



TRAFFORD COUNCIL

AGENDA PAPERS FOR CHILDREN AND YOUNG PEOPLE'S SCRUTINY COMMITTEE

Date: Tuesday, 23 January 2024

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.	MINUTES	1 - 12
	To receive and, if so determined, to approve as a correct record the minutes of the meeting held on 21 st November 2023.	
4.	SUBSTANCE AND ALCOHOL SUPPORT FOR YOUNG PEOPLE	13 - 22
	To receive a report from the Director of Public Health.	
5.	SEND INSPECTION REPORT	To Follow
	To receive a report from the Corporate Director for Children's Services and the Director for Education Standards, Quality, and Performance	
6.	SCHOOL PLACE PLANNING	To Follow
	To receive a report from the Director for Education Standards, Quality, and Performance.	

7. 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.

8. 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, Democratic Officer,
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This agenda was issued on **15 January 2024** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH

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CHILDREN AND YOUNG PEOPLE'S SCRUTINY COMMITTEE

21 NOVEMBER 2023

PRESENT

Councillor D. Western (in the Chair).

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

In attendance

Councillor K. Carter	Executive Member for Children and Young People
Jill McGregor	Corporate Director for Children's Services
Karen Samples	Director of Education Standards, Quality, and Performance
Sarah Butters	Head of Education Places, Access and Vulnerable Children
Helen Gollins	Director of Public Health
Martina Mould	Public Absence Team Leader
Kate Shethwood	Public Health Consultant
Tracey Staines	Head of Service – Vulnerable Adolescents
Zoe Sweeney	Head of Early Years and Family Help
Harry Callaghan	Governance Officer

APOLOGIES

Apologies for absence were received from Councillors S. J. Haughey, E.L. Hirst and D. Acton

27. DECLARATIONS OF INTEREST

No declarations were made.

28. QUESTIONS FROM THE PUBLIC

The Chair informed the Committee that three questions had been received from members of the public. The first was related to agenda item five, with the second and third related to agenda item 7.

1. I would like to know why schools are able to set their own school holidays? Family time should be a priority and where there is no co-ed option for high schools in an area, holidays MUST be standardised. For example, this year my son & daughter do not have any holidays together in February break or Easter. I do hope Trafford do not intend to fine any parent choosing to holiday over these two periods as that would not be fair, all six breaks should be available for parents to utilise.

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I have never taken my children out of school, and will probably not do so, however I think the question regarding fines needs asking on behalf of parents wanting a cheaper holiday, especially in a cost-of-living crisis.

A verbal response was provided by the Director of Education Standard, Quality, and Performance and this can be seen below –

The Local Authority are only responsible for setting the dates of school holidays for community and voluntary controlled schools. Academies and free schools, including Wellacre and Flixton Girls School, have their timetables decided by their governing body's or with the trust. We have received this question in the past, and feedback from families has been shared with headteachers of these schools. Quite recently, we had the Secondary Headteachers meeting, where the discussion was had around the next round of school holidays, and we always endeavour to consult with all of the schools and take into account neighbouring authorities school dates. The schools recognise that they will work better together in the future to make sure there is greater alignment, but ultimately the responsibility does sit with their governing bodies and trusts.

2. What are children and young people's views on inequality and how have their views and opinions been collected?

A verbal response was provided by the Public Health Consultant and can be seen below-

There have been some programmes of work described in the paper that have involved engagement, sometimes referred to, sometimes not in the paper. We do recognise that there has not been work done on inequalities more generally, as it has often been on a specific piece of service development. More can be done now to bring together that data and insight from individual pieces of work, with a more systematic and deeper analysis of young people's experiences of inequalities, which will form part of embedding children's advocacy and participation in all our work.

There's an existing participation and engagement strategy 2022-25, which outlines Trafford's commitment to harnessing young people's voices and using this. Groups involved in this strategy included the Children in Care Council, Youthwatch, Trafford Youth Cabinet, and the Aftercare Forum among others. Some of those bring together young people with experiences who are often less well heard than others.

There's a lot of work going on with those groups and with partners in and amongst the Council to review the participation and engagement strategy and the current infrastructure to make sure that the voices of young people are engaged with and reach the right strategic forums and decision makers.

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3. There has been just one mention in the report of the 'beewell' survey; will Trafford be doing any more evaluation of the data from that survey as it gives a detailed understanding of how our children and young people are?

A verbal response was provided by the Public Health Consultant and can be seen below-

This year's survey is just closing, with approximately 16 schools signing up to this. The survey provides a useful breakdown by neighbourhood, which can often be hard to source from other data sets and was found when producing this paper. The results do require further interrogation and interpretation and it should be noted that the survey is completed by specific young people, in specific schools, so it is not a representative sample but is nonetheless a useful starting point.

There is a dashboard developed by the University of Manchester to provide an after-glance view for neighbourhoods and different authorities to compare with each other. Anybody with an interest can access on that, so we would be happy to take views on how to make the most out of that.

In terms of within the Council, previously the results have been shared through the Start Well board, to consider the implications for partners. It is also valuable that schools have a line of sight to those findings. The findings have informed commissioning plans and are referenced in the mental health joint strategic needs assessment. Once this year's findings have been published, we are committed to taking these through the young people's engagement mechanisms to supplement the high level of data.

29. 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.

