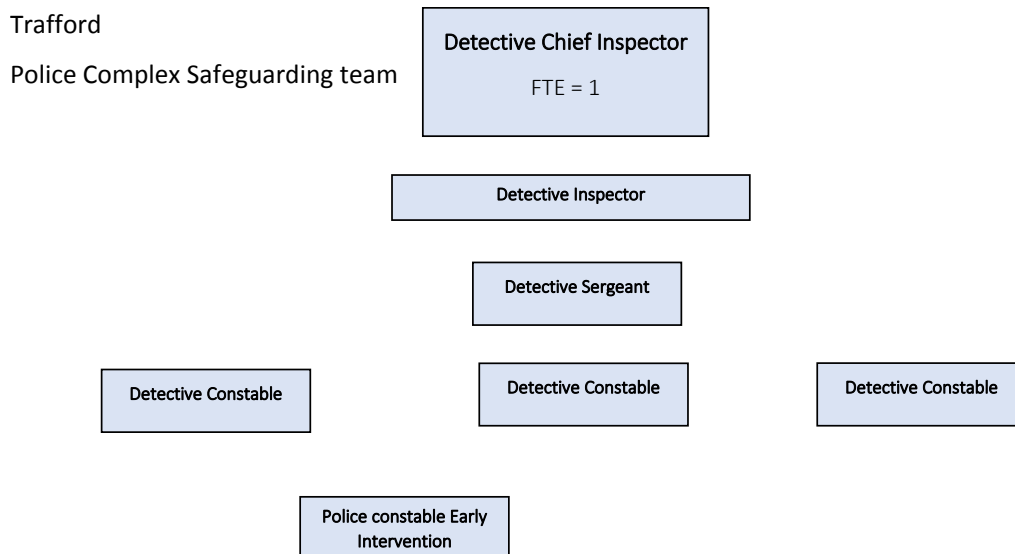
2 Staffing

2.1 2022- 2023 saw some staff changes due to maternity leave and career progression. However, our retention rates have been high, and the number of interim staff low. In addition, the fact that the service has been co-located and included within a dedicated Vulnerable Adolescence Service means that we have been able to maintain consistent service delivery.

Our Practice Manager is interim, and we have had 1 interim social worker covering maternity leave. Our plan is to recruit to the Practice Manager post in November 2023, with a view to fill this post by April 2024. Staff movement has not impacted on our ability to support our young people.

Trafford's Children's Services Complex Safeguarding Annual Report 2022 - 2023

SHINE, and Missing team structure

SHINE / MFH & MFC

Practice Manager
Band 11
FTE = 1

Partners:
- Health
- Police
- Commissioning (Parent Worker)

Advanced Practitioner MFH
(Missing from Home)
Band 9
FTE = 1

Advanced Practitioner
Complex Safeguarding
Band 9
FTE = 1

Social Worker
Band 7/8
FTE = 4

Complex Safeguarding
MFH /MFC Co-ordinator
Band 6

Young People Worker
(Missing from Home)
Band 4
FTE = 2.5

Young People Worker
(CSE)
Band 4
FTE = vacant

Greater Manchester Police, Trafford division complex safeguarding team structure.

Trafford
Police Complex Safeguarding team

Detective Chief Inspector
FTE = 1

Detective Inspector

Detective Sergeant

Detective Constable

Detective Constable

Detective Constable

Police constable Early
Intervention

5

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

Workforce Development

Through 2022 -23 we have clear focus on continuous professional training and development; recognising that Complex Safeguarding is challenging and nationally the research and evidence base continues to evolve. Our SHINE team took every opportunity during 2022 – 2023 to refresh and update their knowledge and skill set, so that we remained relevant to the evolving landscape of complex safeguarding. This has included:

- Maximising training opportunities and resources held centrally and provided by the Greater Manchester Combined Authority Complex Safeguarding hub [GMCA], for example Assessment Training [March 2023]. GMCA, in union with a range of partners developed the 'Working *to Increase Safety in Exploitation'* [WISE] assessment model. We delivered the WISE training to our SHINE team and implemented this in place of the Risk Management Tool, as a specific contextual safeguarding assessment model. This supports us to work with young people from their perspective, and to reflect on the harm outside of the home and because of that we are more able to tailor our response to the young person, and their family.

- Creating a learning environment through our weekly SHINE team meetings, and bi-monthly full-adolescent service meetings which enabled practitioners to collaborate, reflect, and share good practice and resources. (See below)

Accessing and facilitating dedicating training and development sessions for example,

Vulnerable Adolescent day [31.10.22] Guests speakers '*Dignifi'* facilitated this day supporting '*Sosa'*, a young adult who has lived experience of being exploited, cared for, and involved in youth justice to share his experience of services, and *'actual'* case recordings from his files. Our service was supported to discuss and reflect on the impact that 'victim and child blaming language' can have on a young person at the time, and into adulthood. We subsequently encouraged workers to record *'case'* notes using the voice of the child, and highlighting that in a different coloured font, which brings their view to life.

Adolescent safeguarding [14.11.2022]. An all-day event which was facilitated by Research in Practice. This event engaged with up to 100 participants from social care and partner agencies. The purpose of this event was to encourage professionals to reflect on the balance between risks, rights, and relationships, and how we could support young people to feel safe and increase resilience in families. Our facilitator supported 'workshop' style sessions that encouraged an understanding of adolescent *'development, risk, attachment and 'choices', trauma, resilience, and relationship-based practice'*, and how we could get *'ahead of the curve'* in terms of transitional safeguarding. The

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

approach offered through Research in Practice supported our understanding of how we work with adolescents, and a shift from 'managing risk', to thinking about the safety and stability of our young people. We have found that young people respond better when fewer controls are in place.

Our approach of learning from practitioners across the system through our service and team meetings has included:

- **Service meeting [September 2022].** Carl Jacobs, our Youth Justice Victim Support and Reparation worker is a registered trainer with the Assessment Qualifications Alliance [AQA] unit award scheme and he delivered a presentation to SHINE. This is a unique way to record '*learner achievements'* through certification, often improving a young person's confidence, and motivation to learn and achieve. We have a high number of young people who have special educational needs, or are supported through an educational health care plan, and the AQA supports a learning culture and a sense of achievement outside of formal education. This is established in other areas of the adolescent service, and we need to continue to promote this for our SHINE young people.

- **Service meeting [January 2023],** SHINE social worker Sussana Clapcott developed a 'visual intelligence map' model, which reflects the immediate and outward facing issues that our young people face. Sussana presented this at the full-service meeting, and it was well received. This visual representation helps us to see the young person first and foremost, followed by the risks and strengths. This was accepted as good practice for those young people who we are most worried about, and we implemented this model at our monthly assurance meeting, chaired by our Corporate Director of Children's Services, and Director of Early Help and Social Care.

- **Service meeting [March 2023]** Detective Sergeant Katy Southern leads the Trafford Police Complex Safeguarding unit, and presented information about the emerging trends of Urban Street Gangs [USG's], linked to Trafford young people and families, with some connectivity to Manchester. This has enabled us to have a better understanding of the evolving risks around criminal exploitation, and the links to violent and drug related behaviour, adult/peer associations, local '*hotspots'* and cross border activity.

- Police representatives from Trafford's Force Intelligence Bureau shared a presentation about how to formally submit intelligence. This has enabled SHINE workers to share intelligence which supports the police to disrupt exploitative behaviour, and purse perpetrators.

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

3 SHINE Development Activity

3.1 SHINE has continued to mature during 2022-2023 and establish and embed professional relationships with colleagues and partners. We have focused on improving practice standards and working protocols with partners: we built on existing information sharing processes as well as introducing new arrangements. This has included:

- Strengthening and developing our practice standards

- Implementing the WISE assessment tool.

- Developing and enhancing the role of the multi-agency SHINE panel.

- Promoted interconnectivity between missing young people and exploitation.

- Enhancing our National Referral Mechanism process.

- Shared ideas with the 'data and systems' team to support an 'exploitation' workspace on the child's recording system.

- Adapted the audit tool to reflect and capture the practice within the missing team; and contributed and supported in the week of action [March 2023]. A summary of this activity is detailed below.

Practice standards / working protocols: we refreshed SHINE's operating protocol and practice standards in October 2022, and this is aligned with Children's Services threshold framework, Trafford Strategic Safeguarding Partnership exploitation plan, Ambitions for children and young people plan, and the main principles and priorities in the Greater Manchester Complex Safeguarding authority and executive. We have developed a specific complex safeguarding induction programme for social workers and partners who join the service and this in part may have contributed to our high retention rate.

WISE: The traditional social care assessment model, and the Risk Management Tool was used throughout 2022 until March 2023, when we implemented WISE. The risk management tool is no longer the main assessment and is now only used as a 'screening' tool to assist colleagues in social care to refer into SHINE. WISE was developed in partnership with 'Listen Up', the Greater Manchester Complex Safeguarding hub, Children's Society, Greater Manchester Police, Barnardo's, the National Counter Trafficking Service, and the 10 Greater Manchester local authority complex safeguarding teams. This is as a strength based and inclusive assessment for safeguarding and exploitation and supports our relational model of working with young people, and their families.

SHINE Panel: We have worked with partners to expand the remit of the multi-agency panel, and this is now a mature and established governance arrangement for young people open to SHINE.

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

Professionals in this panel feel able to challenge one another, and not only consider referrals to SHINE but hear 3 monthly reviews for all young people open to us, consider what transitional safeguarding arrangements are in place for young people who are 17 +, and reflect on what young people need to sustain their health, wellbeing, and safety beyond SHINE and in their recovery.

Daily Risk Management meeting: This multi-agency meeting is facilitated by the police, and we worked together in 2022- 2023 to shape this forum so that it evolved from an information 'giving exercise' to a discussion, into action and activity for all young people who have been stopped and searched, arrested, missing from home or care, and / or who became known to the police within the preceding 24 hours. This enabled us to respond quickly to emerging risk and safeguarding concerns. It does not replicate the arising for our young people.

National Referral Mechanism [NRM]: A focus during 2022- 2023 has been to raise an awareness that young people who offend, can be the victim of child criminal exploitation, and to support them to be recognised as such with partners, and at Court. We worked with Barnardo's to develop the NRM process and we introduced pre-NRM multi-agency meetings. This gave us the forum to harness all the concerns that we have about a young person and has strengthened our submissions to the Home Office so that we increase the number of young people who have reasonable and conclusive grounds and can prevent criminalisation.

Young person example of section 45 defence

Child A is a 15-year-old male born in Afghanistan. He is of Muslim religion but not actively practicing which is his choice and is respected. He sadly has no family in the UK so is an unaccompanied minor seeking asylum. He has shared how his uncle helped him to come to England for a better life. He initially arrived in the UK aged just 12 years old in what must have been a harrowing journey across countries and in dangerous circumstances. He maintains strong bonds with his family in Afghanistan whom he loves very much and they too, love him. He has four brothers and sisters and a mum and uncle who still live in Afghanistan, and he has frequent telephone contact supported by his carers. His father worked for the police in Afghanistan and was sadly killed by the Taliban when Child A was aged seven. Child A has made his voice clear, to remain here in the UK due to the trauma and history he endured in his homeland and to seek asylum. Child A's foster carer offered him a solid foundation of love, care and security and he felt settled and cared for.

As a result of his lived experience Child, A was vulnerable in seeking a sense of belonging and identity to his homeland and a group of Afghan adults who were actively involved in drug related behaviours and organised criminal groups, sought that vulnerability out, and groomed and exploited him into criminal activity. Child A was subsequently referred into SHINE so that partners could work together to safeguard him, and he was added to the Assurance meeting between the Directors of Childrens Services, Early Help and Social Care, the Head of Service for Vulnerable Adolescents, and the Practice managers for complex Safeguarding and Youth Justice.

Child A was arrested for possession of drugs with intent to supply and found with tablets and a significant amount of money, and foster carer reported a change in his presentation appearing agitated and withdrawn. Child A shared with his tutor information that has significantly worried professionals with regards to Afghan men he was spending time with . Social care was concerned that Child A felt obligated to 'earn money' to send home to his family.

Complex safeguarding worked alongside Greater Manchester police in 2 operations with regards to the Adults in the organised criminal gang exploiting Child A, and on the understanding that he was a victim of modern slavery. Child A was arrested alongside the adults and gave a no comment interview. The adults were charged with modern slavery crime, and Child A was supported with a section 45 defence.

Whilst understanding and supporting GMP colleagues in the need to co-ordinate the operation to include Child A as he needed to be arrested at the same time as the adults so that they were not suspicious of his involvement, Directors were supportive of an approach which continued to see him as a vulnerable child.

As a result, the decision was made to support him to live elsewhere and out of the local area. This was to keep him safe and to enable him to see a future for himself away from exploitation.

Outcomes for Child A- Child A was moved to a different area, and is reporting to feel settled, safe, and happy with no further concerns around exploitation. Child A had a successful NRM submission, and section 45 defence. No charges were brought against him, and he was not criminalised.

Week of Action [March 2023] Our service has worked alongside Trafford Strategic Safeguarding Partnership in the Week of Action. We delivered an exploitation awareness raising event at Broad oak and connected with 50 or more young people and their parents through discussion and sharing leaflets offering information and advice. Street talk delivered 2 lunch time sessions at 2 high schools, reaching a total of 200 young people in discussions around exploitation; Greater Manchester police and Manchester Foundation Trust attended a youth group and raised awareness at 6 high school designated safeguarding leads, and 2 residential children's homes. Greater Manchester Police executed a warrant in partnership with Manchester and made arrests with regards to the grooming of a Trafford child, and 580+ students responded to a survey asking about their understanding and experiences of exploitation. It is difficult to measure the direct impact that this has had on our young people but it was far reaching in Trafford and well received and has undoubtedly raised the profile of exploitation in the community, and education provisions.

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

4 Quality assurance

4.1 Our quality assurance activity has continued to be strengthened and developed during the year. This is reflected in the range and breadth of quality assurance activity that has taken place . We have had surety of practice by internal and external quality assurance processes, using qualitative and quantitative data through '*case*' file audits, monthly quality and performance reports and meetings, Trafford Strategic Safeguarding Partnership scrutiny, a full Peer Review, monthly assurance meetings with the Corporate Director of Children's Services, and Director of Early Help and Social Care, Greater Manchester Combined Authority complex safeguarding quarterly insight and impacts framework report, and of course Ofsted.

Our most recent Ofsted inspection reported the following in their January 2023 report.

'*The response to child exploitation is more robust. A relational model of social work practice, which is well regarded by the wider workforce, has been successfully implemented.*

The child exploitation team 'SHINE' is a strength, due to the establishment of effective working relationships with key agencies who advocate for children who are hard to engage. This multidisciplinary team proactively supports children through a relational approach, which leads to the reduction of risk for some. Children continue to be monitored through multi-agency meetings after they are closed to the service. This means that the service can respond quickly if risks re-emerge. When children are missing from home, the missing-from home team has direct access to several key agencies to support children. These close working relationships ensure that children receive targeted support quickly'.

Case file Audit Activity

The service has continued to undertake full case file audits in line with the Children's Social Care Quality Assurance Framework. The number of audits completed has been lower than the agreed level. Increasing the level of compliance needs to be improved and this is an area of focus for 2023-2024.

The rate of compliance and completion of audits was adversely impacted by 0 audits being completed in quarter 1 of 2022 but the overall rate of compliance which was 60%. The new Head of Service for vulnerable adolescents started in post in July 2022, at the end of quarter 1 and this has led to improvements, 78% of the submitted audits were moderated. The service wide audit activity is reported across the vulnerable adolescent service.

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023
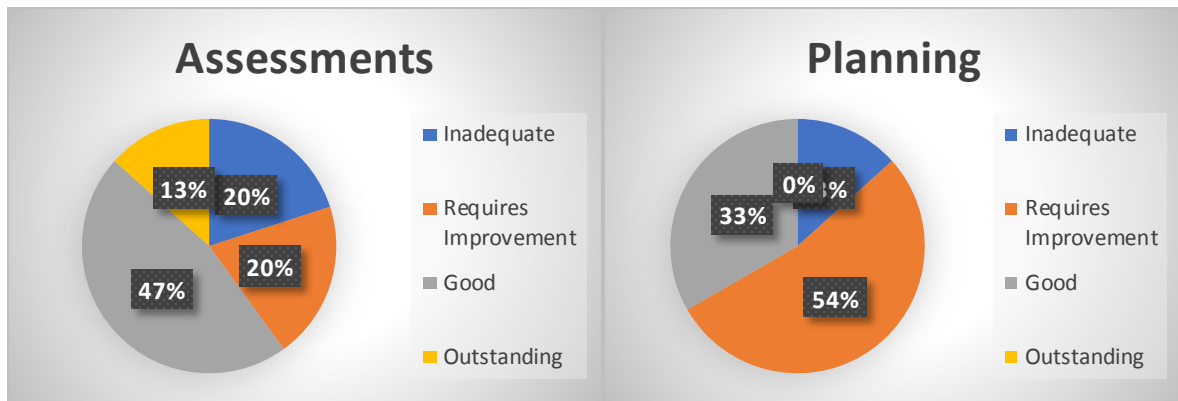
- 60% of young people had a good or outstanding assessment; 20% were considered as required improvement, and 20% inadequate. Subsequently we implemented the WISE assessment tool and would expect to see an increase in the number of good and outstanding assessments in 2023- 2024.

- 54% of plans required improvement, 33% were good and 13% were inadequate because they were 'starkly written'. Subsequently our expectation is for young people to write their own plan, and / or for us to record their language. This was also something that was highlighted within the Peer Review and is an area of focus over the coming year.

Progress in this area has been noted with the writing of updates directly to young people which are used in the assurance meetings. In addition, members of the team attended the Greater Manchester wide training that included a session with "Lads like Us" which had a specific focus on lived experience.
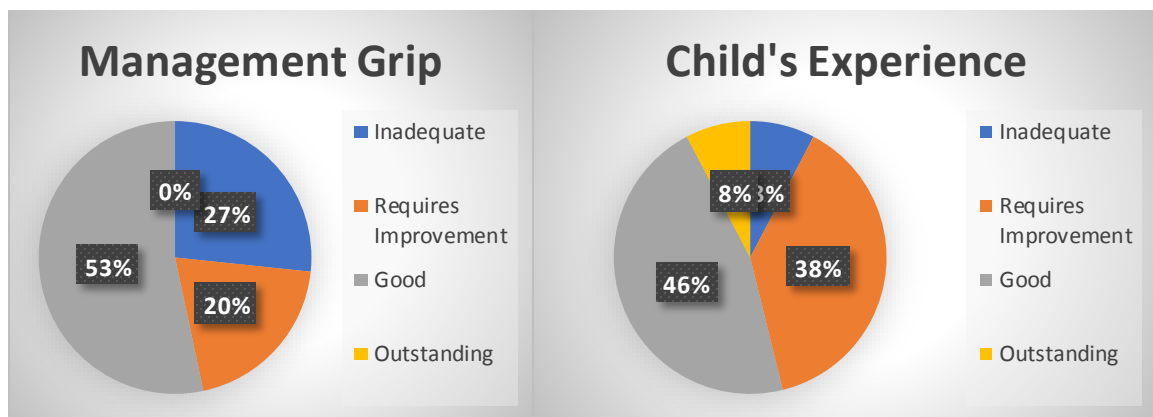
- During 2022- 2023, 53% of audits identified that managers across the vulnerable adolescent service had a good grip, whilst 20% required improvement and 27% inadequate. This data relates more to another service area, and the management grip in terms of SHINE was seen as good, with well recorded personal and young person supervision. The management

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

and multi-agency decision making at the SHINE panel, through the Director/Manager monthly assurance meeting offers additionality in terms of management grip.

- In terms of the 'recording' of the child's experience, 8% of files were audited as outstanding and 46% good, although 38% required improvement and 8% inadequate. In terms of SHINE, most of the records do reflect the young person's voice and have been written from the young person's perspective and we have promoted the use of a 'coloured' type/font so that their voice becomes 'visible' in their own record.

5 Multi-Agency audit

5.1 TSSP completed a multi-agency audit in 2022 looking at 8 young people's record . The audit team consisted of partners across social care, youth engagement service, Greater Manchester Police, Health and Public Health, the Clinical Commissioning group, and Early Break [substance misuse service].

5.2 Partners agreed that the audit would consider the referral, assessment, application of thresholds and planning, outcomes for the child, the key workers understanding of the lived experience of the young person, and workforce and management.

5.3 The outcome of the audit highlighted several strengths: workers focused on the early identification of exploitation through discussion with the young person which led to earlier interventions; there was a clear understanding of how important trusted relationships are to young people; the right threshold had been applied and records were informative and detailed; SHINE workers were found to have a good relationship with partners, that led to action and activity from professionals; and the right forums were being used with good evidence of safety planning and the 'mapping' of intelligence.

5.4 Some recommendations were identified through the audit and in particular included raising the profile of the SHINE service across the service to ensure appropriate referrals were progressed. Action have been implemented to address this for example we have worked alongside Trafford Strategic Safeguarding Partnership to raise the profile of SHINE through the 6 weekly exploitation sub-board, and the week of action; and we have used our trusted relationship professional to support staff to work with young people in a trauma informed way and to encourage participation and engagement.

6 Peer Reviews

6.1 We have been involved in the GM peer review process and the service was involved in the Peer Review in late 2022 and welcomed feedback in March 2023. The auditors are representatives from

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

the GMCA complex safeguarding hub, a manager from a neighboring GM Local Authority complex safeguarding service, GM Police, and a representative from Health.

The summary of the Peer Review findings is detailed below: (Summary of findings 2023)

Strengths

- SHINE has matured and multi-agency processes are robust and embedded.
- Social workers, managers and corporate leaders are committed to supporting a relational and dedicated approach to respond to exploitation.
- SHINE has continued to develop and improve and are more able to identify and intervene earlier to protect young people.
- Social workers continued to have protected caseloads maintaining an integrity to the 'ACT' principles.
- Response to immediate concerns about exploitation is swift because through the multi-agency daily risk management meeting, and duty system that is in place.
- Referral pathways through to SHINE, reviews, and case closure process are overseen by partners through a weekly 'panel' and there is good collaborative working.
- Information sharing between partners is strong, and this led to police being able to target exploitation and deploy disruption strategies against perpetrators including the use of Civil Orders [Slave & Trafficking] and prosecution.
- Partners are invested in the safety and wellbeing of the young person.
- There are detailed care plans between the Police and SHINE, in terms of 'Trigger plans' which clearly demonstrate pro-active safeguarding, promote safety and stability, and address key risk issues.
- SHINE social workers showed a good level of persistence, flexibility, evidence of direct work using strengths based, trauma informed and relational practice approaches to build trusted relationships and support young people who are susceptible and experiencing exploitation.
- The voice of the young person is reflected in recordings.
- There is good safety planning, some joint supervision and reflective management oversight recorded on the young person's file and reported on.
- Good leadership who works to ensure embedded learning.

Reflections

- The risk management tool [RMT] is not analytical.
- The recording from SHINE social workers on the young person's file is overwhelming and does not always reflect other agencies or provide evidence of 'mapping' or disruption activity.
- There is some evidence of victim blaming language and limited reference to adolescent development.
- The police systems record numerous 'records' for the same young person.
- Specialist nurse post is under-resourced and Education Health Care plans are not always shared with them.

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

6.4 Response to findings from the Peer Review (2023)

As part of our commitment to continuous improvement a detailed action plan to respond to the Peer Review findings was put place and has been progressed. Actions that have been progressed include:

- The development of a risks and strengths pictorial map for the young people we are most worried about.
- Implementing the complex safeguarding WISE assessment model.
- The SHINE panel has evolved as a multi-agency governance forum for referrals, reviews, and closures.
- SHINE social workers use the Trusted Relationship professional to 'formulate approaches" so that our practice is trauma informed.
- We have asked that SHINE social workers 'consolidate' and summarize their recording on the child's file so that information is more accessible and visible.
- We are working with our 'Business Intelligence Unit and Systems Team to enhance the electronic recording system, to have a designated space to record information. This will support with the recording of activity from partners.
- The SHINE panel minutes, and assurance meeting documents reports on actions and activity from partners, and this is now recorded on the young person's file.
- GMP have put a process in place to prevent the duplication of records.
- The specialist nurse has access to Education Health Care plans through the child's recording system.
- Training was delivered by Research in Practice with regards to adolescent development and safeguarding.
- Further consolidation and training around adolescent development, victim blaming language and alternative approaches to adolescent safeguarding will be planned for quarter 4 of 2023.
- SHINE have developed training for partners in conjunction with the Safeguarding Board training offer.

7 Performance data

7.1 As part of the agreed GM processes the SHINE service reports on agreed Insight and Impacts data. This involves reporting on the difference that the services support and interventions has made in relation to an agreed set of measures. This information is not only reported through the GM Complex Safeguarding Executive but is shared through Trafford Strategic Safeguarding Partnership, and internally through our established performance routes.

The 5 key outcomes reported remain as listed below.

1) Level of threshold when referral is made, i.e. Early Help, Child in Need, Child Protection (as awareness increases the level of need should be captured earlier in the long term).
2) Re-referral rates into the Complex Safeguarding teams.

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

3) Proportion of young people on case closure who are re-engaged with education, employment, and training.
4) Proportion of young people who, on case closure are in stable accommodation.
5) Proportion of young people who, on case closure, have established at least one positive, trusted relationship.

The section below provides a summary of the outcomes as an average (2022-2023)

7.2 Referral information

The SHINE panel has heard 45 referrals between July 2022 and March 2023.
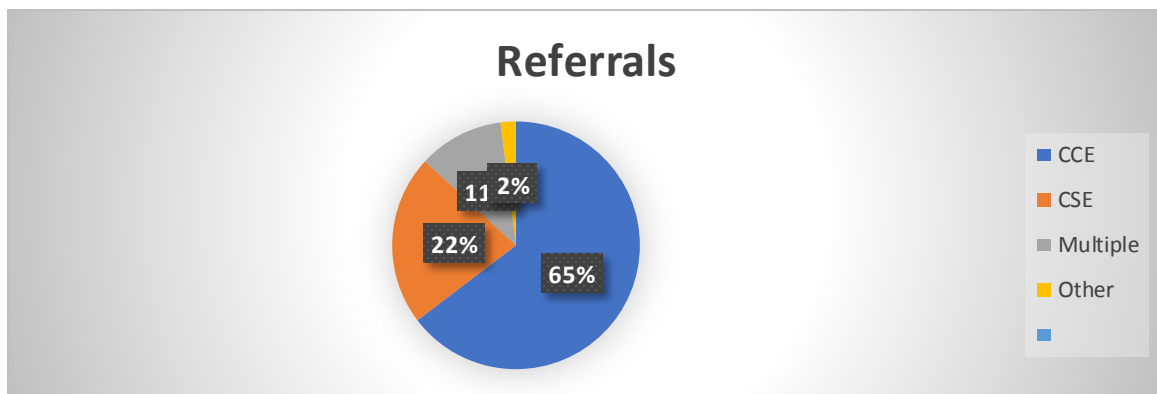
The data shows that more young people were referred to SHINE for child criminal exploitation rather than child sexual exploitation, and there is also a slight increase in combined criminal and sexual exploitation. Within Trafford we have seen a rise in incidents involving knife crime and drug related offences which may be a contributing factor to this increase. However, we are also aware that regionally and nationally there has been an increased focus on Criminal Exploitation and County Lines.
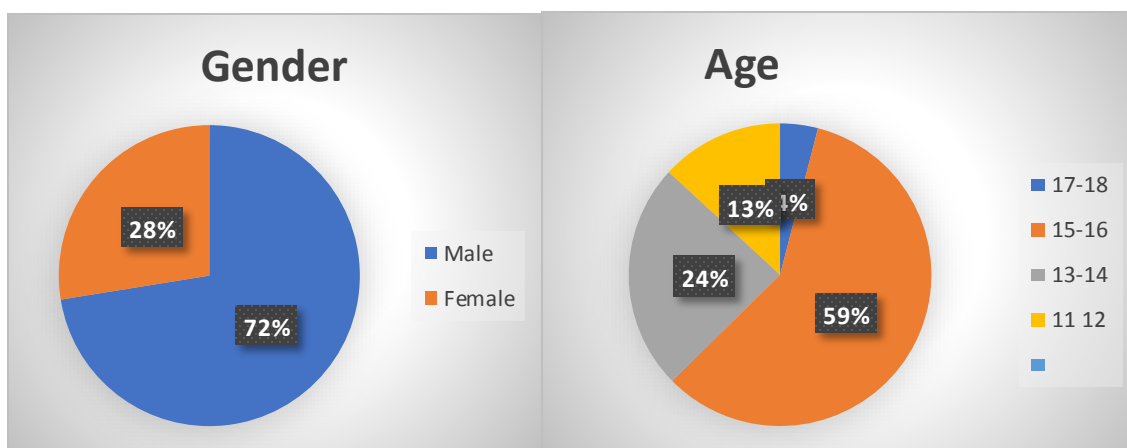
More males than females were referred into SHINE, which corresponds with the increase in the exploitation of young males into child criminal exploitation. 13- to 16-year-olds have dominated the referrals into SHINE, although notably there was a small number of young people who are 11 and 12

16

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

years old [6]. Positively we have had a focus on prevention, and earlier intervention, and there are higher numbers of young people who are 'suspected' of being exploited, and / or 'vulnerable' to exploitation than those who are 'known' to be exploited.

Ethnicity

Colour	Category	%
Blue	White	45%
Orange	Asian	
Grey	Black	9%
Yellow	Mixed heritage	24%
Light blue	Other	20%
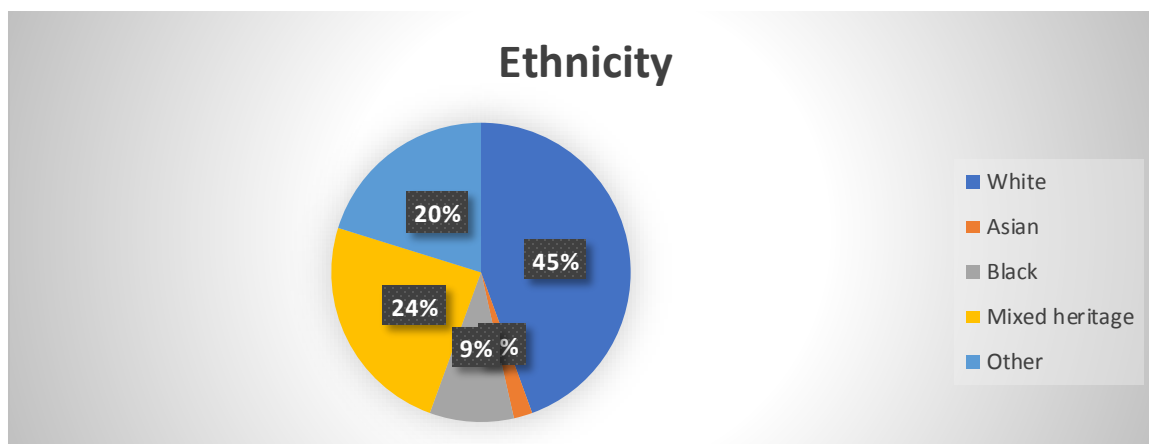
Numerous studies have shown that young people from Black and Minoritised groups are often 'adultified' and do not have the same opportunity to access complex safeguarding services. Our SHINE data reports that 36% of our young people in 2022-2023 were from minoritised groups and whilst ordianrily this higher representation could be viewed negatively, it is assuring to know that there are no barriers in our referral process. Noteably we had a higher representation from young people of mixed/dual hertiage, which is also consistent with ther GM complex safeugarding teams, and Youth Justice, as is the low number of those of Asian heritage. We will implement specific cultural awareness training in 2023-24 so that our practitioners are more equipped to support our young people from minoritized groups in a way that is culturally relevant, recognising diversity.

Social Care status

Colour	Category	%
Blue	Not open	31%
Orange	CIN	45%
Grey	CP	2%
Yellow	Cared for	22%

Accommodation

Colour	Category	%
Blue	Home	82%
Orange	Foster Care	8%
Grey	Residental care	10%

SEND

Colour	Category	%
Blue	SEND	33%
Orange	Non-Send	67%
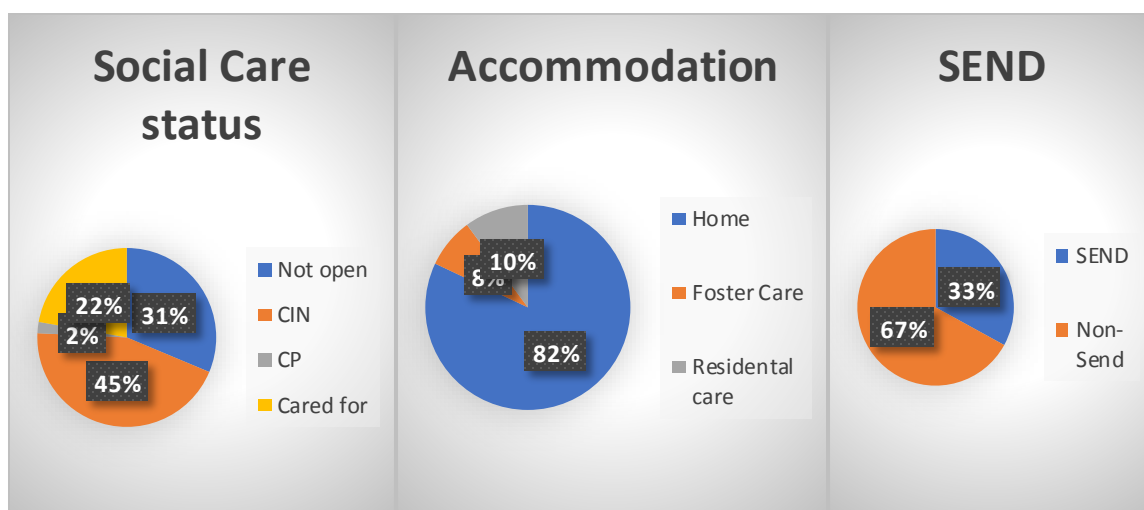
Referrals during 2022-2023 show that many of our young people were supported though child in need rather than child protection, and live at home with their families, whilst small numbers of young people were cared for and live in residential care [4] or foster care [3]. Data suggests that

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

colleagues in social care teams, and partners have shown a better understanding of extra familial harm during the initial assessment stage, and this leads to referrals to SHINE at an earlier stage, so we have an opportunity to prevent, or reduce the grip that predators and perpetrators have on our young people.
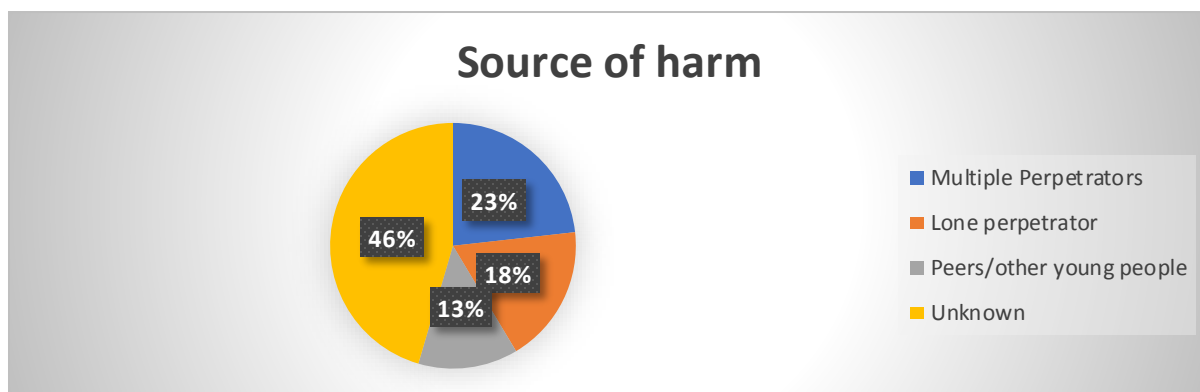
On average a third of young people open to SHINE were assessed as having additional needs, including special educational needs, or learning disabilities. Young people who have experienced trauma and have additional needs are potentially more susceptible to exploitation. Our SHINE workers maintain a relational and strengths-based approach and have used our trusted relationship professional to understand and incorporate different approaches to communicate and engage our young people. We work alongside colleagues and partners to contribute to the Education Health Care plans.

8 Caseload information

8.1 Professionals who make up the multi-agency SHINE panel consider all referrals into service and decide as to whether there is enough evidence, to agree allocation to the specialist service. Not all referrals were progressed to allocation in 2022- 2023, but the professionals involved with any young person who did not meet the SHINE criteria was subsequently offered advice, and / or signposted to other support services.

8.2 At the end of Q4 (March 2023) there were 35 young people being supported by SHINE, with an average number of 31 throughout the year. It is positive that we have maintained protected caseloads during this time which enabled us to work intensely with our most vulnerable young people. Risks have changed, and notably in 2022-2023 we recognise that more young people experienced 'on-line' abuse [14%] through '*grooming'* and '*sextortion'.* This activity is harder to detect and take action against as it needs the young person to disclose such activity and coercion.

8.3 The most significant source of harm to young people open to SHINE was '*unknown'*, or '*reported as unknown'* because young people felt unable to disclose information for a variety of reasons*.*

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

Source of harm

- Multiple Perpetrators — 23%
- Lone perpetrator — 18%
- Peers/other young people — 13%
- Unknown — 46%

We have worked determinedly and collaboratively with our partners to understand who the groups of perpetrators are, and notably there was an increase in 'multiple perpetrators'. A key part of this activity has involved working with GMP colleagues and the introduction of individual maps showing the connections between young people and known adult associates. This development has helped us better understand the level of risk and activity such Urban Street Gang associations. We know that young people often feel a strong 'pull' to peers and moving into 2023- 2024 SHINE have started to incorporate an approach of working with the young person, alongside peers to widen our reach.