30. SCHOOL ATTENDANCE

The Director of Education Standards, Quality, and Performance opened by recognising guidance published by the Department for Education (DfE) in May 2022, which was labelled 'Working together to improve school attendance'. The Director of Education Standards, Quality, and Performance highlighted that this was currently non-statutory, however, the Secretary of State had committed to making it statutory. The Committee were informed that this guidance had been established to define the roles and responsibilities of different stakeholders to maintain high levels of attendance. The Director of Education Standards, Quality, and Performance spoke of the high amount of work ongoing within Trafford around this, particularly, discussions looking at Trafford's strategies regarding the DfE's guidance. She highlighted that Trafford, overall, are proud of their attendance data, with this being one of the highest in the country, a positive highlighted also by the DfE and Ofsted. The Director of Education Standards, Quality, and

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Performance referred the Committee to latest published data, which had been included within the report provided. She hoped this highlighted the strong picture for children with SEND, but that there was possibly more work to be done in the secondary sector.

The Director of Education Standards, Quality, and Performance also highlighted the data around the impacts of poor attendance, and how bad this could be for results. The Council was being clear that this was everybody's business, with schools and partners encourage to work with rather than against families.

The Committee were informed that officers had established a model draft attendance policy aimed at getting consistency across the borough, on request of schools, with guidance also produced to enhance the culture around attendance in schools.

The Director of Education Standards, Quality, and Performance referred the Committee to the report and its inclusion of Emotionally Based School non-attendance (EBSNA), informing the Committee that they were acutely aware of this issue, especially post-pandemic. The guidance toolkit produced on this had been done by Trafford's Educational Psychologist (EP), who had led with working with colleagues across Greater Manchester (GM) to develop a toolkit that explains the factors on attendance difficulties.

The Director of Education Standards, Quality, and Performance spoke of the work of the virtual school, with the Head of the Virtual School aware that attendance for cared for children was a concern and had a clear priority around improving school attendance for vulnerable cohorts.

One of the expectations from the guidance produced by DfE was to hold targeting support networks on a termly basis for every school. The work on this had begun with a RAG rating in place to work with those red schools as a priority.

The Chair thanked the Director of Education Standards, Quality, and Performance for the report and asked if the Committee had any questions.

Councillor Sutton asked about persistent absence being a potential early sign of safeguarding issues. He felt that there needed to be a more specific inclusion of the statutory need to consider safeguarding issues.

The Director of Education Standards, Quality, and Performance recognised that attendance was a protective factor for some vulnerable young people. She informed Councillor Sutton that the Head of the Virtual School had greater oversight for children who were potentially in need of child protection. She did say that there were panel meetings happening every week, which was a multi-agency approach to consider the circumstances behind absence.

The Public Absence Team Leader came in and informed the Committee that there was a lot of multi-agencies work ongoing, and that it was imperative that the

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Council addresses persistent absence as it could be a massive safeguarding concern.

The Head of Early Years and Family Help spoke of how persistent absence was a concern, and keeping children safe was a priority. She spoke of the importance of early intervention and prevention, and not waiting for it to get as low as 50% attendance. The Committee were informed that the Head of Early Years and Family Help manages the Trafford Team Together (TTT) service, which had a huge commitment to a family help offer that invites schools to speak about the children they have the greatest concern about, at the earliest opportunity. The Director of Education Standards, Quality, and Performance finished by saying that there were clear expectations that if a child was absent from school, they should be contacting families.

Councillor Ennis recognised the good data for absence in Trafford but felt that the issue was so bad across the country, it should remain an issue. He mentioned that persistent school absence was trending upwards rather than down in Trafford but welcomed the work on early intervention. His first question was if there were specific days of the week that come up more often. He asked how school absence data compares from year groups that started primary school before the pandemic, compared to those who started during the Covid years. He asked what was being done to bring down the high rates of children with an EHC Plan missing an alarming amount of school. His final question asked how many children with EHC plan were currently without a school place.

The Director of Education Standards, Quality, and Performance started by providing assurance that just because Trafford was very high nationally, that they will not become complacent. On the data around children with EHC plans, the Director of Education Standards, Quality, and Performance spoke that the Council was clear at targeting those schools having the greatest impact on overall attendance data. She provided the example of how at one SEND school, they were having a problem with attendance since covid and that this was now becoming entrenched. To counteract these issues some offsite placements had been created, to manage some of the barriers that these young people have to return to former attendance.

The Head of Education Places, Access and Vulnerable Children noted that the attendance data for 2022/23 was indicative and was not fully verified as of yet. She shared the most recent data, with rates of persistent absence rates down 2.8%, significantly better than the national rate. The most significant improvement was in the secondary sector rates, with a decrease of 4.1%, with rates for children with EHC Plans also being shared.

Regarding Councillor Ennis' questions on year groups and days of the week, data would be provided outside of the meeting. The Head of Education Places, Access and Vulnerable Children shared that absence per year increases year on year from reception up to year eleven. The Public Absence Team Leader added that historically Mondays and Fridays have been the worst, however, moving forward,

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the Council was now data rich in this regard and could look at this in more detail moving forward. There had also been an increase in leave of absence in term times.

Councillor Paul raised concern around the procedure if a child was not attending due to bullying, and what was being done around this issue. She also asked what Councillors could do when this was raised by constituents.

The Director of Education Standards, Quality, and Performance responded that the Council probably does not hold this level of detail, but that it would play into the work around EBSNA, as this was something that often comes up through the EBSNA toolkit. The Head of Early Years and Family Help mentioned that it was something that was picked up in the TTT approach and came up more in the south of the borough. The strength of the TTT approach, was the ability to capture child and young person approach in working alongside them. The Public Absence Team Leader responded that parents contact the pupil absence team directly, and work was then done to address those issues. The Public Absence Team Leader was asked to provide the contact details for this team.

The Chair asked if the higher levels in the south of the borough came back to inequalities with greater access to social media. The Head of Early Years and Family Help felt that this was an important point and thought that the bee well survey, and its results would be interesting as it aims to capture the young person's voice.

Councillor Parker mentioned the suggestion in the report that it was 3x more likely for looked after children to be persistently absent, and wanted to know what could be done to make sure support did not reduce as the Council comes under greater financial pressure. Councillor Parker also raised that she was conscious that the responses had been taken from the TTT model, but that this had not been fully rolled out across the borough, so questioned what was filling the gap.