Case Duration

- Less 6 months — 73%
- 6 - 12 months — 20%
- 12 - 24 months — 7%

Missing

- Missing episodes — 78%
- No Missing episodes — 22%
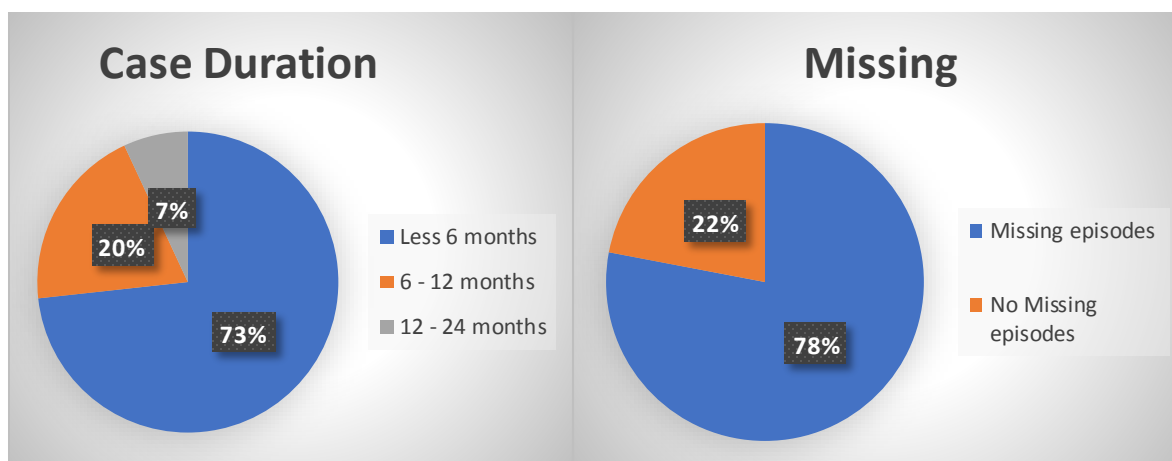
Most young people were open for short and intensive interventions that lasted less than 6 months and this is linked to those who are 'vulnerable to or suspected of exploitation' as these young people will often require less intense intervention.

Exploitation status

- Known exploitation — 19%
- Suspected exploitation — 50%
- Vulnerable to being exploited — 31%
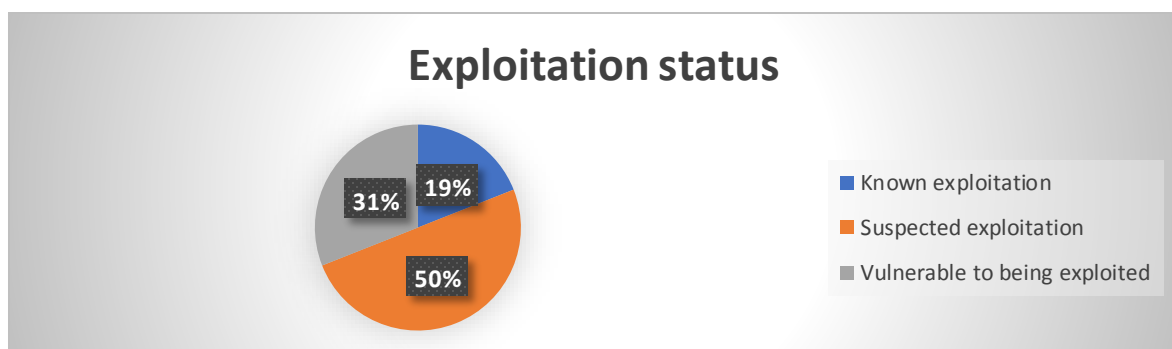
Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

There are the 'critical' few who were supported by SHINE for over a year, because of actual exploitation, and due to the complexities and ongoing risks, for example those who are missing often. Our SHINE, Missing and Police complex safeguarding team are co-located and this supports the sharing of information and a broader understanding of the connectivity between missing, and links to exploitation.

As noted in the referral section, SHINE have more referrals at an earlier stage which is positive and our caseload information in 2022- 2023 reflected this. We have worked with young people to support them at the earliest opportunity. The audit completed by Trafford Strategic Safeguarding Partnership highlighted the need to reflect on our thresholds, so positively during 2022-2023 the caseloads reflect us to be intervening with those who are vulnerable to exploitation.
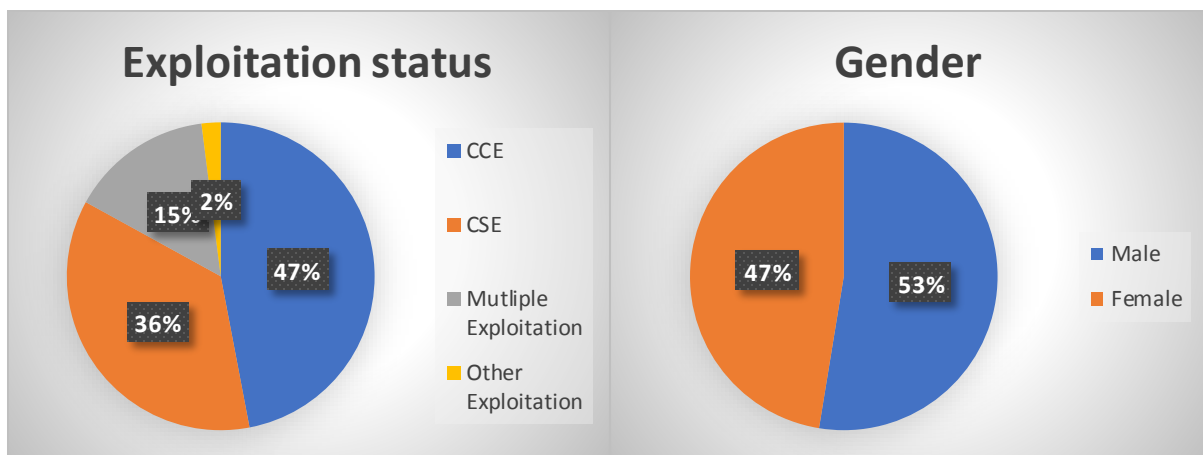
The caseload data suggests a more balanced picture in terms of gender, although boys were slightly higher, linked to being groomed into *'gang'* type behaviours, and criminality and 2022-2023 saw a growth in caseloads involving child criminal exploitation. Whilst 73% of *referrals* were male, and 65% for criminal exploitation, the actual caseload information showed a male cohort of 53%, and 47% for criminal exploitation. The SHINE panel recognised that not all the young males that were referred were exploited into criminality, and some of their behaviours were typical to *adolescent* development.

However, SHINE also recognised that some young people were heavily entrenched in 'gang' related behaviours, and sadly those who were exploited also became exploiters. It does not alter the fact that they are a victim, but they may need specialist support. One of the aims for 2023- 2024 is to explore what services and resources are suitable for this small cohort of young people.

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

Age

Ethnicity
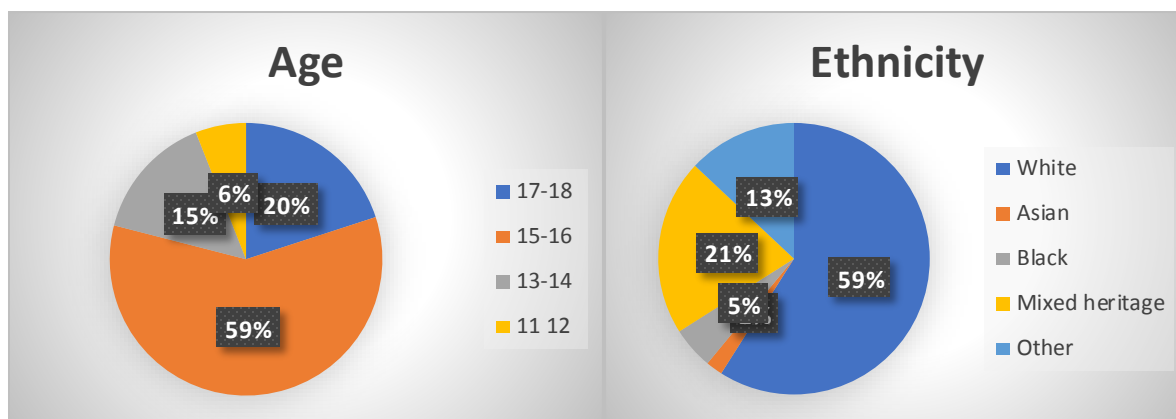
Our caseloads in 2022 – 2023 in terms of age, reflected the referral information with most young people being 15- 16 years old, although we accepted fewer 11- 14-year-olds, as noted above for what was considered '*typical adolescent'* behaviour with no evidence of exploitation.

Our caseloads in terms of ethnicity reflected a slightly higher number of young people from mixed heritage backgrounds and slightly fewer of Black heritage.

Accomodation Status

Social Care status

SEND
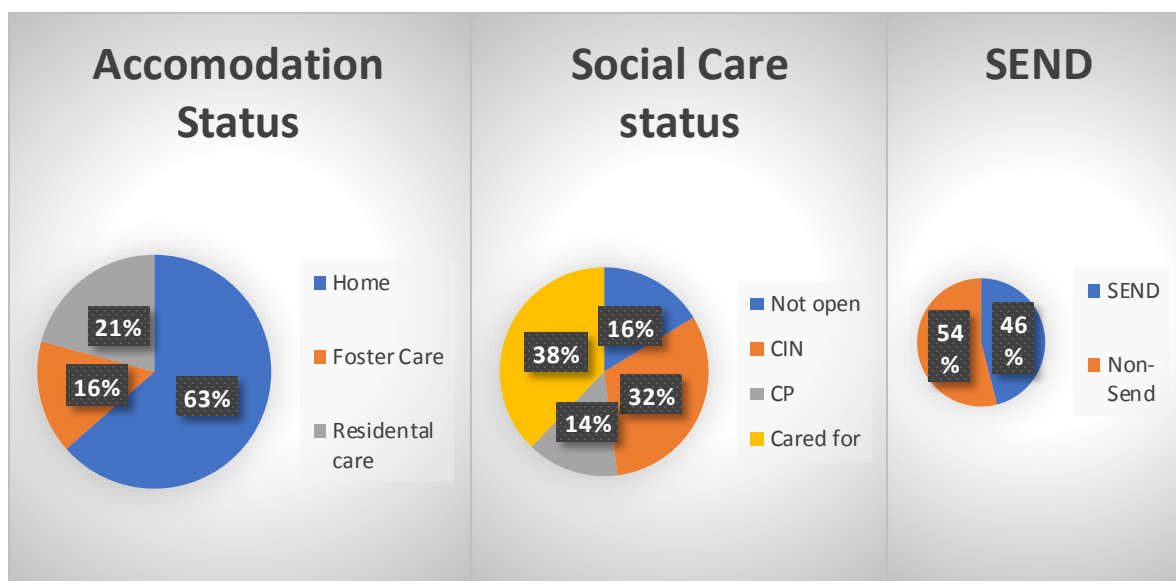
There are more young people open to SHINE who are not supported through statutory plans [child in need], and in 2022-2023 the cohort was 31% which showed that we offered support earlier. The number of young people that had stable accommodation was reported at 100%, although some caution should be given to the definition of 'stable' as this includes young people who are supported across different care arrangements, and it is our interpretation not theirs.

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

Education, Training and Employment

- Education, Training, Employment
- Alternative provision
- SEND

The number of young people who had re-engaged in education/ training/employment in 2022-2023 was reported at 94% which is positive, although this does not reflect whether that was sustained. On balance nearly half of the cohort of young people open to SHINE were attending either school, college, or training, whilst just over a quarter were in alternative provision.

substance misuse

- Substance misuse support SHINE
- Early Break

Mental Health
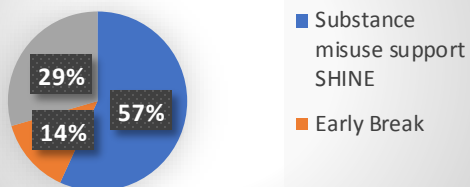
- Mental health support
- Other
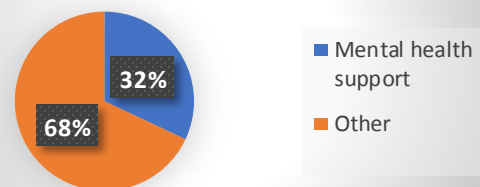
Substance misuse was a feature for 69% of young people open to SHINE in 2022-2023. What we know is that this can be linked to childhood trauma, peer pressure, child criminal exploitation through organised criminal activity and county lines and some young people use drugs or alcohol to 'self-medicate' and escape their reality; to manage their mental health, or emotional wellbeing, or because they are recruited by exploiters through the exchange and supply of drugs. Many of our young people used their SHINE social worker for support, however, some accessed specific substance misuse services, or self-reported using other sources for help.

SHINE has a specialist nurse who also offers support and advice around substance misuse from a primary health perspective, and a trusted relationship psychologist who supports social workers to support the young person using a trauma informed approach.

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

Family and parenting support
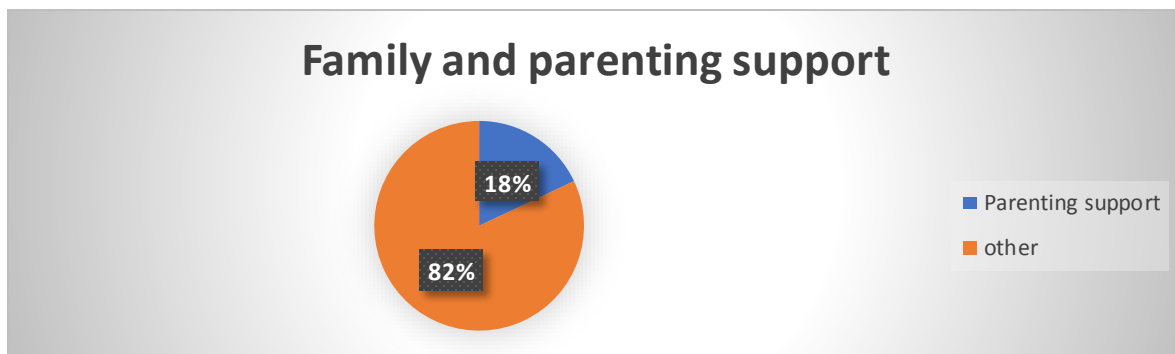
18% of the parents or carers of our SHINE young people accessed wider parenting support services in 2022-2023, for example their SHINE social worker, lead social worker, a parenting worker, trauma therapy or family group conferencing. SHINE workers understand how important it is to engage parents, families, and carers to build resilience and better relationships and plan on commissioning in specific parenting support services in 2023- 2024.

The number of young people who disclose a trusted relationship was 91% in 2022 – 2023 which is positive, although only 18% of those reported that this was from parents whilst 82% from others which includes professionals and peers. We hope to improve the relationship between young people and their parents through providing the specialist parenting support.
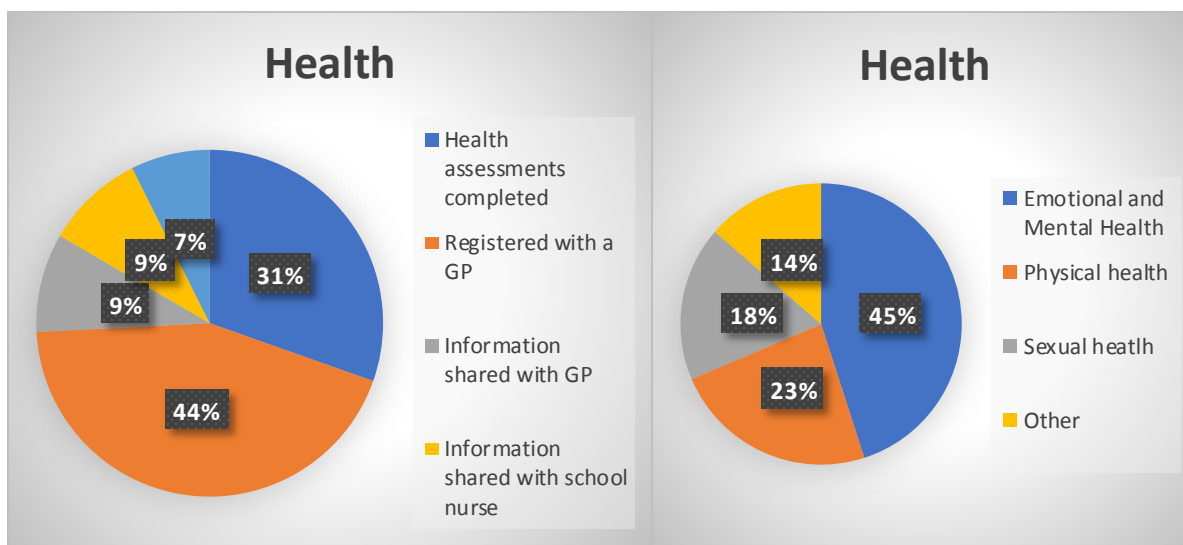
93 young people were open to the complex safeguarding specialist nurse in 2022-2023 and a good percentage of those had health assessments, although some were completed by the school nurse, or cared for children's nurse. All young people were offered sexual health support, but not all accepted that. Most young people were registered with a GP, and the specialist / school nurse shared information about the young person when appropriate. A small number and critical few had to attend A & E having experienced miscarriage, abdominal pain, asthma, assault, fractures, and intoxication or 'overdose'.

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

Young people open to SHINE are most likely to have a range of complex needs that impacts on their mental and emotional health or are diagnosed as neurodiverse [ADHD] [Autism] [SEND]. The data indicates that many of our young people have anxiety, and some have psychosis, and it is not clear the extent that COVID pandemic has impacted on our young people's mental and emotional health. Some of our young people experienced physical health issues such as Asthma, Eczema, Epilepsy, Melasma, and Enuresis. 'Other' health needs are around weight, sleep difficulties, chest pains, allergies and speech and language.

9 Closure information

9.1 The data suggests that SHINE provided a good and effective service in 2022 – 2023 and made a difference to some young people. The multi-agency panel evolved during this time and demonstrated good governance and decision making through oversight of referrals, reviews, and closures. 33 young people were closed to SHINE in 2022- 2023, and the data suggests that our interventions did make a difference as we only received 11% re-referrals into our service during 2022- 2023.

9.2 As they were closed to SHINE all young people had the opportunity for support from other services and had stable living arrangements; many had re-engaged with some form of education, training, or employment and most had a trusted relationship, or reported that their relationships had improved with peers/family/carers and professionals. Most young people had reduced missing episodes compared with the 3 months prior to being open to SHINE, and 3 months prior to closure.
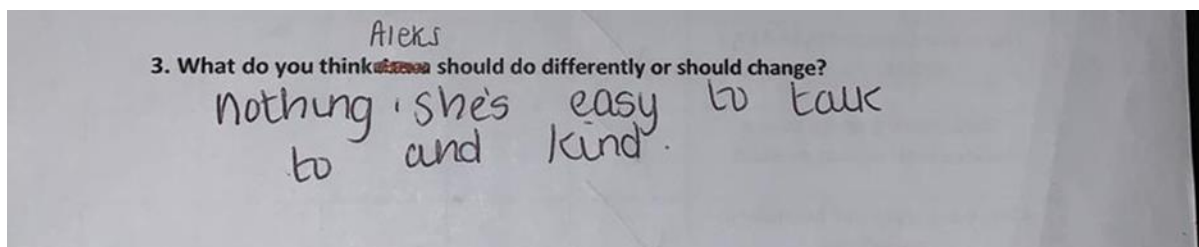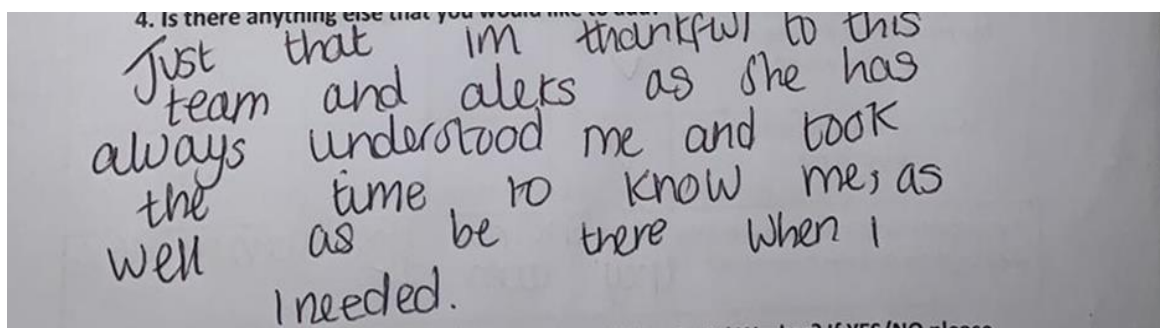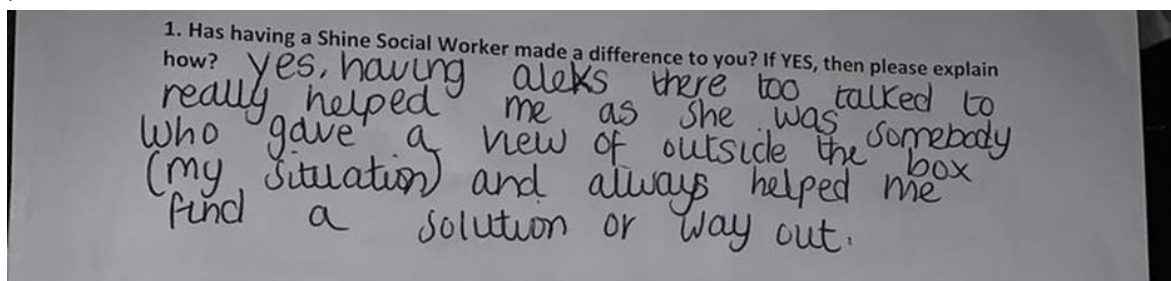
The SHINE panel had a representative from Adult Social Care for all young people who were aged 17 years and 6 months, and this enabled good transitional and signposting arrangements into '*adolescent adulthood'*.

We note that we need to work to increase the feedback from young people, parents, and carers as a priority in 2023-2024, although we provide examples from 2022- 2023.

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

Case closures

100%   94%   100%   100%   36%

- ■ Ongoing support   ■ Re-enaged ETE
- ■ Stable living arrangements   ■ Trusted Relationships
- ■ Improved relationships   ■ Positive activities
- ■ Reduced missing episodes   ■ Transition to adult services
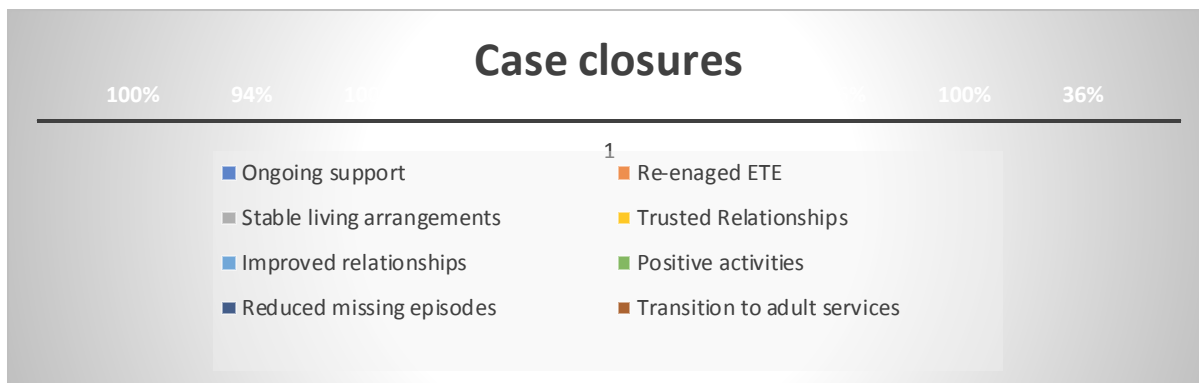
Feedback from a young person

Trafford are not always successful but do endeavour to collate direct feedback from the youngperson, parent, or carer when the decision is made to close the case.

1. Has having a Shine Social Worker made a difference to you? If YES, then please explain how? Yes, having aleks there too talked to really helped me as she was somebody who gave a view of outside the box (my situation) and always helped me find a solution or way out.

4. Is there anything else that you would like to add? Just that im thankful to this team and aleks as she has always understood me and took the time to know me, as well as be there when I needed.

Aleks
3. What do you think aleks should do differently or should change? Nothing she's easy to talk to and kind.

Feedback from a young person

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

1. Has having a Shine Social Worker made a difference to you? If YES, then please explain how?

Yes i feel like she's there if i need her and i have someone i can talk too.

2. What is different about having a Shine Social Worker than other people you have worked with?

I feel like Aleks is someone i can trust telling anything too, unlike Ashdey he dosent listen to what I need ~~support~~ support with, unlike Aleks, she is willing to help me with anything and put it forward.

3. What do you think Anna should do differently or should change?

HER PAY Check!!.
NEEDs A RISE.

4. Is there anything else that you would like to add?

A pay rise.

5. Do you want to continue working with your Shine Social Worker? If YES/NO please explain why? I Love Aleks :)

Yes ✗

26

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

10 Conclusion and areas of activity 2023 – 2025

10.1 In summary SHINE has continued to mature as a service. We have good multi agency processes in place to share information about all young people who come to the attention of the police within any 24-hour timescale. Our SHINE panel multi agency decision making governance arrangements for referrals, reviews and closures is robust and open to scrutiny and challenge. We have maintained practice integrity, and work with young people using persistence, determination, and care to build trusting relationships with our young people.

10.2 Our quality assurance processes give us a better understanding of our assessments, planning management grip and young person's experience, although there is scope to further adapt the audit tool so that we capture specific measures around exploitation and missing, and this will be a focus in 2023 – 2024. This will enable us to target our resources at the right area.

10.3 The performance data gives us an insight into the impact that our service has on young people, their parents, and families, certainly around referrals, caseloads, and closures and indicates that we are delivering an effective service. We need to shift some focus to increasing the feedback that we get from our young people, parents, and carers so that their voice can shape our service going forward.

10.4 We will continue to work to embed all areas of progress that we have made in 2022-2023 going forward into 2023-2024. However, target areas are referred to in the plan below.

Staffing and workforce development			
What do we want to achieve.	Activity	Professional Responsibility	Timescales and outcomes.
To promote service stability	Recruit permanent Practice Manager	Head of Service Recruitment team	April 2024. There will be a permanent practice manager in place
We want a workforce that is kept informed about the evolving landscape of exploitation	Bi-monthly Service meetings to share good practice and any feedback from learning. Share GMCA Training/resources.	Head of Service Practice Manager GMCA TSSP Safeguarding Board	2023- 2024 SHINE workforce will continue to feel supported and have up to date knowledge of complex safeguarding

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

	Promote TSSP training.		
Quality assurance and SHINE performance			
What do we want to achieve.	**Activity**	**Professional Responsibility**	**Timescales and Outcomes**
We want to have a good understanding of our young people's experience of exploitation, and missing so we can target our resources at the right areas.	Work with the children's improvement team to develop the audit tool to reflect specific measures around practice / process exploitation and missing. Submit audits and moderations as per the quality assurance framework.	Practice Managers Head of Service Children's Improvement team.	2023- 2024 We will have a better understanding of the key areas of practice that we need to develop.
We want to hear what young people, parents and carers have to say about exploitation, and the SHINE service	Audits will include a 'conversational' reflection between the auditor/ moderator and the young person, parent / carer	Practice Manager Head of Service Young person/Parent/Carer	2023 – 2024 We will increase the number, and quality of the feedback that we get from young people, parents / carers so we have a better understanding of how to shape our service.
We want to understand what the early indicators of exploitation are, so we can offer the right support to Early Help and Schools	We will complete a Thematic audit. audit of 10 young people open to SHINE, to understand the early indicators. We will develop a model, that offers an approach / advice and	TSSP exploitation sub-board. Head of Service Practice Manager Advanced Practitioner	March 2024 We will have completed our thematic audit and understand early indicators of exploitation. 2024-We will develop an offer to support our Early Help and

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

	support for Early Help and Schools		Schools to identify and understand the early indicators of exploitation, and how to respond to risks and concerns.
Innovation and collaboration			
What do we want to achieve.	Activity	Professional Responsibility	Timescales and Outcomes
We want SHINE, colleagues from across children's social care, and partners to have a good understanding of adolescent development and exploitation / missing. This will include the impact of victim blaming language.	Develop a training offer, and deliver briefings to locality social work teams, and partners.	Advanced Practitioner Practice Manager Head of Service TSSP	2023- 2024 Our quality assurance activity will show that we have a collective understanding of adolescent development. Our audits will show that we record using a child and young person focus.
We will capture the exploitation and missing information for our young people in one space so that we are more able to use this space as a 'mapping' exercise	To work with the Strategic Lead of children's performance and 'system's team so that we can develop a dedicated exploitation space.	Head of Service Practice Manager 'LCS' systems team Children's Performance team.	2023- 2025 The dedicated workspace will enable us to capture all of the relevant information to inform the mapping of risk/strengths.
We want to promote safety and stability and support parents to support their child and protect them from extra familial harm.	Commission in parenting support services.	Commissioning Head of Service	2023 – 2024 we will have parenting support services who will work with our parents, carers, and families to offer 1-1 guidance, support and intervention so that

Trafford's Children's Services Complex Safeguarding Annual Report 2022- 2023

			they are better able to respond to safeguarding concerns around exploitation.
2023 – 2024/25 **'MyPlan':** Trafford recognises that many young people face harm outside of the family home, and some parents are doing all they can to protect them. Traditional social care responses through child in need, and child protection may be less effective for those young people and parents, because they often feel unheard, judged, and frustrated. Critically the *MyPlan* model is a brave and bold alternative approach, and it has been co-designed in collaboration with young people, parents, and partners. *MyPlan* will step outside of the traditional response, and away from Statutory frameworks for the critical few during a 12-month pilot, which is nearing implementation. The focus for work within the MyPlan model will be a whole family approach, with a view to safeguarding adolescents through supporting families to be resilient, and to shift the focus away from control, and risk management, to promoting safety, stability, and resilience.			

Appendix 1

Feedback from parent/carer

Sent: 13 October 2023 12:37
To: McDonnell, Anna <Anna.McDonnell@trafford.gov.uk>
Subject: Thank you

Hi Anna,

Nothing can be enough to say thank you for everything you have done for us! We will truly miss you. Not only have you been the best support for [X] but for me too. You have gone above and beyond for [X] and we will never forget the support you have give us.

Best wishes

[X]

Trafford's Children's Services Complex Safeguarding Annual Report 2022 - 2023

Feedback from a professional

Hi

"I have just chaired the pre NRM meeting for one of [A's] cases (CHILD EB) and wanted to share the following feedback from LW professional, who attended the meeting.

She shared that the CHILD EB's mother feels very supported by the professional group around the family and in particular by [A]

LW shared that [A] has been instrumental in driving the plans forward for CHILD EB and she is the only professional that he feels he is able to talk to, which is a clear indicator of how [A] has developed such a trusting relationship with him. [A] very clearly is able to bring his voice to the meetings

In the meeting it was clear that [A] had a really comprehensive understanding of CHILD EB concerns and presenting needs which was also supported by other professionals. The outcome from the meeting is a really succinct NRM referral with key partners providing further expert evidence, which will further support CHILD EB who potentially is at risk of becoming criminalised due to the actions of others

Well done [A] and was lovely to be in the meeting to hear such lovely words about your dedication to CHILD EB

RT

Feedback from two young people via 'RAP' music about their SHINE social worker [consent was sought to share this]

VID-20221102-WA0
000.mp4

josh - made it
happen v2.mp3

Example of a farewell letter from SHINE social worker to a young person they had been working with for many months.

Date: 03rd April 2023

Dear Child B,

What can I say it has been an absolute pleasure being your Shine Social Worker. I want to thank you for allowing me to get to know you over the last 11 months, spending time with me and trusting me. I have really enjoyed our sessions and getting to know all about you. I really appreciate that trusting a new professional was something that you were nervous about but thank you for giving me a chance.

I am honestly so proud of you, and I hope your confidence continues to grow. You are so capable of many things; you just need to remember this and believe in YOURSELF. You have had a lot to manage

on your little shoulders, but look, you continue to be you, which is incredible! I will also have fond memories of listening to your songs, you dancing away in the passenger seat and having a good sing – AMAZING, you are meant for the stage!

I am very sad that our time together has come to an end, but please remember how well you are doing, and you have lots of people around you who want the best for you sweetheart. You have my phone number and you know it would always be a pleasure receiving a phone call from you Missy.

"You're braver than you believe, stronger than you seem and smarter than you think"

Wishing you all the best in your future, you are amazing.

Lots of love,

A

TRAFFORD COUNCIL

Report to: **Children's Scrutiny**
Report of: **Helen Gollins, Director of Public Health**
Date: **November 2023**

<u>**Report Title**</u>

> 'A Healthy Start': Actions to reduce health inequalities in children and young people in Trafford

<u>**Purpose**</u>

> To summarise the policy context, Trafford data and current programmes in relation to children and young people's health inequalities. Taking a focus on healthy behaviours and health and care support, recognising the fundamental drivers (social determinants) of health and wellbeing are broader than this and subject to a very wide range of influences across the system.

<u>**Summary**</u>

The physical, emotional, and mental wellbeing of babies, children and young people are shaped by the social determinants of health in which they are born, live and grow, including poverty, social inequalities, structural racism. The way in which these things are distributed leads to differences in opportunities to live healthily or take part in healthy lifestyles or behaviours which in turn leads to inequalities in outcomes and experiences of life.

A whole system approach is needed to address the determinants of child health and inequality, with a shift towards prevention and early intervention to support children, and young people to lead healthy and fulfilling lives and prevent ill health in later life. The health of Trafford children is generally good but there are avoidable differences for different groups. A range of measures are being taken across Trafford Council and the wider system to improve health; these must take a deliberate approach to avoid inadvertently widening inequalities even if improving overall population outcomes.

Key figures:

- 11.7% of Trafford under 16s are living in poverty, but this reaches over 44% in areas in Partington. The proportion of children claiming Free School Meals has increased to 14%. Outcomes tend to be worse in most areas of health and wellbeing for those from more deprived backgrounds. In Trafford that is parts of North and West Trafford primarily but there are also pockets within South and Central which experience inequalities acutely because of the relative affluence surrounding them.

- Deprivation alone does not explain all inequalities. Some cohorts experience multiple disadvantage which are not (just) geographically based and require particular focus. Some of these cohorts are described here but there are others sometimes described as families who require 'inclusion health', such as homeless or asylum-seeking families.

- School readiness is an important indicator of future health and social mobility. All children are offered a Healthy Child Programme review at 2.5 years. 86.3% of Trafford children are at or above expected level of development overall; an increase of 2% since 2021/22. Consistently the lowest scoring element within these checks is communication (8.5% not at expected development in Q4 2022/3). This is the focus

of speech, language and communication efforts across partners which is showing improvements.

- By age 5, 72.2% of Trafford's reception children are assessed as having a 'Good Level of Development' (assessing key areas of development indicating school readiness). This is higher than England average of 67.3% and shows improvements on previous years, though there is variation by neighbourhood, gender, Free School Meals status and ethnicity which is the focus of targeted activity. For the first time in October 2023, no area in the West of Trafford is now below average for communication and language or physical development.
- A Trafford task force is working to increase uptake of the Healthy Start pre-paid card and vitamins for 0–5-year-olds. The ward of Bucklow St Martins has the greatest number of healthy start eligible beneficiaries (210) though uptake is similar to the Trafford average of 68%. In North Trafford, 416 families are missing out on Heathy Start vitamins and vouchers, with take up lowest in Gorse Hill and Stretford (55.7%).
- 2022/23 data for Trafford shows that for reception pupils aged 4-5, inequalities in excess weight have been effectively eliminated since 2017/18 so that there is now no statistically significant difference between children living in the different quintiles of deprivation. However, there is still a difference by deprivation group for children by the time they reach year 6 and this appears to be widening.
- Tooth decay, whilst wholly preventable, is still the most common reason for children aged 5-9 years being admitted to hospital nationally. There is some ward-level data on access to dental treatment for children which shows that in Bucklow St Martins, for example, the percentage of children receiving fluoride varnish (a key preventative measure for good oral health) is lowest in Trafford, but the proportion of children who received urgent dental treatment is the highest.
- Substance misuse and alcohol use by young people is a concern that is being looked at in more detail currently. Rates of admission for alcohol-specific conditions in young people is still higher than the England average, though may be reducing.
- Estimates of youth vaping are still highly uncertain but there is concern amongst schools and some young people about misunderstanding of vapes and potential for addiction to nicotine. Government is consulting on regulations to ban smoking for the next generation and to reduce targeting of young people for vapes which the Trafford Tobacco Alliance welcomes.
- Mental Health of children and young people is an increasing concern locally and nationally, exacerbated by the pandemic and long waiting lists for services. The proportion of school pupils who have Special Educational Needs (SEN) with social, emotional and mental health difficulties has risen sharply in Trafford as in England. National research shows those from socially excluded groups and the most deprived areas are twice as likely to have not received support for mental health or still be waiting for support (39%), compared to those living in more affluent areas. This needs assessing locally now as part of ongoing efforts to reduce and support people waiting.
- Sexual health data shows changes in behaviour and use of services for contraception and sexual health testing and prevention. The rate of repeat abortions for under-25s is similar to England but was the highest since 2014.

Next Steps / Recommendations

> Trafford's Public Health Team and partners across Trafford are committed to supporting all our children and families to have the best start in life and to reduce the impact of health inequalities. We will continue to do this by:

- Working across the health and social care system advocating for our children and the communities they live in**.**
- Advocating for system-wide improvements in recording of protected and other key characteristics and sharing of appropriate population data to allow for pro-active analysis of and intervention in inequalities.
- Commissioning services and working with other commissioners to promote 'proportionate universalism'; that is, providing more for those who need more in order to ensure equal access, experiences and opportunities.
- Working with colleagues in children's services, all-age commissioning and providers, to improve access to information and advice for 'families, young people and professionals. This includes developing and launching Essential Parent platform, online 'padlets' and printable guides.

Executive and shadow members are asked to continue to advocate for and support ongoing work to reduce the impact of health inequalities on outcomes for our children through:

- The work of the Health and Wellbeing Board and Locality Board, new Fairer Health for Trafford Partnership and wider children's governance
- Engagement and co-design mechanisms to enable a better understanding of young people's experiences within Trafford, ensuring these routinely inform design and delivery of our response
- Championing of the neighbourhood program, ensuring children are considered within the networks and plans, bringing together partners at a neighbourhood level and sharing intelligence about what is happening on the ground.

Contact person for access to background papers and further information:

Name: Kate Shethwood, Public Health Consultant
Telephone: 07974605734

1. Introduction

1.1. Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the differences in the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities to live healthily, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing[1].