The Director of Education Standards, Quality, and Performance said that attendance of cared for children was of a concern, with a lot of analysis going into the reasons for that. She spoke highly of the virtual school and its rich resource to manage the needs of looked after or cared for children. However, multi-agency discussions and panels were taking place to look at that issue.

The Corporate Director for Children's Services also spoke highly of the well-resourced virtual school and mentioned a deep dive that had come to the most recent corporate parenting board, around education of cared for children. The Corporate Director for Children's Services also informed the Committee of the annual bridge conference that had been established, which looked at building a bridge between the work done by the Virtual School and the Council's children social care services. The Corporate Director for Children's Services said that she would share the virtual school annual report. Councillor Parker asked if the data in the annual report included the number of cared for children who went onto higher education. The Corporate Director for Children's Services responded that it does, and the Council has good numbers for this.

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The Head of Early Years and Family Help responded that TTT was not yet in central Trafford, but assured Councillor Parker that the Early Help Panel was in place in this area, which SEND assessment had praised. However, she assured that the Council was committed to the TTT approach.

Councillor Bennett felt that officers should not underestimate the impact this has on parents. The Director of Education Standards, Quality, and Performance said that it was heart-breaking to hear some of the stories, with the educational psychology service providing webinars to parents to offer advice, guidance and support. The Public Absence Team Leader agreed that support for parents and families was key, and that building relationships with parents was really key when supporting problems with school attendance.

Councillor Procter spoke of her love for data but wanted more in-depth detail. This included the causes of absence, whether it varied geographically, and felt that the Council was doing what it could but felt that more could have been done. She responded that this was certainly something that could be taken away and said that the North was where the highest levels of absence were seen. She mentioned that as more data came to light on geographical imbalances, a report could be brought in the future. The Corporate Director for Children's Services spoke of improved engagement with foster carers, providing greater ability to support and challenge carers in an appropriate way. The Director of Education Standards, Quality, and Performance added that there was also a foster carer representative on the Virtual School Board.

Councillor Deakin asked about the psychology service and the take up of this was. The Head of Education Places, Access and Vulnerable Children responded that the take up was at 85%. The Director of Education Standards, Quality, and Performance spoke of EBSNA steering groups which had been set up, which had parents, partners, and schools on. The Head of Early Years and Family Help added that it was a toolkit which was rolled out to schools, and as part of the TTT approach, when children were in year five, schools were being asked to have a focus on EBSNA, as this was of greater concern when children move to bigger secondary schools.

Councillor Duncan asked if it would be possible to have a breakdown of absence data, per school and per ward. The Director of Education Standards, Quality, and Performance responded that this could be provided.

Councillor Sutton asked if that within the model attendance policy, reward for children on attendance could be stopped, as this created a stigma for children with chronic health conditions. The Public Absence Team Leader responded that this could be added and that these discussions are being had with schools.

The Chair thanked the officers for the report.

RESOLVED:

- 1) That the report be noted.

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- 2) That Councillor Ennis be provided with further data on his question around increased non-attendance on specific days of the week.
- 3) That the Public Absence Team Leader provide Councillors with the contact details of the pupil absence team.
- 4) That the Corporate Director for Children's Services share the virtual school annual report with Councillors.
- 5) That the Director of Education Standard, Quality, and Performance share with Councillors the data of school absences per ward, and per school after the meeting.

31. COMPLEX SAFEGUARDING ANNUAL REPORT

The Corporate Director for Children's Services introduced the report and informed the Committee that this was the first time an annual report had been produced on safeguarding. The Corporate Director for Children's Services recognised that this was an issue for local and national services. She hoped that the report gives an indication of how seriously the Council takes safeguarding and informed the Committee that it was about being child and young person centric.

The Head of Service – Vulnerable Adolescents began by picking out some of the highlights of the report and referenced the difference it made to young people. The highlights included a really strong staffing resource with good retention and a low rate of interim staff, which helped in providing young people with a stability around their workers, and feedback currently reflected this. The Head of Service – Vulnerable Adolescents spoke of the high level of expertise within the team, who had a greater understanding of the young people and their needs.

The Head of Service – Vulnerable Adolescents mentioned that a lot of work had gone into the development of the complex safeguarding partnership, with a highlight being the partnership working. The Head of Service – Vulnerable Adolescents referred to the development of the SHINE panel and said that these improvements had enabled the safeguarding team to respond to any concerns from young people, often on the same day.

The Head of Service – Vulnerable Adolescents referred to a case study in the report but said that improvements to multi-agency working prevents young people becoming criminalised when they are often a victim of exploitation.

The Head of Service – Vulnerable Adolescents spoke of a further highlight being the wide range of audits material, which helped to understand gaps for young people and gaps within the service. They also receive performance data that helps the team to understand the patterns and themes that were affecting young people. The Head of Service – Vulnerable Adolescents said that what was known from the data was the low re-referral rate within the service. This stood at just 11% which equates to three young people and had been taken as a measure of success of ongoing direct work with young people.

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The Head of Service – Vulnerable Adolescents provided final reflections. She mentioned that it was a female heavy workforce, despite lots of boys using the services. She informed the committee that a male social worker had been recruited. The Head of Service – Vulnerable Adolescents noted the need to be mindful of urban street gang children who have often been victims but were also potential exploiters of other young people.

The final reflection from the Head of Service – Vulnerable Adolescents was that it had been noticed that it was quite difficult to get feedback from young people, with an ongoing drive to ask families and young people for their feedback, to see what the service does well and not so well.

The Chair thanked the Head of Service – Vulnerable Adolescents for the report.