1.2. The health and care services we receive has less bearing on our health than the socio-economic conditions (sometimes referred to as 'wider or social determinants') but differences in people's access and experience of health and care services is a contributing factor to inequalities.

1.3. National and regional policy has focused on inequalities in health outcomes for adults, particularly differences in mortality from diseases such as cancer and respiratory illness. However, many of these, including the Marmot Review[2] and the new GM Fairer Health for All Framework (see below)[3] recognise the important opportunities to support children and families to achieve the 'Best Start' in life, to promote future health and wellbeing. Creating the 'Best Start' is also about ensuring all children's right to a healthy, happy childhood in the here and now, including preventing adverse childhood experiences and trauma.
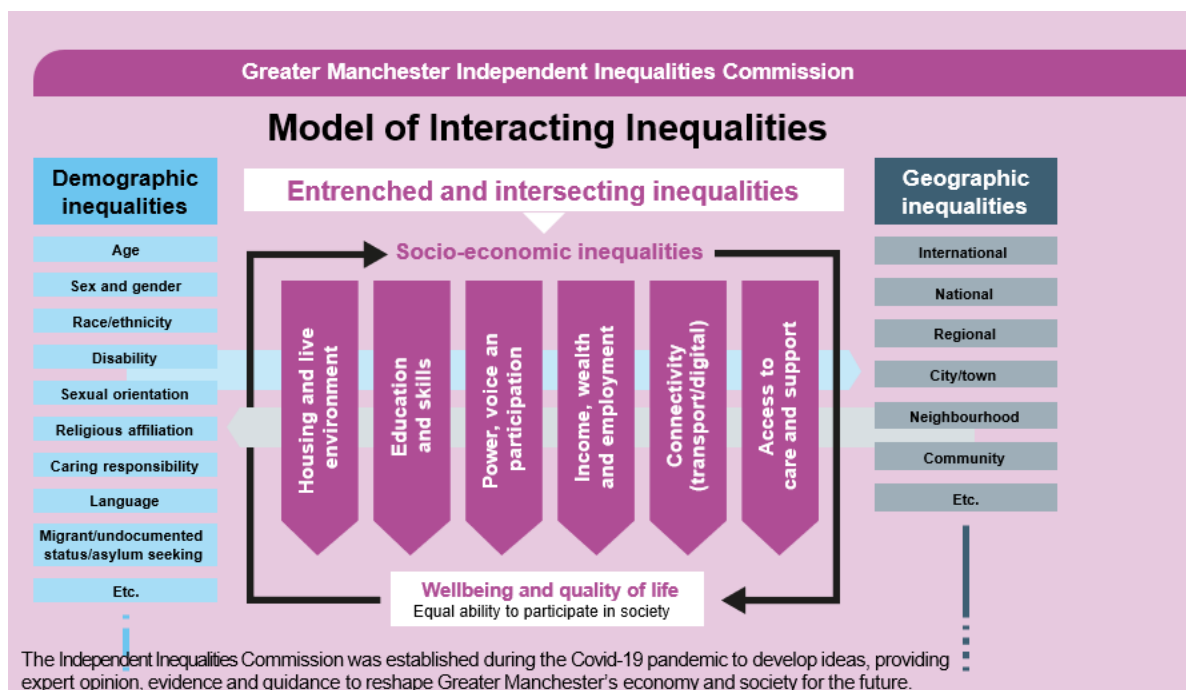
Figure 1: Model to illustrate the entrenched and intersecting inequalities experienced in Greater Manchester (Greater Manchester Independent Inequalities Commission, 2023)

1.4. The presence of large inequalities is not just bad for those with the poorest outcomes or experiences; it generates a sense of unfairness and lack of trust and cohesion across the social gradient which is bad for a functioning society as a whole[4]. It also leads to stress which causes physiological damage and mental ill health.

---

[1] *World Health Organization. Global Status Report on Noncommunicable Diseases 2010. Geneva, Switzerland: WHO Press; 2011*

[2] *Fair society, healthy lives : the Marmot Review : strategic review of health inequalities in England post-2010*

[3] Fairer Health for All | FHFA Academy (gmtableau.nhs.uk)

[4] Impacts | The Equality Trust

1.5. The Association of Directors of Public Health[5] recent position statement on childhood adversity highlights that although children's outcomes are significantly shaped by the social conditions in which they live, these factors do not inevitably lead to poorer outcomes. It is important to strengthen the protective factors surrounding children and their families through a whole-system shift towards prevention and a focus on inequalities.

1.6. Children's and adults' health and wellbeing is intricately connected so our work to support adults who may be parents, carers, grandparents or work with children presents an opportunity to impact on children's lives and the health of the next generation. This is the rationale for development of Family Hubs in local areas (see 4.1), which Trafford is pursuing despite not receiving government transformation funding. This principle is also recognised in the development of a Early Help offer which includes parenting programmes and support for parental mental health and wellbeing, including parents of children with specific needs, such as emerging SEND.

1.7. Efforts to improve health and wellbeing of adults or children must *actively* consider the impact on inequalities and particularly on certain groups in society; without deliberate action some of our work can inadvertently increase inequalities (such as offering universal services which rely on active sign-up or use). This is the intention behind a newly proposed Fairer Health in Trafford Partnership which will report to the Health and Wellbeing Board and bring together programmes of work to target inequalities, include some children-focused priorities. It will also provide support and challenge to new programmes to ensure they have considered the impact on a range of inequalities.

1.8. The new joint Health and Wellbeing Board and Locality Plan for Trafford presents an opportunity to reflect the current challenges and opportunities to provide the Best Start for children, young people and families. Consideration is being given now to the governance and processes to draw together the priorities for this.

1.9. This will also ensure that there is clear visibility of children and families' needs and strengths in strategies that deal with the socio-economic determinants of health including, in particular, the Poverty Strategy, Housing Strategy and plans for economic growth and skills development.

1.10. Given the breadth of work led by all parts of the Council and our partners to tackle these social determinants of children's health, referred to above, this paper does not attempt to describe all of these in detail.

1.11. Instead, it provides a high-level summary of what we understand about inequalities in Trafford in key areas and activity to reduce these. It describes:
- Trafford context and some groups of children and young people on whom we wish to focus – **Section 2**
- Opportunities for activity and behaviour which can protect against ill health in the short and longer term (focused on the Health and Wellbeing Board priority areas) – **Section 3**
- Action to improve health and care access for children and families, particularly those most disadvantaged (taking into account the GM Strategy and Forward Plan and CORE20PLUS5 national framework for health and care inequalities). – **Section 4 and 5**

---

[5] Formatted-FINAL-Childhood-Adversity-Policy-Position-Statement.pdf (adph.org.uk)

2. Trafford context

2.1. Information on outcomes for children and young people is available publicly on Fingertips[6] and is summarised in the 2021 0-19 Joint Strategic Needs Assessment (JSNA): Needs assessment for CYP aged 0 to 19 (traffordjsna.org.uk)

2.2. Poverty is widely considered to be one the factors most strongly correlated to poor health and other social outcomes. The size of income inequality also matters in terms of people's experience of living in an area, not just their own absolute income level. On the definition used in the 2019 Indices of Deprivation, 11.7% of Trafford under 16s are living in poverty, but this reaches over 44% in areas in Partington.[7] In 2018 just under 9% of Trafford children (3,533) were claiming Free School Meals. In 2021 this
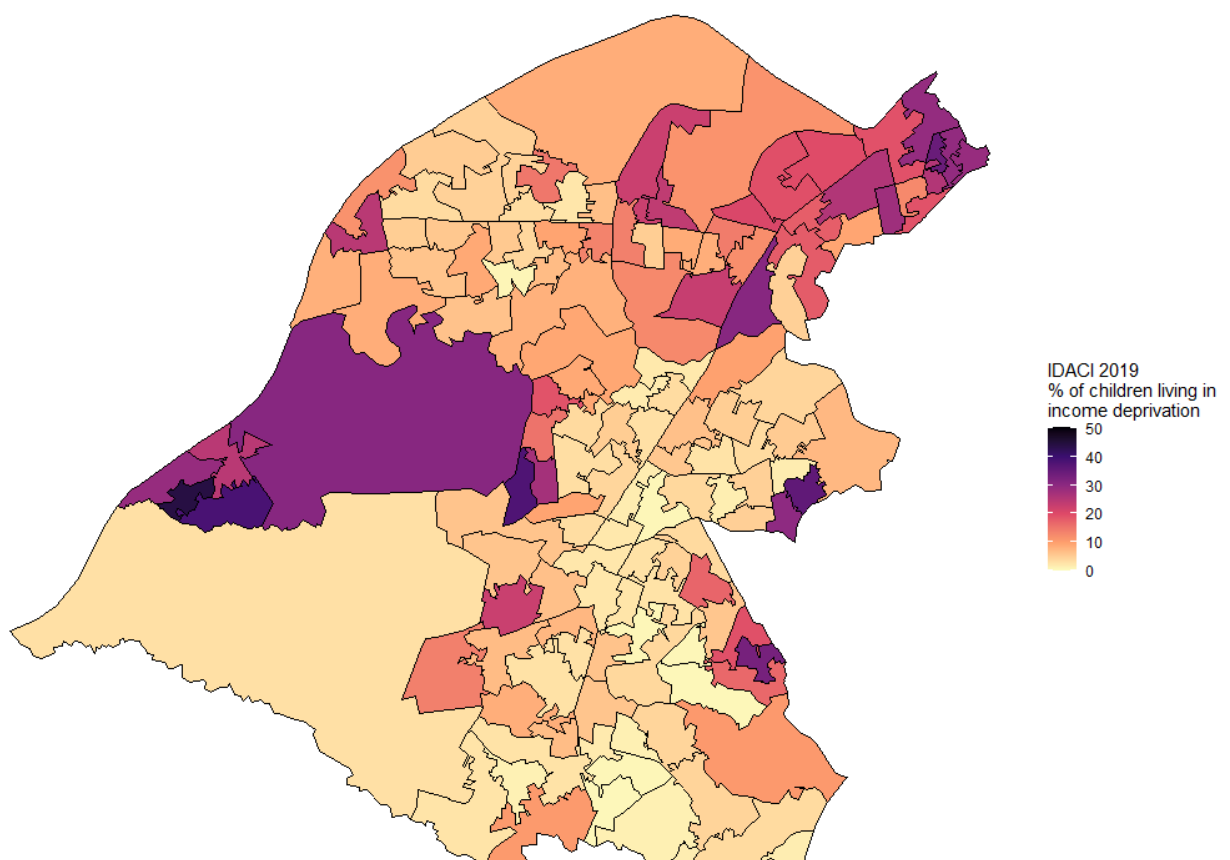
Figure 2: Index of Multiple Deprivation Affecting Children 2019 by LSOA [small area] (Department for Levelling Up, Housing and Communities, 2019)

---

[6] Fingertips Child and Maternal Health profile – Vulnerable children and young people topic
https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133238/ati/402/iid/90803/age/173/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0
Fingertips Perinatal Mental Health profile – Risk & related factors topic:
https://fingertips.phe.org.uk/profile-group/mental-health/profile/perinatal-mental-health/data#page/1/gid/1938132915/pat/6/par/E12000002/ati/102/are/E08000009/yrr/1/cid/4/tbm/1
Fingertips Child and Maternal Health profile – Pregnancy and birth topic:
https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133222/pat/6/par/E12000002/ati/402/are/E08000009/yrr/3/cid/4/tbm/1
[7] Index of Multiple Deprivation Affecting Children 2019 for each small area of Trafford available here.

had increased to 14% (5,953). Income Deprivation Affecting Children 2019 shows differences in small areas in Trafford (Figure 2).

2.3. Some children, families and young people are particularly vulnerable and experience generally worse outcomes across the range of health and social needs described in this paper. Within our work to tackle the social determinants of health, improve opportunities for healthy behaviours and increase access to health and care services, these young people need bespoke approaches. Otherwise, we may inadvertently widen inequalities. Some of these priority groups for Trafford are described below but this is not an exhaustive list:

2.3.1. **Young people with Special Educational Needs and Disabilities –** the recent CQC and Ofsted joint inspection provided valuable insight into the experiences of young people and families in Trafford and opportunities for improvement across the system. All public health, NHS and social care offers will be reviewed in light of these findings and the on-going SEND Ambitions Plans.

2.3.2. Young people with SEND experience significant inequalities in terms of access to and experience of wider determinants of health (including being more likely to live in low-income families and communities), reduced social opportunities, leisure and other health promoting activities and poorer access to our health and care services. However, there are also good examples of positive opportunities which *pro-actively* tackle these inequalities, often working closely with young people with SEND and their families to understand their varied desires and needs better, as highlighted in the self-evaluation.

2.3.3. An example of this is the provision of community bicycle-riding sessions, adapted bikes and specially trained staff in non-stigmatising open sessions, provided by Wheels for All. Infrastructure works in leisure services and highways are also considering the needs of particular cohorts such as those with SEND so that we do not inadvertently increase inequalities.

2.3.4. There has also been significant progress in 2022/23 in terms of the Early Years Foundation Stage Profile outcomes for children on SEN Support, with 25% of Trafford children with SEN support achieving a Good Level of Development compared to 24.5% nationally. This demonstrates real progress on 2021/22 when 20.9% of children on SEN Support in Trafford achieved a GLD; below the national average.

2.3.5. **Care Experienced Young People:** The health of children and young people looked after in Trafford is relatively good and annual health assessments are completed routinely. Figure 3 shows an apparent reduction in the proportion of young people for whom emotional wellbeing is a cause for concern, as at 2021/22.

2.3.6. Having been recognised formally by the Council as a protected characteristic, a 'health offer' is being developed for people who are care experienced, in the context of other offers of support for consideration by young people**.** Power 2 deliver mentoring support to care experienced young people over 18 to support emotional health and wellbeing, education, employment, training and housing. Priority dental access is in place.

2.3.7.   The rate of children looked after in the 20% most deprived small areas in Trafford is more than ten times that of the least deprived 20% of small areas. This, along with the challenges that many young people will have faced early in life, mean that care experienced young people are more likely to face a range of physical and mental health issues over their lifetime, including once they move into adulthood. This transition period is a point of particular risk and focus for the Corporate Parenting Board and Children's Commissioning Board.

Percentage of looked after children whose emotional wellbeing is a cause for concern for Trafford
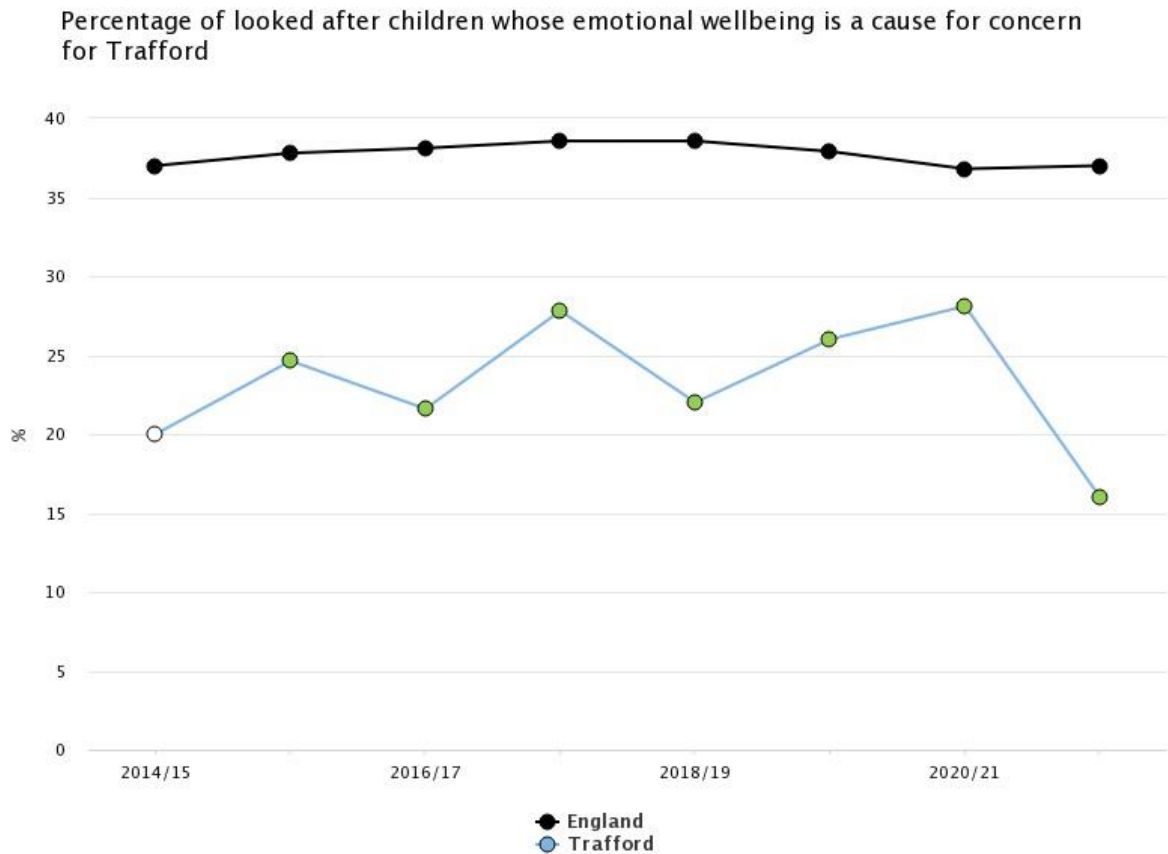
Figure 3: Proportion of all looked after children aged 5-16 (inc) in care at least 12 months with SDQ score over 17 (DfE, 2023)

2.3.8.   **Young people involved in violence and/ or youth justice**: have significant levels of vulnerability including trauma, high levels of SEND, mental health issues and high risk of exclusions. A JSNA is underway, led by Public Health and Community Safety to explore these needs and inform a Serious Violence Action Plan.

2.3.9.   Currently, a trauma-informed, joined up approach is taken to support young people involved in or at risk of violence (in the broadest sense) including:

- Specific commissions of early intervention and positive diversion activities, including sports-based mentoring and outreach;
- A Violence Reduction Officer who provides a single point of contact and co-ordination, with links to TTT, Youth Justice, Police and Community Safety and community providers;
- A new schools engagement officer;
- Training and advocacy for services, schools and community groups;
- A schools protocol for young people found to have a weapon or involved in violence including a multi-agency group and response for preventing permanent

exclusion, working with the schools improvement team and several partners. Nationally children with SEND are seven times more likely to be permanently excluded. As such, in Trafford, there is a focus on effectively supporting children who have SEND who become at risk of exclusion through this process, working alongside their key worker. This approach will be reviewed and developed.