Councillor Bennett asked if there was any evidence of familiar patterns, such as children within the same family. The Head of Service – Vulnerable Adolescents responded that there was some evidence, but there were very few cases. Councillor Bennett followed up by asking if there was a bigger problem than what the Council was aware of. The Corporate Director for Children's Services added that there was a model at Greater Manchester (GM) level, which tried to keep the number of young people working with a shine worker quite low. The Corporate Director for Children's Services mentioned that they have grown the service as there was a belief that there was an unmet need. In response to Councillor Bennett's first question, the Corporate Director for Children's Services responded that there was a pattern on criminality being entrenched within families.

Councillor Butt referred to the report and data on age profiles. He highlighted that around 13/14 there was an increased number of children becoming criminalised and agreed that this was a very vulnerable age. Councillor Butt also mentioned that it increased significantly again at age 15/16, and then tapers off after this age. He asked if there were any lessons being learnt from this. The Corporate Director for Children's Services responded that this was an area where national findings and research, as well as the dynamic nature of the harm and concerns was continually growing. She mentioned that the Council did have the benefit of the GM complex safeguarding hub, which had often been at the forefront of much of the work that had been done. The Corporate Director for Children's Services also spoke of recent engagement with the Lads Like Us GM scheme, where young men who have come through exploitation, have started to follow a different path in life.

Councillor Procter referred to the most recent OFSTED Inspection and its positive report on child exploitation. She thanked officers that she was able to read this, and felt it highlighted the good work being done.

Councillor Parker also thanked the officers and that the report privileged the voices of survivors. The Councillor asked if SHINE services were working with the virtual school. The Corporate Director for Children's Services replied that there was a dedicated SHINE worker in place where there was a belief that a child may

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be at risk of exploitation. The Head of Service – Vulnerable Adolescents added that there was a member of the virtual school that sat on the SHINE panel.

The Chair emphasised how proud she was of the report.

RESOLVED: That the report be noted.

32. HEALTHY START

The Director of Public Health provided the introduction, with Trafford in the process of shaping the approach to health inequalities. The Committee were informed that the public health team works closely with several council services, including closely with the Corporate Director for Children's Services. She spoke to the wider determinants of health inequalities, and the impact of these on children. Public health was adopting a partnership approach to reducing health inequalities, which was to be complimentary to the Greater Manchester (GM), fairer health for all. She ended by saying that children live in families, and that you could not think about children's health inequalities without thinking about their wider families.

The Public Health Consultant began by informing the Committee that the report was an overview of a wide-ranging agenda, so was happy to come back on any questions from Councillors. The Public Health Consultant said that the drivers of health inequalities are complex and referred to the evidence of this in the report. The Committee were advised that the Public Health Consultant had tried to structure the paper to a way that it was helpful, and the simplified model that considers the social or wider determinants of health. These things then determine the opportunities people have to live healthily.

The Public Health Consultant informed the Committee that the paper had focused on the second and third layers of health inequalities, with a focus on some of the core groups that are not covered if you take only a geographical or deprivation-based look at inequalities.

The Public Health Consultant referred the Committee to the key figures of what inequalities looks like. She drew the committee to a couple of these, including the significant focus of the paper on the early years provision, particularly from conception to age two.

The Public Health Consultant further referred to the report to improvements that are being seen, which have been covered in the report, and spoke of key data in the West of the Borough. She drew the committee to the data on the national child measurement programme, which was done at reception age, and had shown inequalities in excess weight, had been eliminated since 17/18, with the gap between the most and the least deprived having massively reduced.

Mental health and emotional wellbeing had also been referenced in the report, with an increased need and complexity for these young people. The Public Health Consultant provided some information about what was being done to target and support these young people.

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The Public Health Consultant spoke about the decrease in take up of immunisations since COVID, an issue also seen nationally. She informed the Committee of the targeted work ongoing with the GP practices in the North of the borough, to spark a conversation about why less people are booking in for vaccinations, especially for young children under 5.

The Public Health Consultant summarised the report and referenced the strategic items at the end of the report.

The Chair thanked the officers for the report and asked if Councillors had any questions.

Councillor Ennis felt it was important to make full use of the Broomwood community centre. He asked for more of a focus on mobile gambling, which he saw as a real problem for young men.

The Public Health Consultant responded that there was a new alcohol, gambling, and substance misuse partnership in Trafford, which was taking a real focus on gambling. This had involved lived experience in the room, and that really took over the last meeting. Various discussions had been being had around the groups that were most impacted by this, and discussions had begun to embed these things into the service.

The Director of Public Health responded the need for a focus on Broomwood, which could often be forgotten about as it was in the South of the borough. She assured Councillor Ennis that there was work going on to make greater use of this service.

Councillor Sutton asked what work was being done around sexual reproductive health and access for young people to identity services. He shared that he felt this was grossly underfunded and often subject to hostile attacks in the public sphere. The Public Health Consultant welcomed this, and assured Councillor Sutton of developments with CAMHS partners. The Corporate Director for Children's Services said there had been safeguarding issues around gender identity being one of the factors. There had been discussions being had at local and regional level, to increase conversations on these.

Councillor Procter spoke of how in her ward, four schools were very close to the M60 and added that she has lot of anecdotal evidence on the increase of asthma, when being around petrol fumes. Councillor Procter raised concern about asthma rates and absence from schools, as well as the knock-on effect from being in a school so close to a motorway and asked if public health had any better evidence of this. The Director of Public Health responded that they do not have it to hand, but this could be provided. She did assure the Councillor that there was air quality monitoring ongoing and would send across more high-level data regarding this. Councillor Procter spoke of local group in her ward who had done some work on this.

Councillor Butt asked about dental treatment mentioned in the report, with the focus being on urgent treatment, without mention of prevention, asking how public

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health planned to tackle this. The Public Health Consultant responded that it was important to work on focusing on poor dental health. She spoke of work ongoing closely with the health visiting team, as well as other schemes also in place to work on this issue.

Councillor Paul raised concern for under 18 consumption of alcohol and also the data on vaping. She asked what steps were being taken to warn children of this, so that the number would reduce. The Public Health Consultant responded that the vaping data had been of real concern, with work on the response to vaping ongoing. She mentioned that it was about encouraging vaping for adults who smoke, but also projecting the message that it was bad for young people who had no past experience of this. As for the alcohol statistic, these had been concerning, and work was ongoing in this area for both adults and young people. The Public Health Consultant finished by saying that there was work ongoing in secondary schools to raise awareness.

The Chair thanked all the officers for their input.

RESOLVED:

- 1) That the report be noted.
- 2) That the Director of Public Health provide Councillor Procter with data on the impact of children going to school near a motorway.

33. OFFICER UPDATE

Prior to the meeting Councillor Procter had sent questions for the Director of Education Standards, Quality, and Performance around SEND Tribunals. The Director of Education Standards, Quality, and Performance responded to these questions in the meeting.

The meeting commenced at 6.30 pm and finished at 8.40 pm

TRAFFORD COUNCIL

Report to: Children's & Young People's Scrutiny Committee
Date: 23rd January 2024
Report for: Information
Report of: Helen Gollins, Director of Public Health

Report Title

Substance and Alcohol support for young people: partnership work to address the substance misuse and alcohol use, including vaping.

Summary

This paper provides Trafford Council Children's Scrutiny Committee an outline of how the Council and the local service provider are supporting Trafford young people affected by substance misuse and alcohol and working to prevent harm. This paper will provide an overview of the national and local context, young people's substance misuse treatment outcomes, an introduction into new and emerging substances and future developments for Trafford.

Recommendation(s)

The Children's & Young People's Scrutiny Committee are asked are asked to note the content of this report and provide any comment and insights which can inform future developments.

Contact person for access to background papers and further information:

Name: Aimee Hodgkinson, Public Health Commissioning Manager
Email: aimee.hodgkinson@trafford.gov.uk

1. Introduction

1.1. National Context:

In 2019 the Home Office and the Department of Health and Social Care commissioned Dame Carol Black to conduct a two-part independent review of substance misuse. In response, the government published their 10-year drug strategy titled '*From Harm to Hope: A 10-year Plan To Cut Crime and Save Lives*'. This strategy outlined three reform objectives relative to substance misuse including alcohol:

1. Breaking supply chains
2. Delivering a world-class treatment and recovery system
3. Achieve a generational shift in demand for recreational drugs.

All these objectives aim to have positive impacts on children and young people (CYP) and local areas have been given some increased funding to help achieve these overarching aims. Although the strategy is focused on drugs, the harms of alcohol use are recognised within the strategy and the integrated nature of many support services and treatment providers means that the investment has been used to tackle both.

1.2 Early Break Young People & Family Service

Trafford *Achieve* Recovery Service is the locally commissioned service to support Trafford residents affected by substance misuse and alcohol harms. This partnership is led by Greater Manchester Mental Health Foundation Trust (GMMH) and Early Break is a sub-contracted core partner in this service model, delivering specialist support to CYP (under 21 years; young people aged 22-25 with additional needs can be seen by either Early Break or the adult service) and to families affected by parental substance misuse.

Early Break staff work with young people to develop a comprehensive assessment and care plan working towards reduction or abstinence of their substance misuse behaviours and the associated risk taking and harmful behaviours. This process will cover a range of areas such as substance use, safeguarding, physical health, emotional health, sexual health, family and peer relationships, education, finance and employment etc. Advocacy Workers offer one-to-one support, education and advice and offer access to treatment and specialist structured harm reduction interventions. They do this by providing holistic therapies, taking account of mental wellbeing and the drivers of people's behaviour, including trauma. Early Break will work with young people for however long they need. To fully support a young person's comprehensive assessment of need and care plan, they will also work with partner agencies such as in education, criminal justice, sexual health or youth services.

They also offer their award-winning Holding Families programme which is a whole family approach to support parental substance use and young people who are impacted by this. This six-month programme allows the parent and the child/ren to have their own individual workers, to meet their individual needs, as well as coming together to be supported as a family. Additionally, Holding Families Plus was developed as part of PHE National Innovation grant in 2019, to develop

services for children affected by alcohol dependent parents who are in prison. This project builds on the evidence based of Holding Families to offer a trauma responsive service working with children, families and carers effected by parental substance misuse and criminality. This work has strengthened partnerships with probation and local prisons and across children's services. The aim of these family services is to provide support to prevent the early onset of challenging and risk-taking behaviours amongst young people. It also supports the adult to reduce their risks and to reintegrate with their family, where appropriate.

Early Break also provide input to schools and partners to raise awareness of substance use risks and offer harm reduction training. They have recently developed their 'Stressed Out Brain' training which we have commissioned in Trafford. This has been developed by young people for professionals as young people often reported that wider front-line agencies did not know how to talk to young people about their substance use effectively, resulting in these needs often being missed or not addressed. This training provides professionals with resources to use in their own practice. Over the last year almost 100 professionals have received the SOB training in Trafford, this includes colleagues from; Early Help, VCSF, Youth services, Childrens Social Care, Education, Complex Safeguarding, Youth Justice and Cared for Children. <https://stressedoutbrain.earlybreak.co.uk/stressed-out-brian-film-new-trauma-informed-resource-for-young-peoples-workers/>