2.3.10. **Digital Exclusion**: Many services are being recommissioned to include an online element or have offers for those who cannot access services which are hosted online. It is important to remember that there are still significant proportions of the population who cannot easily access digital technology or internet. In Trafford there are pockets of higher risk of digital exclusion in Bucklow-St Martins and Bowdon. 7.7% of the population of Trafford (~18,460 residents) live in an area (LSOA) with a Digital Exclusion Risk Index (DERI) score of 5 or 6 representing a high risk of digital exclusion, whilst 53.2% (~126,500 residents) live in an area with DERI score of 1 or 2 representing a low risk of digital exclusion.
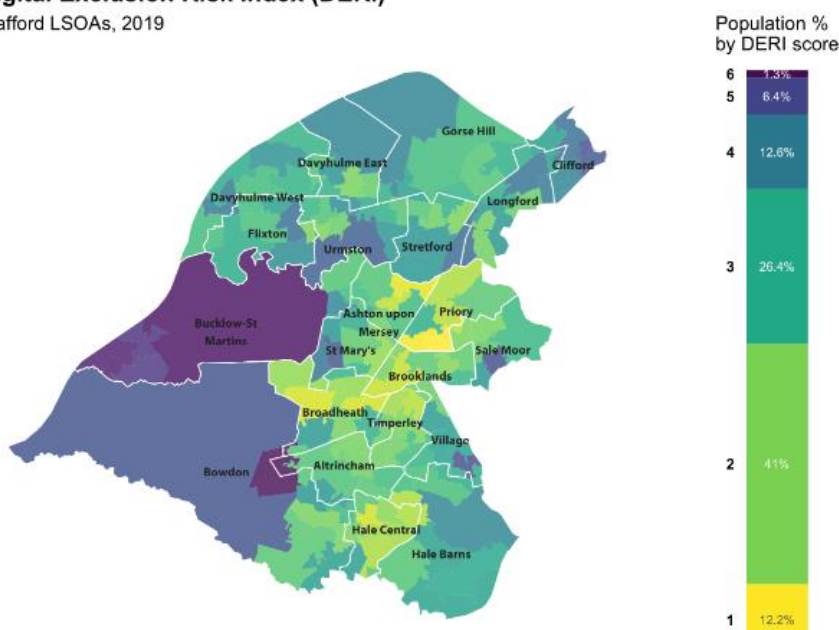
Figure 4: Digital Exclusion Risk Index (DERI) score by LSOA (GMCA/ ONS, 2022)

Contains OS data © Crown copyright and database right 2022

3. **Increasing opportunities for healthy behaviours**

3.1. **Early Years and 'Start for Life'**: The Best Beginnings Board brings together relevant partners in the early years phase, with a strategic plan for the 0-5 age range and their families up to 2025 (see Table 1). There is an action plan under each of the key priorities including improving the health of children in the early years and addressing health outcomes, which covers relevant issues addressed in this paper.

Table 1: Trafford Best Beginnings Board Strategic Ambitions (Trafford Council, 2022-2025)

Ambitions for all children in their early years and their families				
Ambition 1: We have loving and nurturing relationships and have a safe home free from stress and adversity	Ambition 2: We have the right help to develop good communication and language	Ambition 3: We have our best possible physical health, enjoy good emotional mental health and feel supported in our communities	Ambition 4: We have access to resources, are financially resilient and live in thriving communities	Ambition 5: We have a love of learning

3.2. There is a well-established international consensus on the importance of the first 1,001 days from pregnancy to the age of two in setting the foundations for an individual's cognitive, emotional, and physical development[8]. The Family Hubs programme, led by the Department of Education (DfE) and Department of Health and Social Care (DHSC), focuses on joining up and enhancing services and support in small areas to reflect varying needs in different groups. There is a focus on this period, including:

- Infant Feeding including breastfeeding and the move to solid food
- Early Language and Home Learning Environment
- Parenting Support
- Parent-infant relationships and perinatal mental health
- Parent-carer voice
- Creation of a joined up and published start for life offer and information.

3.3. Trafford did not receive the government transformation funding for Family Hubs due to our demographic make-up. However, a programme has been established to implement many of the principles in a way that works for Trafford, including a focus on the 'Start for Life' period (conception to age 2). A Test and Learn hub approach is being developed for the North in recognition of the inequalities of outcome there. In the other areas the Group is informing a children and family focused element of the wider neighbourhood health and care model, so that each area has identified children-focused priorities to tackle inequalities most important to their communities, and children's professionals are brought together and embedded, where relevant, in the wider network.

3.4. The Best Beginnings Board held a workshop to map existing practice and aspirations against national standards for the Start for Life Offer for family hubs and identified the following aspects of Trafford's Start for Life (and wider Early Years) offers:

3.5. Home Start are undertaking ethnographic work with families in the North of Trafford to enable co-design of the Start for Life element of the Family Hub offer and provide a conduit between families and professionals.

3.6. There are specialist midwifery staff and pathways to provide additional and tailored support women and families who are asylum seeking, refugee or new migrants; young parents; homeless families. There are also specific staff and pathways to support women experiencing overweight or who smoke to manage their pregnancy and to support them to improve their own and their families' health. Analysis across England shows that there is a social gradient in smoking status at time of delivery

---

[8] World Health Organisation's Global Strategy for Women's, Children's and Adolescents' Health, the UNICEF Baby Friendly Initiative, and in England, both the NHS Long Term Plan and Public Health England's 2016 guidance on "giving every child the best start in life". The_best_start_for_life_a_vision_for_the_1_001_critical_days.pdf (publishing.service.gov.uk).

ranging from 7.1% among mothers living in the least deprived 10% of small areas in England, compared to 13.2% in the most deprived 10% of small areas.

3.7. Health Visitors offer the Healthy Child Programme with support offered to all children from birth to 5. In 2022/23, 96.2% of families received a 6-8 week check in Trafford compared to 81.6% in England.

3.8. As well as more intensive support for some families (universal plus) they also provide specialist nursing input for children where there are safeguarding concerns and child protection proceedings and have dedicated posts for homeless families, migrant families living in the Ashley Hotel, dedicated specialist Health Visitors within Trafford Early Development Service [TEDS] (Early Years registered Portage Service for children with complex additional needs) and the First Response Team, providing nursing input to multi-agency assessment of risk and early help offers.

3.9. In Trafford, Health Visitor caseloads show differences across the four neighbourhoods (see 2022/23 breakdown in the table below). The North of the borough sees the highest number of families receiving Targeted (35%) and Specialist support (3%), with the remainder of families receiving universal support (62%), with the Trafford universal caseload average for all areas at 68%.

Table 2: Trafford health visiting caseload average by neighbourhood (Trafford Public Health dataset, Trafford Council, 2023)

Trafford Health Visiting caseload average by neighbourhood – 2022/2023					
Average caseload 2022/23	**North**	**West**	**Central**	**South**	**Average Trafford**
Universal	62%	74%	66%	70%	68%
Targeted	35%	24%	32%	29%	30%
Specialist	3%	2%	2%	1%	2%
Total	100%	100%	100%	100%	100%

3.10. **Infant feeding**: Breastfeeding is correlated with good infant and future childhood health, including reduced risk of hospital admissions for respiratory and gastro-intestinal issues. Rates are generally high in Trafford, with 78.1% of newborns receiving breast milk as their first feed. However, there is variation between neighbourhoods and populations within those: since 2017/18, Trafford South has typically had the highest proportion of babies being fully or partially breastfed at 6-8 weeks of age (67.4% average), closely followed by Trafford Central (65.6%) and then North (62.6%). West has persistently had the lowest proportion (52.3%).

3.11. Women in Trafford express that they want more and flexible support from both professionals and peer supporters around infant feeding. This also needs to consider the introduction of solid food, to empower families to begin with a healthy relationship to food and nutrition and help to manage this often-confusing time where health issues as well as accidents can occur. As such, weaning groups are being reintroduced by the Health Visiting Teams this year and the provider has been asked to prioritise areas with most need, including higher rates of early childhood obesity.

3.12. **Speech and language and child development**: Children and young people with communication difficulties are at increased risk of social, emotional and behavioural difficulties and mental health problems. It is recognised as a core indicator of future health and wellbeing. Many young children whose needs are identified early do catch

up with their peers[9]. Research suggests that children from more disadvantaged backgrounds are more likely to experience speech and language difficulties[10]. However, access to enriching resources like books, toys and experiences that promote early language is more influential on language development than the broader socio-economic context of the family.

3.13. The Ages & Stages Questionnaire-3 (ASQ-3) is a developmental screening tool used by the Healthy Child Programme service led by Health Visitors, which explores and assesses five areas- Communication, Gross Motor, Fine Motor, Problem-Solving and Personal-Social development. In 2022/23, approximately 1,370 children received (85% of those eligible), compared to 21/22 (74.3% average) and found:

- Taking all 5 areas of development together, 87% of Trafford children are at or above expected level, an increase of 4% points in Trafford since 2021/22 (83%).
- The lowest area is communication (8% not at expected level on average)
- The highest scoring area is consistently fine motor skills

3.14. In the third quarter of 2022/23, TLCO's children's community health services integrated EMIS EPR data systems. We are still working with the service on improving the details of the ASQ-3 scores on a neighbourhood level to enhance the quality of data and our understanding of the inequalities between the four neighbourhoods.

3.15. There are also improvements being seen in the 'Good Level of Development' (GLD) measure completed at the end of reception and made up of several early years goals which give an indication of 'school readiness'. By age 5, 72.2% of Trafford's reception children are assessed as having GLD. This is higher than England average of 67.3% and latest data as of October 2023 (Table 3 below) shows improvements on previous years. For the first time, no area in the West of Trafford is now below average for communication and language or physical development.

3.16. However, outcomes do still vary by neighbourhood and by gender (see Table 3 below), though the gender gaps are smaller than national.

Table 3: Good Level of Development in Trafford by neighbourhood and gender (Early Years dataset, Trafford Council, 2023)

GLD	National	All Trafford	Trafford Central	Trafford South	Trafford North	Trafford West
All pupils	67.3%	72.2%	76.7%	76.6%	65.5%	69.3%
Girls	74.2%	78.1%	82.2%	80.6%	70.9%	75.7%
Boys	60.9%	66.6%	71.6%	71.0%	60.1%	63.3%
Gender Gap (% points)	13.6%	11.5%	10.6%	9.6%	10.5%	12.4%

3.17. Closing the gap continues to be a key priority, focusing on cohorts of disadvantaged children, such as those on Free School Meals. There are also ethnicity gaps and these are experienced differently in different neighbourhoods, showing the need to consider intersectionality, not just broad geographical groups.

---

[9] Public Health England report for Trafford Speech_language_communication- (traffordjsna.org.uk)
[10] Royal College of Speech and Language Therapists (RCSLT). RCSLT briefing paper on Language Disorder with a specific focus on Developmental Language Disorder. 2017.

3.18. Focused work has taken place to embed speech, language and communication (SLC) screening and interventions with the WellComm tool embedded across early education and primary schools with clear interventions to support positive home and community learning environments through the Big Book of Ideas.

3.19. There are early indications that this has produced positive results. WellComm data for academic year 22/23 for Reception cohort in Partington showed 68% of the cohort scoring Green (expected levels) in Summer 2023 compared to 46% in Autumn 2022 when they started.

3.20. A significant amount of work has gone into the development of the early years sector in Trafford and increasing access for the most disadvantaged families. This is a Corporate and GM priority for supporting social mobility and school readiness. Take-up of the targeted Free Early Education Entitlement (FEEE) for two-year-olds in North Trafford has increased from 68% in 2021 to 83% by Summer 2023 and up to 94% in the rest of the borough, halving the gap in access, from 25% to 12%.

3.21. Challenges and opportunities to improve have also been captured for prioritisation through the Family Hubs programme and focus on 'Start for Life':

3.21.1. Workforce capacity – for example, the nationally recommended caseload for Health Visiting (HV) is 250 families per WTE, though this is currently recognised nationally as unrealistic; as of Quarter 1 2022/23, Trafford HV's had a caseload of 346 families per WTE. The Early Years sector has significant vacancies with 32% of settings in Trafford capping numbers of children due to this. Availability and take-up of childcare is not evenly spread with fewer part-time places available in North and lower take-up of free early education in the North of Trafford, despite relative deprivation.

3.21.2. Increase in demand and waiting lists for example, between 2020/21 and 2022/23 the number of mental health referrals for CYP aged 0-5 years increased from 142 to 215 per year. Trafford Infant Parent Service [TIPS] raises awareness of the importance of the parent-infant relationship by offering support to families around attachment and emotional wellbeing. The service has been working with partners to enable others to identify and support families earlier and reduce demand.

3.21.3. There is a broad Early Help offer for families with children of all ages. For example, Home Start offer holistic home visiting, befriending and family support service to families across the borough with children of any age, often with a focus on those with younger children. A sleep service also supports families with children 2+ to improve sleep and a range of parenting offers are available and currently being reviewed to fit the needs of Trafford parents.

3.21.4. Trafford Team Together (TTT) will be rolled out to all schools soon which provides a mechanism for holistic early family help offers for families who are experiencing challenges, often as result of multiple disadvantages or health inequalities. Consideration is being given to the extension of this model into the early years sector.

3.21.5. Whilst much good practice exists within *services*, there is an opportunity now to 'go further' by:

- Making these services more familiar to other professionals and families through a co-produced, easily accessible Start for Life offer online and in print. The current Start for Life offer is detailed on the Trafford Directory: [Trafford Directory | Start for Life - Universal Support](#) but a series of improvements are being made this year to access to information and advice for families and professionals including:
  - o the Essential Parent platform, with packages of information to be given to families to suit their needs

- online 'padlets' for advice, resources and service details related to different ages and topics to supplement and point to and from the Trafford Directory
- printable guides.

- Sharing skills and resources beyond individual services - empowering families and communities to be healthy and to support parents and babies outside of core services, including for those waiting for service. Although partners are getting better at identifying needs and referring, they can lack capacity or confidence to offer early intervention. There will be a particular focus on:
  - early language and attachment with families and community partners (third sector, stay and play providers, leisure providers and peer supporters). This includes delivery of workshops, training, advice-lines / Consultancy offers, resource banks and peer-support schemes. This will be supported by the full roll-out over the coming year of the 'Essential Parent' platform, with evidence-based resource packs, which can be tailored to families' needs by professionals (including those outside statutory services).
  - Provision of a range of free, face to face (and online) antenatal and post-natal parent education opportunities. This is likely to be a focus of the North Trafford Family Hub pilot, subject to further co-production with families. Whilst midwifery capacity is very limited, a new parent education midwife has recently been recruited by MFT / TLCO and there are also plans to begin joint Parent Infant Mental Health (PIMH) and infant-feeding support groups for parents/carers in the new year, supported by the 0-19 service.

3.22. **Healthy Start Vitamins and Vouchers**: a multi-agency Trafford Healthy Start task force is working to increase uptake of the Healthy Start pre-paid card and vitamins for 0–5-year-olds. The ward of Bucklow St Martins has the greatest number of healthy start eligible beneficiaries (210) and uptake is 69% which is similar to the Trafford uptake rate of 68%. In North Trafford, 416 families are missing out on Heathy Start vitamins and vouchers (April 23), with take up lowest in Gorse Hill and Stretford (55.7%).

3.23. There has been training undertaken with key partners in Partington in particular, to ensure that they can support residents to access this benefit. Recently, the Early Help Hubs in Partington and Stretford have started distributing Healthy Start vitamins to those who receive this benefit, as well as selling the vitamins at cost price to those families who may not qualify for Healthy Start but are keen to ensure that they maintain nutritional intake for their children.

3.24. **Healthy weight**: the National Child Measurement Programme (NCMP) measures the height and weight of all children in reception and year 6 and is a robust method of assessing weight status of primary school children with over 95% participation.

3.25. In Trafford this programme is delivered by the school health team and participation in 2022/23 was 94.4% across both year groups.

3.26. Although prevalence of excess weight in Trafford pupils is similar to the national average, this masks significant inequalities between different groups especially at year 6.

3.27. However, the latest 2022/23 NCMP data for Trafford, shows that for reception-age children aged 4-5, inequalities in excess weight have narrowed since 2017/18 so that there is now no statistically significant difference between children living in the different quintiles of deprivation, caused by a reduction in overweight amongst the most deprived rather than simply an increase in the least deprived groups (Figure 5).