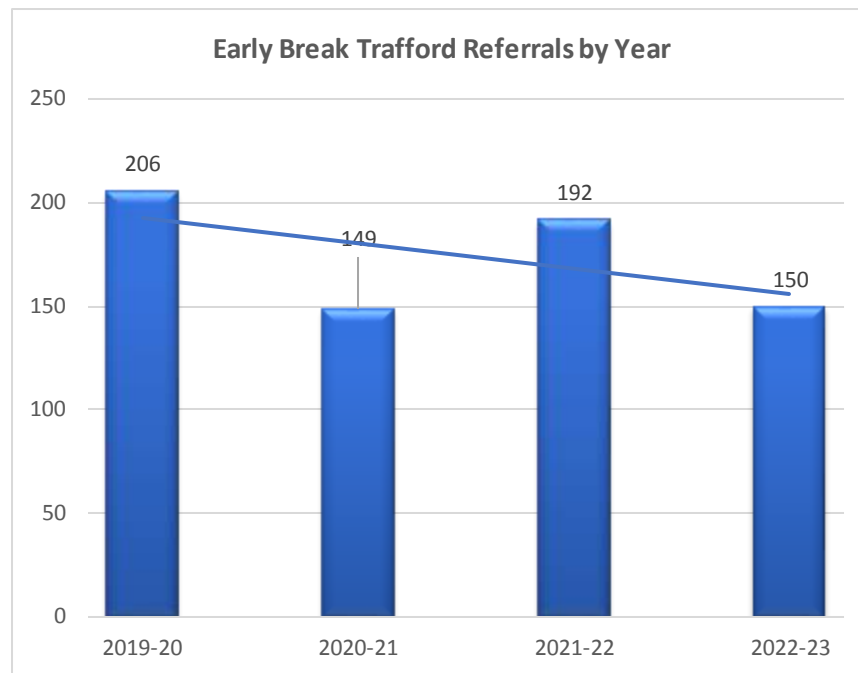
1.2.2 Trafford's Alcohol, Substance Misuse & Gambling Partnership

In Summer 2023, Trafford Council's Public Health Team set up The Trafford Alcohol, Substance Misuse & Gambling Partnership (TASMGP). This partnership brings together a range of partners and organisations linked both directly and indirectly with alcohol, drugs, and gambling. The focus is to collaborate and share good practice to strengthen alcohol, drug and gambling activity across the borough and deliver on a local alcohol, drug and gambling action plan. A Joint Strategic Needs Assessment is currently being developed to inform this action plan and future investment and activity. Early Break and wider young people's services are represented in this partnership which is accountable to Trafford's Health and Wellbeing Board and Safer Trafford Partnership.

2.0 Trafford Indicators and Outcomes

2.1 Referral Breakdown – All Referrals

The table below outlines the total number of referrals Early Break received from 2019/20 to 2022/23.

Figure 1: Early Break Trafford Referrals 2019/20–2022/23

The reduction in referrals in 2020/21 is due to the impact of the COVID-19 pandemic and young people not being seen by education or wider services. In Quarter 4 of 2023 the Trafford team experienced changes in staff which disrupted partnership working and referral generation whilst new relationships were being established. During 2023 Trafford has seen an upward trajectory in their number of referrals again; in quarters 1 – 3 Early Break have received 153 referrals.

The table below shows the breakdown of referrals Early Break Trafford received by sector, over the last 4 years.

Table 1: Early Break Trafford Referral Sources 2019/20-2022/23.

	2019-20	2020-21	2021-22	2022-23	2023 Q1-3
Children & Family Services	19%	24%	23%	23%	17%
Education Services	24%	13%	26%	22%	18%
Health & Mental Health Services	23%	23%	26%	18%	20%
Substance Misuse Services	1%	<5%	9%	8%	7%
Youth Justice Services	11%	19%	9%	18%	22%
Family/Friends/Self	16%	11%	9%	9%	15%
Other (including missing data)	<5%	<5%	<5%	<5%	<5%

Referrals from Health & Mental Health Services increased in 2021/22. This is possibly due to the impact of the COVID-19 pandemic on young people and the result of professionals returning to office-based working, strengthening partnership working and referral pathways. There has since been a drop which is particularly noticeable in hospital referrals. These decreased from between 11-13% in previous years, to 8% in 2022/23. This has been a particular concern as Trafford has a higher hospital admission rate for under 18's for alcohol-specific conditions (2018/19) compared to the North-West and England. Early Break have

completed some focused work with the hospitals and most recent data in 2023 is showing an upward trajectory in the numbers referred into the service.

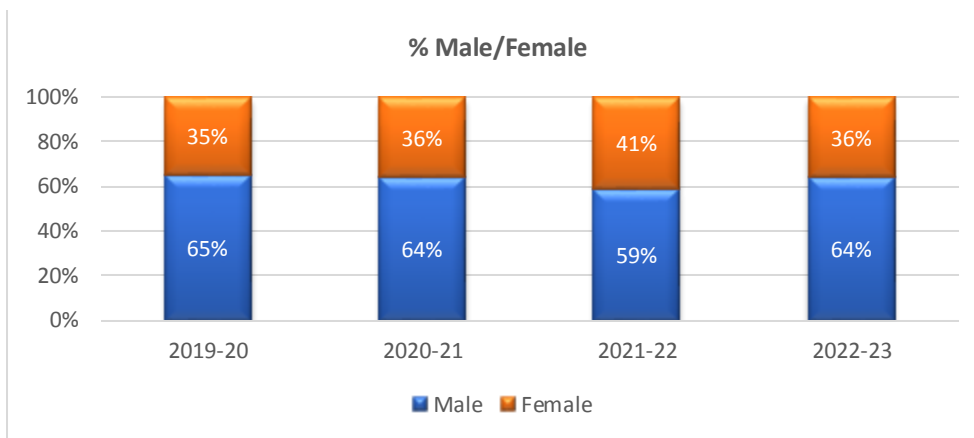
Referrals from Youth Justice Services decreased in 2021/22; this is thought to be due to the COVID-19 lockdowns and the reduction in arrests being carried out with young people. Early Break has worked closely with the Youth Justice Service, embedding a worker with the team and providing workforce training and development. Early Break is now represented in the YJS referral meetings and prevention projects such as PIED; this has increased the number of young people coming into treatment services, with the proportion of referrals coming from youth justice increasing from 18% in 2023/23 to 22% in Quarters 1-3 in 2023/24.

2.2 Demographics - All Referrals

2.2.1. Gender - there are consistently more males open to the Early Break service compared to females; male clients make up around 65% of service users.

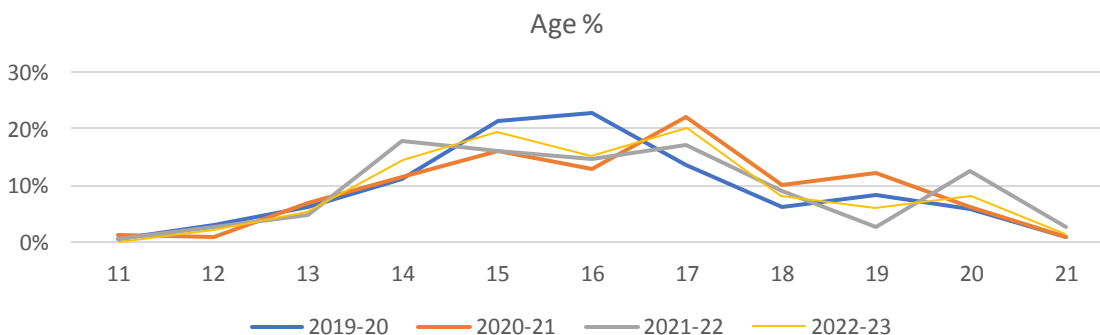
The increase in proportion of female clients in 2021-22 appears to relate to an increase in alcohol-related referrals in 2021-22 seen by the service.

Figure 2: The percentage of Males & Females referred to the Early Break Trafford Service 2019/20-2022/23.



2.2.2. Age - The average age of Early Break service users is consistently around 16 years with breakdown shown below.

Figure 3: Proportion of Early Break service users in each age group, 2019/20-2022/23



2.2.3. Ethnicity - The highest percentage of referrals was for young people who are White British. The percentage of service-users from a black or minority ethnicity has ranged from 15-20% in recent years.

Figure 4: Percentage of non-white ethnicity amongst Early Break service users, 2019/20-2022/23



2.3 Substance Misuse Profile - All Referrals

The table below shows a breakdown for substances that young people reported using at point of referral.

Table 2: A breakdown of substances Trafford young people referred to Early Break reported using in 2019/20-2022/23.

	2019-20	2020-21	2021-22	2022-23
Cannabis	79%	77%	70%	81%
Alcohol	34%	34%	41%	34%
Cocaine	7%	13%	12%	15%
Amphetamines	0%	1%	0%	0%
MDMA	2%	6%	2%	5%
Codeine	1%	3%	1%	1%
Benzodiazepines	6%	6%	5%	7%
Ketamine	2%	1%	5%	7%
LSD	0%	0%	1%	1%
Nitrous Oxide	1%	3%	2%	2%
Aerosols	0%	0%	1%	0%
Heroin/Opiates	0%	0%	0%	1%

Alcohol, Cannabis and Cocaine (ACC) remain the top three substances used amongst young people in service, followed by Benzodiazepine and Ketamine.

There continues to be a steady increase in the proportion of service users who note that they use Cannabis, Cocaine, Benzodiazepines and Ketamine over the last 4 years. 2023/24 data so far shows similar proportions to last year. However, the GM Trends research¹, which includes testing of substances and a survey with young people and professionals, conducted by Manchester Metropolitan University and Early Break with partner organisations, showed a 48% increase in THC (cannabinoids) vaping and anecdotally Early Break feel this is an issue in Trafford too, though responses to the survey were low from Trafford.

¹ [Greater Manchester GM Trends | Testing & Research on Emergent & New Drug Trends \(mmu.ac.uk\)](https://www.mmu.ac.uk/gm-trends)

When making a referral into the service referrers are asked to name their (1) primary, (2) secondary and (3) tertiary substance, listing them in order of impact and support needs.

Alcohol being given as the primary substance increased by 10% in 2021/22 and Cannabis use decreased by same percentage. Possible reasons for this could be that Cannabis was not as widely available during lockdown and alcohol may have been used more as an alternative. These percentages returned to pre-COVID-19 trends in 2022/23.

2.4 Specialist Substance Misuse Treatment - Tier 3 Breakdown

The data outlined above in this report refers to all referrals made into the Early Break service. Not all these referrals will lead to specialist drug and alcohol treatment, also known as tier 3 support. The data below specifically cover Trafford children and young people accessing tier 3 specialist drug and alcohol treatment.

Table 3: Total number of Trafford Tier 3 Service Users in 2019/20-2022/23

Active tier 3	2019-20		2020-21		2021-22		2022-23	
Total number in tier 3 treatment	74		87		89		73	
New presentations	50		65		47		41	
Trafford treatment re-presentations (last 6 months)	8	11%	16	18%	9	10%	9	12%
National average re-presentations (last 6 months)		19%		23%		19%		17%

The number of new presentations refers to the number of unique young people that have not been in specialist tier 3 substance misuse treatment before. Re-presentations refers to the number of young people who been in specialist tier 3 substance misuse treatment in the last 6 months and returned. Positively, Trafford’s re-representation percentages have remained lower than national averages for the last four years. This reflects the effectiveness of Early Breaks treatment interventions. At the time of writing, National Drug Treatment Monitoring Systems data has not yet been published for this year.