Percentage of Overweight Reception Children by IMD
Trafford, 2017/18-22/23
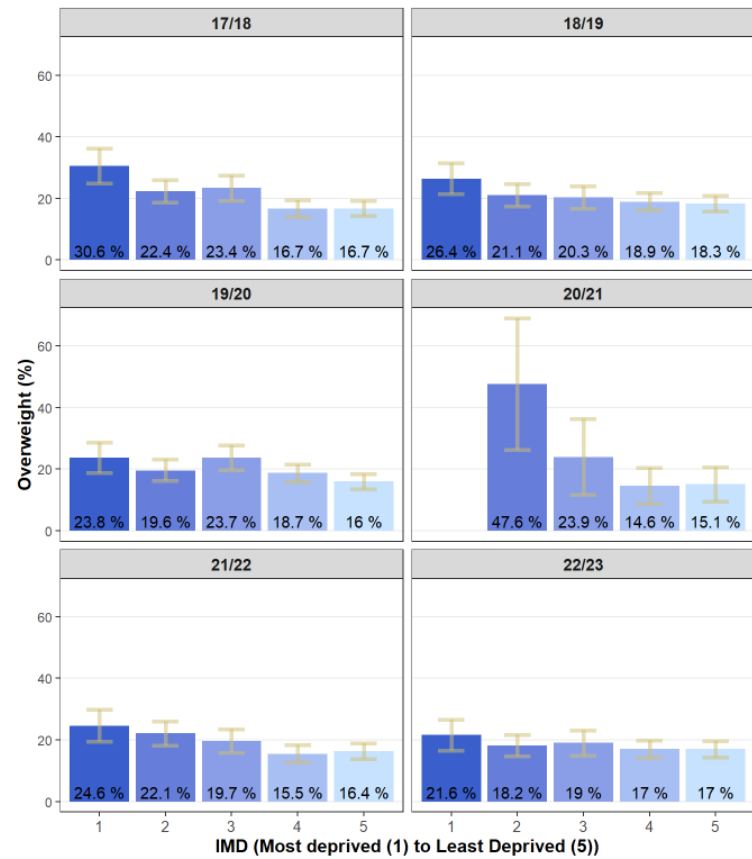
Percentage of Obese Reception Children by IMD
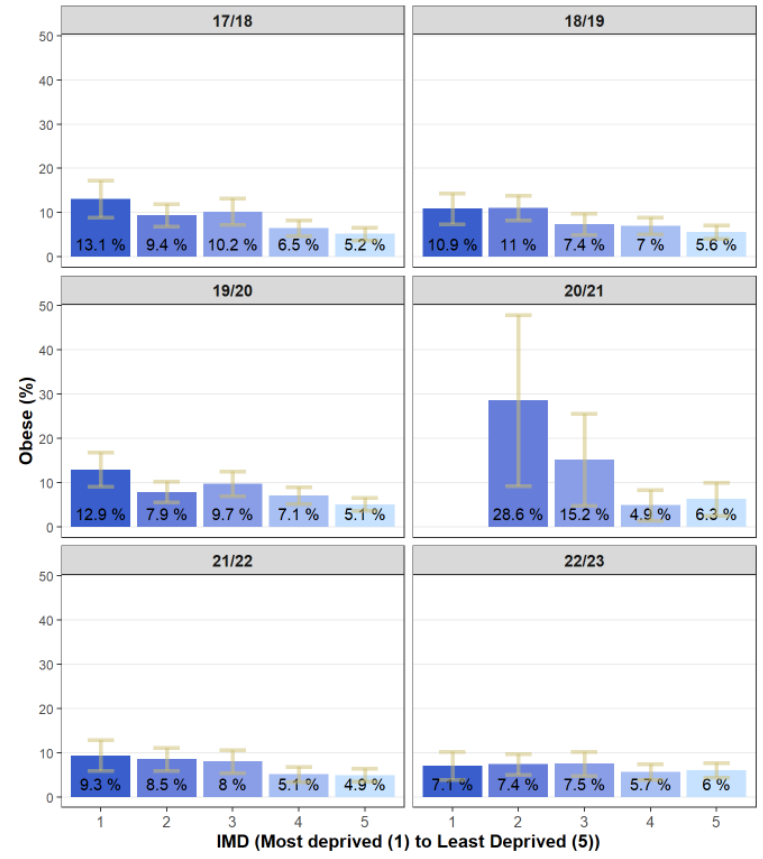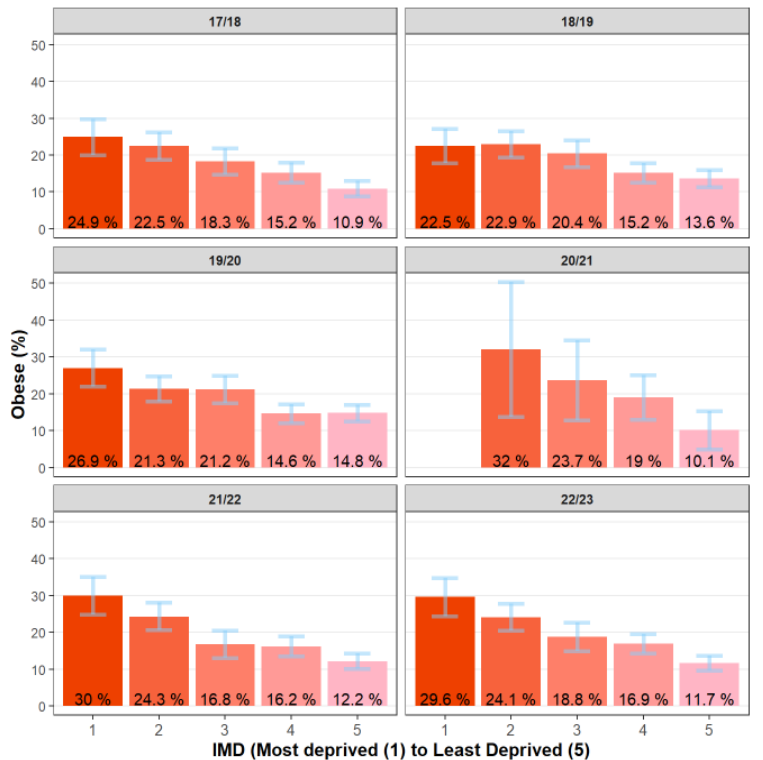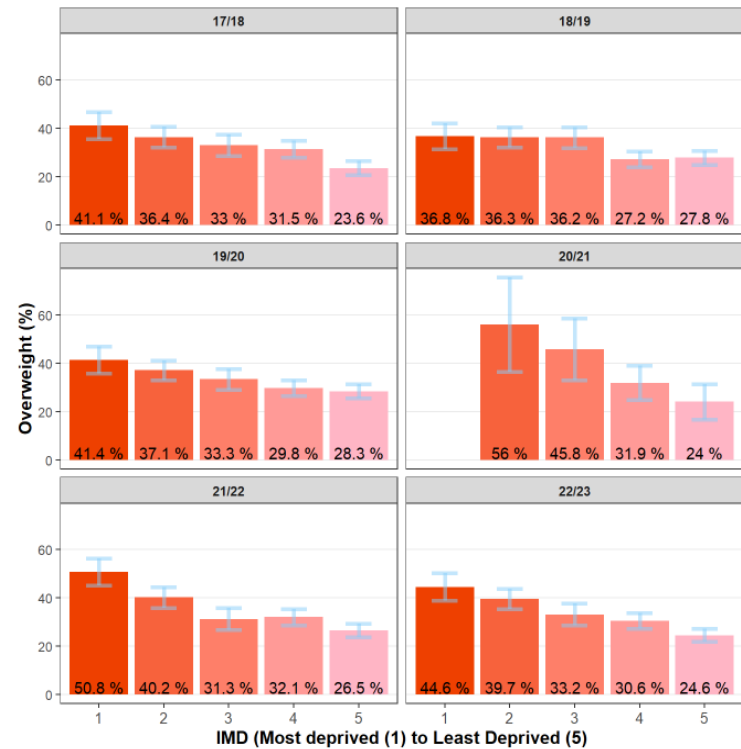Trafford, 2017/18-22/23

Figure 6: Percentage of overweight and obese Trafford reception pupils by Indices of Multiple Deprivation [IMD] Public Health dataset, Trafford Council, 2023)

Figure 5: Percentage of overweight and obese Trafford year 6 pupils by Indices of Multiple Deprivation [IMD] Public Health dataset, Trafford Council, 2023)

3.28. However, in children aged 10-11, the social gradient is more pronounced, and the

inequalities between children living in most deprived and least deprived communities is still significant (Figure 6).

3.29. As well as delivering the NCMP, the school health team provide public health support to schools, children and families around a range of health improvement topics, including healthy weight. School nurses also support a caseload of children and young people who need individual support with their weight and wellbeing.

3.30. The Public Health team also commissions a Family Wellbeing Programme that supports families around healthy eating, moving more and mental wellbeing. This is delivered in areas of greatest need and for families who are referred from teams such as Trafford Team Together. Currently, demand for this service is outstripping supply and referrals into this service are currently paused.

3.31. For children and young people who need more specialist support, NHS GM Trafford Locality team commission the CYP Specialist Weight Management Service through TLCO.

3.32. **Physical Activity**: there is a social gradient in physical inactivity, meaning children living in the most deprived communities more likely to be inactive than those in least deprived communities[11]. At a neighbourhood level, less than one-third (30.2%) of children and young people in North Trafford surveyed via the BeeWell survey[12] met the CMO guidelines of 1 hour of activity per day. (West – 39.8%; Central – 46.7%; South – 35.7%). In addition, achieving the recommended daily level of 60 minutes moderate-to-vigorous intensity physical activity can be difficult for children with disabilities.

3.33. Trafford Moving is the borough's sport & physical activity strategy, and this has identified seven key communities where people are less likely to be active. Each of these areas is in the process of co-producing a place-based activity plan, with Broomwood leading the way through the new Broomwood Moving partnership. These plans will be linked into the neighbourhood plans, which have identified key priorities in each neighbourhood. The place-based Trafford Moving plans will be developed in Old Trafford, Stretford, Gorse Hill, Sale West, Sale Moor, Partington and Broomwood.

3.34. Activity to address inequalities in physical activity in CYP includes the following:

3.34.1. Beat the Street – commissioned to deliver programme across North Trafford from early Spring 2024. Primarily aimed at primary school aged children and their families, this is a game that encourages people to get active by walking, wheeling or cycling around their community, swiping cards on Beat Boxes to earn points for their school, family or team.

3.34.2. School streets – Population Health fellow research project to enable Council to prioritise school street implementation based on deprivation, air quality and injuries to CYP caused by traffic collisions.

3.34.3. Holiday Activities and Food – funded holiday activities for CYP in receipt of free school meals including a meal for each child when they attend activities. We are working with providers and commissioners to improve the offer for SEND children and young people.

3.34.4. Short breaks offer being developed by Sport Works and Gorse Hill Studios, offering a mix of creative and active opportunities for children and young people at tier 2 who are unable to access universal services.

3.35. **Smoking and Vaping**: A Trafford Trading Standards Survey of young people in 2022 found that 10% claim to vape occasionally or regularly compared to the GM average of 22% and 77% had never tried a vape, which is higher than the GM average of 59%. However, the Voice of the Child Champions Group in February 2023 felt those

---

[11] Active Lives | Results (sportengland.org)
[12] Locality report (Trafford) (uomseed.com)

prevalence estimates are inaccurate, and the number of young people vaping was higher and that most people who vaped had not smoked before.

3.36. The Public Health Team is now hosting a Population Health Fellowship for a school nurse to undertake a day a week on research with young people on their experiences of vaping to develop proposals to protect their health, alongside study of population health.

3.37. In 2021. Public Health worked with Gorse Hill studio and Trafford's Youth Voice group to co-design resources on smoking and vaping for young people. During the 2022/23 academic year, Trafford School Health (MFT) delivered health promotion sessions on the risks and harms of vaping to approximately 45 Year 6 classes in Trafford Schools as part of the Crucial Crew.

3.38. The public health team have since commissioned Early Break to work with the School Health team to increase young people's, parents' and professionals' understanding of the risks, providing resources and webinars as well as one to one support and drop-ins to prevent young people starting smoking and vaping or help them stop.

3.39. The Government have announced a series of policy measures to create the first smoke free generation ('Stopping the Start'). This includes the phased introduction of a ban on sales of cigarettes, meaning that 13 year-olds today can never legally buy cigarettes. This will significantly improve the health of our future population, as long as this is accompanied by suitable deterrents to starting smoking and support to quit. The Tobacco Alliance is therefore putting in place plans to commission additional smoking cessation support for target groups in Trafford as part of a new grant which has been committed to as part of these reforms. There has also been commitment to fund enhanced enforcement, though details of this are yet to be confirmed.

3.40. Government are currently consulting on measures to reduce the appeal and availability of vapes to children, whilst ensuring vapes are available for adults to help them quit smoking. This considers (1) restricting the flavours and descriptions so that vape flavours are no longer targeted at children (2) regulating point of sale displays (3) regulating vape packaging so it is not targeted to children (4) stopping the sale of disposable vapes, which have been linked to the rise in vaping in children and are incredibly harmful to the environment and (5) closing loopholes which allow children to get free samples and buy non-nicotine vapes. Trafford Council Public Health Team are currently coordinating a Trafford response to this consultation in partnership with stakeholders through the Trafford Tobacco Alliance.

3.41. **Substance Misuse**: It is difficult to identify the nature and scale of substance use within young people, though there are good regional mechanisms to identify trends and emerging substances, which Trafford is part of. Up to date intelligence is shared through the new Trafford Substance Misuse, Alcohol and Gambling Partnership (TASMGP) which is currently developing its action plan. A joint strategic needs assessment is being developed with partners to describe what is known about substance use in Trafford, and the needs and existing support available for young people as well as adults. It is likely this will recommend improvements in data collection and sharing so that a wide range of partners are identifying and supporting young people who use substances, including alcohol.

3.42. The use of alcohol by young people has been of concern for some time, though recent data suggest that although Trafford still has higher rates of admissions relating to alcohol for under-18s compared to England, this may be reducing.

Admission episodes for alcohol-specific conditions – Under 18s (Persons) for Trafford
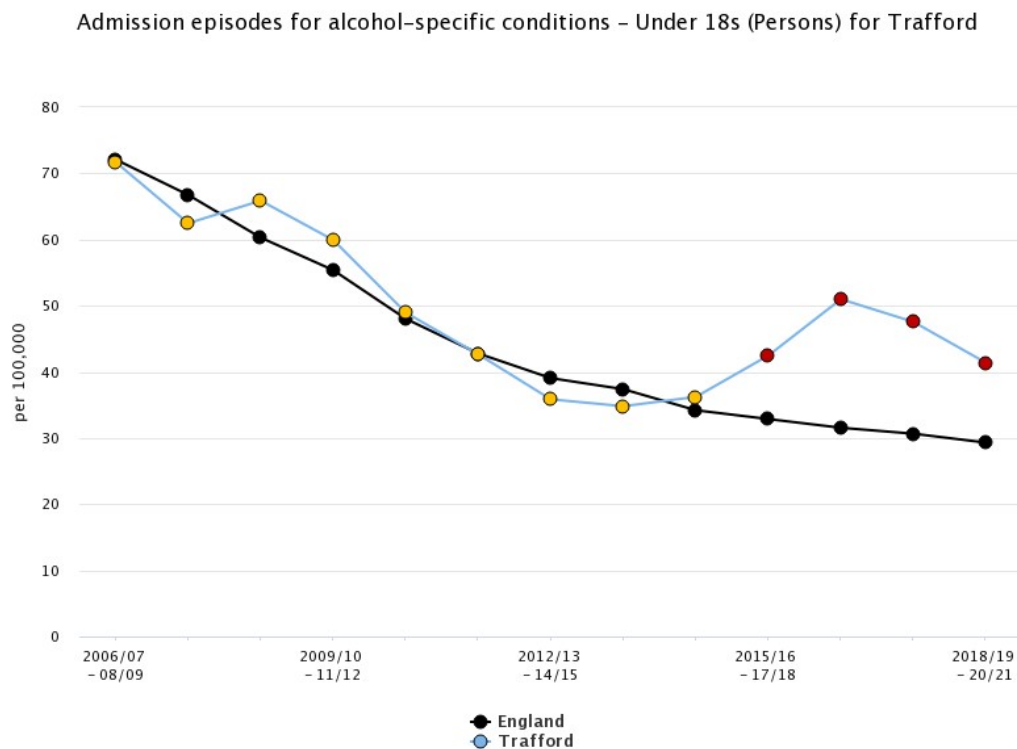
Figure 7: Rate per 100,000 of admissions to hospital for alcohol-specific conditions for under 18s, 2006 - 2021 (Office for Health Improvement and Disparities, 2022)

3.43. Early Break are commissioned to provide the core young people's service (prevention, work with schools, early intervention and treatment) as well as the Holding Families model to work with families where parents use substances. This is part of the ACHIEVE contract with GMMH as lead provider. However, public health have recently commissioned some enhanced activity around alcohol (as well as smoking and vaping as above). Early Break take an evidence-based approach and target intervention where possible, particularly through schools, youth justice and TTT. There is limited capacity in Trafford and a focus is on upskilling and linking to other professionals and young people themselves. Support for young people with both substance use and mental wellbeing needs (whether in services or not) is a priority for the TASMGP.

3.44. Early Break employs Voice to Voice workers; young people who have lived experience and who work with other young people to harness and use their voice to influence change. Trafford partners are keen to work with them -and other local groups of young people to better understand their experiences, particularly around alcohol use and changes since covid.

3.45. This will be covered in more detail in the paper requested by Scrutiny for January 2024.

4. Health and Care Support

4.1. Below a summary is provided for some key areas of public health and ICB activity, including the clinical areas from the CORE20PLUS5 for Children (see Figure 8, which is the national NHS framework to focus efforts on specific opportunities to address inequalities for children. In addition to a focus on the needs of the 20% most deprived

and specific cohorts to be defined locally, the framework identifies 5 clinical priority areas below:

Figure 8: CORE20PLUS5 key clinical areas of health inequalities for children and young people (NHS England, 2021)

4.2. **Oral health** - Tooth decay, whilst wholly preventable, is still the most common disease in childhood and the most common reason for children aged 5-9 years being admitted to hospital. It can cause pain and infection which can limit children's ability to learn, sleep, eat and play. Children living in areas of social deprivation are at particularly high risk. Tooth decay prevalence data for Trafford as a whole can mask significant inequalities experienced by specific groups. The sample size for the national surveys is not sufficiently large to allow for robust estimates of the dental health of specific groups within local authorities.

4.3. There is limited ward-level data on access to dental treatment for CYP and this shows that in Bucklow St Martins, for example, the percentage of children receiving fluoride varnish (a key preventative measure for good oral health) is lowest compared to other wards in Trafford, but the proportion of children who received urgent dental treatment was the highest.

4.4. The national survey for 5-year-olds is being undertaken this year, and Trafford have secured additional funding to commission an enhanced survey, to provide additional granularity and to understand levels of tooth decay in specific neighbourhoods for the first time.

4.5. Public health have developed two programmes to address inequalities in oral health: toothbrush and toothpaste distribution via health visitors, and a supervised toothbrushing scheme. Toothbrush and paste distribution via health visitors is a universal one-time offer, with families most in need receiving further packs as required (up to 4 packs per year). In addition, Public Health are working with Early Help Hubs to set up a process for selling toothbrush and paste packs at cost price for families in areas of greatest need. These will be significantly cheaper for families than purchasing at retail price.

4.6. The supervised toothbrushing programme is delivered by NHS Bridgewater Foundation Trust. The team will visit nurseries and early years settings and deliver training to staff and children on effective toothbrushing and provide a set of toothbrushes for the children to use on a daily basis. This programme is focused on settings in our most deprived communities.

4.7. In addition, we provide toothbrush and toothpaste sets for vulnerable cohorts, such as children and families within the resettlement hotels and homeless accommodation.

4.8. **Asthma**: is the most common long-term medical condition in children in the UK and causes regular disruption to education and social activities for many sufferers. NHS England[13] reports that outcomes are worse for children and young people living in the most deprived areas.

4.9. In 2022-2023, 11% of Trafford young people aged 11-17 years were in receipt of an asthma prescription. The rate of emergency hospital admissions for asthma among children and young people aged under 19 in 2017/2018 was 174 in England, 165 in Wales and 157 in Scotland (all per 100,000 children and young people aged 0 to 18 years). The rate in Trafford is 84.7 per 100,000 so well below the England rate.

4.10. Trafford is part of the Greater Manchester and Eastern Cheshire Children and Young People's Asthma programme which is overseeing an action plan including early and accurate diagnostics and preventative medicine.

4.11. Prevention of asthma and exacerbations requires work with housing and environmental improvements to ensure clean air, which are priorities within the Greater Manchester Strategy.

4.12. **Epilepsy**: in 2021/22 the admission rate for epilepsy for under 19 year olds is 26.1 per 100,000. This is much lower than the England average of 73.6. The GM Children and Young People's (CYP) Epilepsy Working Group provides oversight and governance for delivery against the GM Children's Epilepsy improvement Programme with the overall aim of improving epilepsy care in children and young people.

4.13. **Diabetes**: Trafford has a rate of under 19 admissions of 52.2 per 100,000 compared to England average of 58 per 100,000 and a North West average of 64.4. The GM children and young people Diabetes Transformation Programme Group will provide oversight and governance for delivery against the GM Children's Diabetes Improvement Programme with the overall aim of improving diabetes care in children and young people, and reducing health inequalities.

4.14. **Mental Health and Wellbeing**: It is widely reported that demand for children and young people's mental health and wellbeing services has increased in most areas. The effect of the covid-19 pandemic and limitations on social contact appears to have contributed to genuine increases in poor emotional wellbeing though it may also have increased discussion and recognition of issues. A major national study, Covid Social Mobility & Opportunities Study (COSMO)[14], highlights the inequalities experienced by a number of disadvantaged groups of young people. For example, of the 11,000 young people aged 17-18 years:

- 44% of young people aged 17-18 years could be classified as experiencing high psychological distress between November 2022 and April 2023, mirroring last year's COSMO study percentage (44%). When compared to studies pre-pandemic, we have seen a large increase, from 35%.
- those who live in more deprived areas are twice as likely to have not received support for mental health or still waiting for support (39%), compared to those living in more affluent areas (18%).
- A link can also be drawn between the increased rate of high psychological distress and ongoing high persistent school absence levels, which have risen from 13% pre-pandemic to 22% this year.

---

[13] NHS England » Childhood asthma
[14] mental-and-physical-health.pdf (cosmostudy.uk)

- Students attending state funded schools were twice as likely (32%) to say that their school's mental health support was not good enough compared to students attending private schools (16%).
- Young people who reported having long COVID were more likely to be classed as experiencing high psychological distress (58%) compared to those who have never had long COVID (43%) or COVID at all (37%).
- When looking at differences by sexual orientation, the study shows that LGBTQ+ young people were more likely to indicate signs of mental health. 47% of bisexual young people, 37% of gay/lesbian young people and 44% of those young people with other sexualities reported having self-harmed, a huge contrast to 9% of young people who identify as heterosexual.

4.15. Emotionally-based school avoidance (EBSA) is more widely reported and services outside of traditional mental health provision report dealing with increasingly complex social and emotional needs of young people, in Trafford as elsewhere. The graph below shows the increases in number of school children with Special Education Needs (SEN) who are identified as having social, emotional and mental health as the primary type of need, as a percentage of all school pupils.

School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs for Trafford
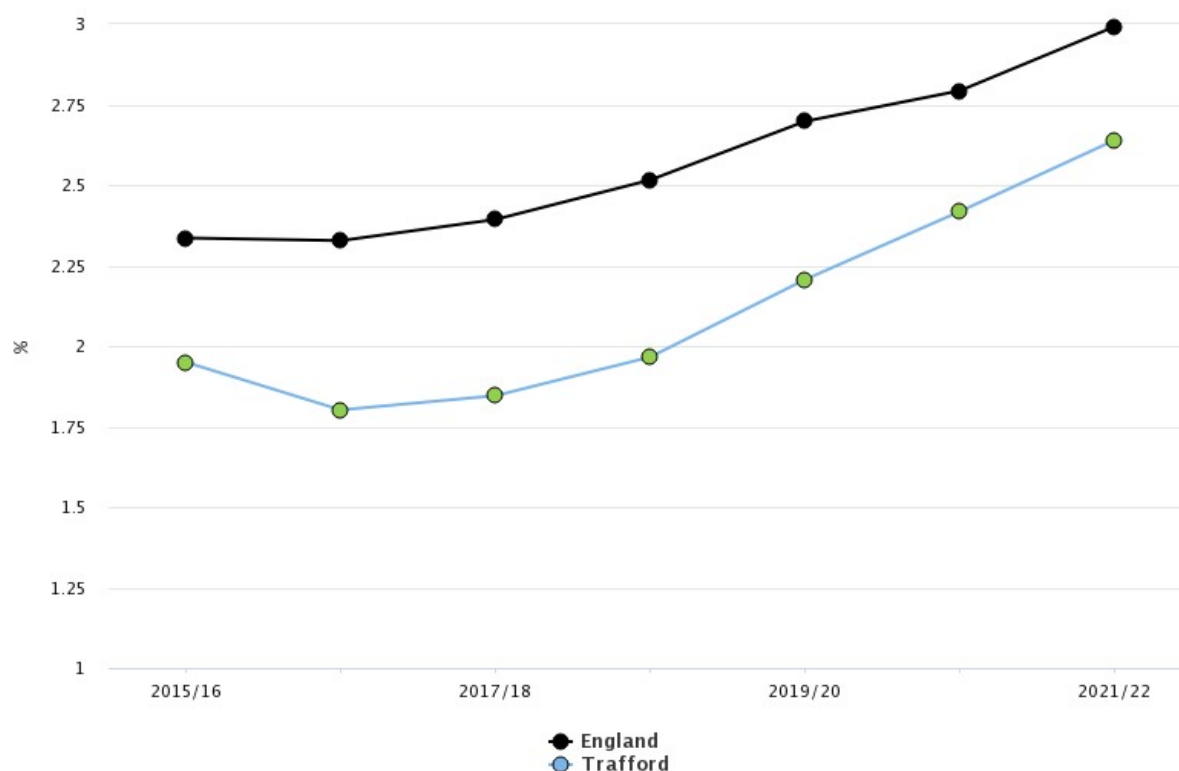

Figure 9: Percentage of school pupils in Trafford with social, emotional and mental health needs (Office for Health Improvement and Disparities, 2022)

4.16. There were 160 hospital admission episodes in Trafford for self-harm in 10-24 year olds. As a rate per 100,000 this was statistically similar to the England rate though lower than the NW but still represents too many children in crisis. Understanding more about this cohort is critical to preventing escalation of need. It is notable that the all-age rate for admission for self-harm is lower than the England average.

4.17. Referrals to Trafford's commissioned children's mental health services are fairly evenly spread across the four neighbourhoods but, as with all demand-based figures, this will be the result of a range of factors including families' ability to self-advocate and professionals ability and capacity to recognise and refer families, all of which leads to inequalities amongst families based not (solely) on the needs of the child but on the system around them.

4.18. There is a lack of intelligence on the experiences of different groups of young people in Trafford. However, there are well researched inequalities in mental health experiences for young people who are in contact with the youth justice system, those who have SEND and those who are care-experienced, for example. See **section 5** for more about specific cohorts of focus. There is also research on the differential experiences of LGBT+ communities and black and minority ethnicity people, in terms of identification of needs and provision of support, though much of this focuses on adults[15]. As a stark example of the need to actively target inequalities, the Centre for Mental Health evaluation highlighted that boys from African and Caribbean communities in the UK have lower levels of mental health problems at age 11 compared to White or mixed heritage boys. However, national data shows that African and Caribbean men in the UK are much more likely to develop some types of mental health problem during adulthood such as symptoms of schizophrenia. This does not occur in countries with a predominantly Black population so appears to be an environmental risk related to experiences in northern Europe and the United States[16].

4.19. The Thrive in Trafford Group has been created to bring together service offers and make joined up decisions to improve young people's mental health and wellbeing. Action plans are being developed based around the Advancing Quality Alliance (AQUA) review conducted last year. The Group has responsibility for the Children and Young People's Mental Health Local Transformation Plan and the children's elements of the new All Age Mental Health Strategy and these inequalities will be highlighted within that, with measures required to monitor impact.

4.20. There is increasing activity to provide support for young people's mental wellbeing in education settings and/or for school-aged children. This includes:

4.20.1. **Mental Health Support Teams (MHSTs):** In 2021, Trafford was selected to receive funding for MHSTs in primary and secondary schools. The aim is to provide evidence-based interventions to children presenting with mild to moderate mental health and emotional wellbeing issues whilst supporting schools to develop their whole school approach to promote mental wellbeing. The breakdown of where MHSTs are currently based in Trafford can be seen below, with more provision in the North of Trafford, recognising the complexity of needs in that neighbourhood.

Table 4: MHSTs breakdown of coverage by neighbourhood (Trafford Clinical Commissioning dataset, 2023)

MHST's (October 2023)	North	West	Central	South	Total by school setting
Primary	8	3	6	5	22
Secondary	3	4	2	3	12
	11	7	8	8	34

4.20.2. Trafford has recently received additional funding to expand the number of MHSTs. The 3 secondary schools will be selected in November 2023 based on

---

[15] Facts and figures about racism and mental health - Mind

[16] https://www.centreformentalhealth.org.uk/publications/against-odds/

mental health needs and inequalities and will be chosen by the Thrive in Education panel members following schools submitting an expression of interest.

4.20.3. **Think Equal**: is an early years programme that supports the social and emotional well-being and development of young children with a strong social justice element. The programme was funded across all reception classes in Greater Manchester. Trafford is one of the few boroughs to achieve 100% take up. As the programme has a strong evidence base which has been demonstrated across a number of countries across the world, Trafford have invested in this for all nursery school aged children too to ensure an even earlier approach.

4.20.4. **Headstart**: this programme is commissioned by the Public Health team to support year 6 children through the transition from primary to secondary school. The programme was developed by NHS Lancashire and the English Football League Foundation, using community charitable arms of professional football clubs. In Trafford, Foundation92 has delivered over 70 sessions to 15 pupils in primary school settings since the summer. It is targeted at schools in areas of greatest need based on deprivation, high rates of referrals to CAMHS and lack of access to Mental Health Support Teams (MHSTs). The programme aims to target inequalities, with 46% of those pupils accessing the Headstart programme residing in our most deprived areas (IMD1 & 2 deciles).

Other areas of health and care activity

4.21. **Sexual Health**: A Joint Strategic Needs Assessment for sexual health has recently been completed which highlighted that the pandemic appears to have shifted young people's use of sexual health services, with attendance at traditional services having reduced considerably. It is unclear how much of this is related to changes in behaviour and how much to accessing required information and services online or in other providers, but trends are being monitored with hopes to conduct more in-depth engagement with young people on this.

4.22. In 2022, Trafford screened 11.9% of its total 15-24-year-old population for chlamydia; the 4th lowest in GM, 5th lowest out of its CIPFA neighbours, and below the national (15.2%) and GM (14.0%) averages. Areas of higher deprivation, particularly Sale Moor and Gorse Hill, have higher rates of chlamydia detection for 15–24-year-olds, compared to other wards in Trafford. This may be indicative of better access to screening and/or higher prevalence. 20–24-year-olds make up the highest proportion of chlamydia diagnosis (36%), 83% of people diagnosed were heterosexual, and 70% were of White British ethnicity.

4.23. The introduction of HPV vaccination in young women and men has significantly reduced the prevalence of genital warts and herpes since 2012, though Trafford still has relatively high rates compared to others in Greater Manchester.

4.24. In addition to young people's services through the all-age Integrated Sexual Health Service (The Northern at MFT), Brook is commissioned to provide a dedicated Young People's Chlamydia and Gonorrhoea Screening Service and as specialists in young people's sexual health they also provide signposting and support for a range of relevant issues.

4.25. **Reproductive Health and Contraception**: Since the introduction of the Teenage Pregnancy Strategy in 1999, Trafford achieved a 73.5% reduction in the under-18s conception rate up to 2020, in line with the national trend. Trafford now has the lowest under-18s conception rate in GM and the 3rd lowest out of its CIPFA neighbours. This may be partly explained by Trafford having the highest proportion of under-18s conceptions leading to legal abortions out of its GM and CIPFA neighbours in 2021 (73.5% compared to 55% GM). This indicates good access to abortion care.

4.26. The proportion of women under 25 years old receiving an abortion in 2021 who had previously had an abortion was 32.8%; similar to the national and GM averages of

29.7% and 32%. The rate in 2021 was the highest since 2014, indicating an upward trend and may indicate an issue with access to or use of contraception.
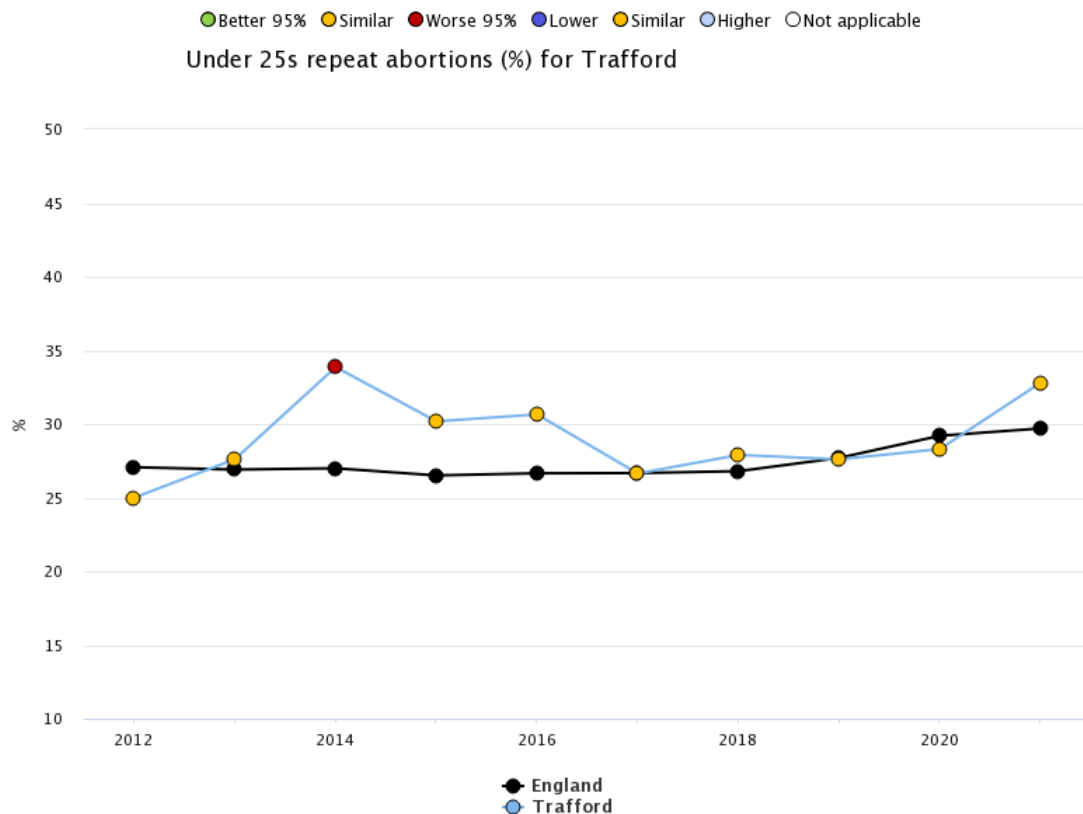

Figure 10: Under 25s repeat abortions (OHID, 2023)

4.27. In 2021, 42.1% of women under 25 years chose LARC (excluding injections) at SRH services, higher than the England average of 37.3%. Trafford's rate has risen steadily from 20.2% in 2016, with a sharp increase of 11.3% from 2020 to 2021.

4.28. For young people who do continue their pregnancy, support is provided through specialist midwives and the Bumps and Butterflies Group run by TalkShop for new young parents and their babies.

4.29. **Immunisations**: High quality, effective and wide-spread immunisation programmes are key to preventing the spread of infectious disease and protecting the health of both individuals and the wider public. However, there are avoidable inequalities in immunisation rates, as the likelihood of complete and timely vaccination is influenced by factors such as where people live, their socio-economic status and their ethnic group. Uptake and coverage of routine immunisation programmes has also fallen since the pandemic, both across the UK and within GM.

4.30. Although locality Public Health and NHS teams do not commission immunisations, we play an important role in ensuring that the programmes are tailored to local health needs and address health inequalities.

4.31. For example, as part of Greater Manchester's measles preparedness efforts, Trafford Public Health and GM Integrated Care (Trafford) have developed our own measles action plan. Increasing uptake and coverage of measles, mumps and rubella (MMR) vaccination in 0-5 year olds, and reducing inequalities in coverage between groups in our population is a key priority within the action plan.

4.32. Efforts are being focused on children registered at the four practices in the North neighbourhood, which have the lowest rates of uptake and a disproportionately young

registered population, which increases the risk of measles cases and outbreaks in this part of the borough. Our communities in the North neighbourhood are the most deprived and ethnically diverse in Trafford so reasons for historically low uptake of MMR vaccination are likely to be multifactorial but may include: language barriers, religious and cultural concerns and issues with access and capacity in the local health system.

4.33. Public Health and GM ICB Trafford have co-commissioned Voice of BME (VBME) to undertake assertive 'call and recall' activities, speaking to families in community languages to provide information and assurance about MMR vaccination and encourage informed consent. Additional community engagement activities are taking place to increase awareness of measles risk and MMR vaccination among residents and local professionals.

4.34. The project started at Limelight in mid-October contacting the 56 children identified as having incomplete vaccination status. Of the 35 who were successfully contacted, 23 gave informed consent for vaccination and booked an appointment during the call. 5 of these children have now been vaccinated with a further 10 booked in over the next few weeks.

4.35. This will provide additional protection for the wider community as well as the individuals vaccinated, in an area of the borough where vulnerability to disease is high. The project has also gathered valuable intelligence about residents' attitudes towards vaccination to inform ongoing efforts to increase uptake.

4.36. The VBME volunteers are now moving on to other Practices. The model is low-cost and quick to mobilise and a similar approach has been used by the School Health team to increase uptake of HPV vaccination in Stretford in the past.

4.37. **Injuries:** the rate of emergency admission for injuries in under 15 year olds in Trafford over the last 5 years is higher than the England average, with variation across Trafford Middle Super Output Areas as seen below. However, taking the latest available year's data (2021) Trafford's rate is in line with England on average, suggesting a decrease over recent years, though some areas still have significantly higher rates than average:

Emergency hospital admissions for injuries in under 15 years old, crude rate 2016/17 - 20/21   Crude rate - per 10,000

Area	Count	Value		95% Lower CI	95% Upper CI
England	465,044	92.0		91.8	92.3
Trafford	2,355	99.6		95.7	103.8
Firswood	125	144.4		120.2	172.0
Lostock & Stretford Meadows	90	141.2		110.7	170.0
Old Trafford	155	125.3		105.6	145.7
Ashton upon Mersey North	75	119.9		92.9	148.5
Gorse Hill	115	119.5		98.7	143.5
Partington	125	115.3		96.8	138.4
Trafford Park East & Sevenways	105	114.9		96.0	141.5
Timperley East	95	112.1		91.7	138.3
Bowdon	80	108.7		86.2	135.3
Ashton upon Mersey South	70	106.5		81.7	132.9
Flixton & Moorside	75	101.5		81.1	128.8
Trafford Park West & Kingsway Park	70	99.0		74.7	121.9
Urmston East	60	98.4		73.6	124.8
Sale North	85	97.4		76.7	119.1
Sale Moor	85	96.1		74.7	116.3
Broadheath & Firsway	110	95.9		80.4	117.5
Altrincham East	105	95.4		77.2	114.5
Stretford East	75	94.0		74.0	117.9
Altrincham West, Dunham & Warburton	80	91.4		72.5	113.7
Urmston West	50	88.6		65.7	116.8
Hale	85	87.3		70.6	109.0
Davyhulme	60	82.6		63.0	106.4
Timperley North	70	81.7		65.8	105.9
Hale Barns	65	79.3		60.1	99.7
Timperley South	55	77.8		57.4	99.7
West Timperley	70	77.2		58.2	95.1
Sale Central	70	75.0		58.4	94.7
Sale East	60	70.0		51.4	87.5

Figure 11: Rate of hospital admission for intentional and unintentional injuries in 0-14 year olds in 2021 (HES / OHID, 2023)

5. Next steps

5.1. Trafford's Public Health Team and partners across the Council are committed to supporting all our children and families to have the best start in life and to reduce the impact of health inequalities. We will continue to do this by:

- Working across the health and social care system advocating for our children and the communities they live in.
- Advocating for system-wide improvements in recording of protected and other key characteristics and sharing of appropriate population data to allow for pro-active analysis of and intervention in inequalities.
- Commissioning services and working with other commissioners to promote 'proportionate universalism'; that is, providing more for those who need more in order to ensure equal access, experiences and opportunities.
- Working with colleagues in children's services, all-age commissioning and providers, to improve access to information and advice for 'families, young people and professionals. This includes developing and launching Essential Parent platform, online 'padlets' and printable guides.

5.2. Executive and shadow members are asked to continue to advocate for and support ongoing work to reduce the impact of health inequalities on outcomes for our children through:

- The work of the Health and Wellbeing Board and Locality Board, new Fairer Health for Trafford Partnership and wider children's governance
- Engagement and co-design mechanisms to enable a better understanding of young people's experiences within Trafford, ensuring these routinely inform design and delivery of our response
- The neighbourhood health and care program, ensuring children are a priority cohort within the networks, bringing together partners at a neighbourhood level and sharing intelligence about what is happening on the ground.

This page is intentionally left blank