When considering young people’s discharge from structured tier 3 substance misuse treatment, these exits can be reported as planned (successful) or unplanned (unsuccessful such as a drop-out).

Table 4: Early Break Trafford Tier 3 Service User Planned Exits 2019/20-2022/23

	2019-20		2020-21		2021-22		2022-23	
Trafford Planned Exits	44	85%	40	80%	48	84%	34	65%
National Average		78%		76%		77%		78%

Between 2019/20 to 2021/22, the Trafford planned exits exceeded national averages between 80-85%. However, this percentage dropped in the last year. This year by the

end of Quarter 2, 96% of exits were planned, with successful outcomes, compared to a national average of 80%.

3.0 Trafford New & Emerging Substances

Early Break chair the Greater Manchester Substance Misuse Operational Group (SMOG) meeting to discuss common issues such as A&E pathways, emerging trends or new themes. The meeting is attended by colleagues from young people's drug and alcohol treatment services across Greater Manchester and health professionals from emergency departments and school nurses. The SMOG reports back to the Northwest Children, Young People and Families Substance Misuse Partnership Group. This is a strategic group that reports to the Greater Manchester Strategic Lead for Drugs and Alcohol at the Greater Manchester Combined Authority, and is also chaired by Early Break on behalf of all North-West CYP drug and alcohol treatment services, health representation, MMU and wider academics, strategic leads from GM Complex Safeguarding and the Violence Reduction Unit. Over the last 5 years this group has been influential in developing National drug treatment protocols on Alprazolam (Xanax) and national harm reduction messages on Nitrous Oxide. The annual Young people's drugs trends survey which monitors young peoples substance use and learning is disseminated locally to the children's workforce and through these networks. In Trafford, Early Break deliver this up to date information through their Tier one training, which is aviaible to any professional and is accessed via the safeguarding board website.

3.1 Vaping

Early Break Trafford have been commissioned and trained for the first time to offer a tobacco smoking cessation service to children and families, which hasn't been in place previously.

In response to the increasing concerns surrounding youth vaping, Trafford Council's Public Health Team, Early Break and Trafford's School Health Team are working in partnership to deliver a vaping project to our children, young people, parents and professionals.

As part of the offer, health promotion initiatives are being developed to raise awareness about the harms of youth vaping and to provide young people, parents, and professionals with support and advice. These initiatives include:

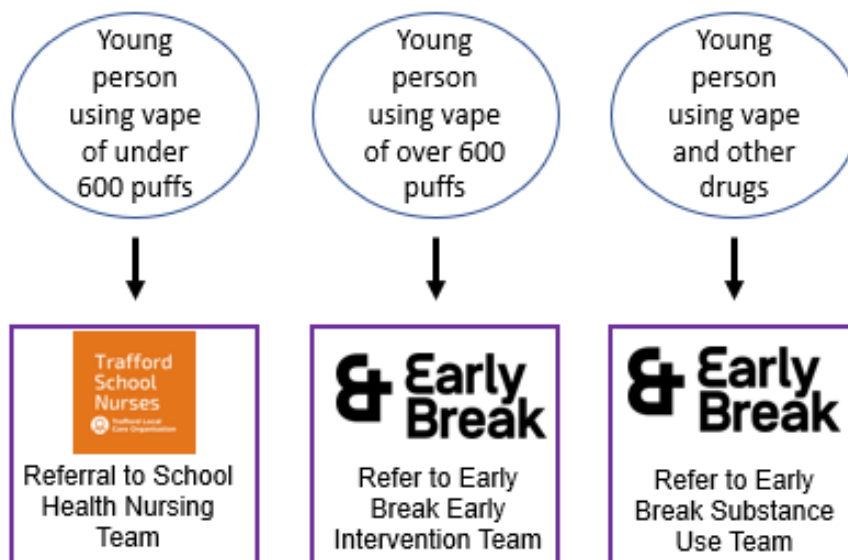
1. Secondary school vaping drop-in sessions.
2. Parents vaping education webinars.
3. Professionals vaping education webinars.
4. Trafford youth vaping pathway (1:1 specialist support).

To help navigate the local support available for young people who regularly vape, the School Health Team and Early Break have developed a pathway of support and interventions available to young people who would like support to cut down or quit vaping.

Young people can access 1:1 support through a referral to their school nurse. If a young person is found to be using an unregulated vape, their support will be transferred to Early Break where they will have a comprehensive assessment of

their need, harm reduction advice, information on nicotine and the risks, an offer of nicotine replacement therapy if appropriate and support to change their habits, if the young person would like this.

Figure 5: Trafford Young People’s Vaping Treatment Pathways



As part of this work, Trafford School Health and Early Break are in the process of collaborating with Gorse Hill Studios to co-design a short, form-time vaping session for pupils. The session aims to capture the voice of our young people on vaping and will complement the secondary school drop in’s taking place from the new year and the materials developed following engagement with several groups of young people in 2022.

Trafford Council’s Public Health Team have also been successful in bidding to receive a population health fellow, funded by NHS England. This will allow the fellow (a Trafford school nurse) to spend 12 months completing research into young people’s vaping behaviours in Trafford in a placement arrangement within the team, to further her understanding of public health and complete an accredited course. We hope this will help us to gain a better understanding of local prevalence and young people’s motivations to vape, particularly for those who do not smoke, to help deliver interventions to best meet their needs.

In addition, Trafford Council has responded to the government’s national consultation on stopping the start: the government’s ambition to create a smokefree generation. Trafford’s response to this consultation included feedback from colleagues in youth health, education and enforcement around youth vaping. The response highlighted the risks of harm to young people using vapes in Trafford, particularly regarding vapes that have been adulterated and resulted in adverse effects. It also highlighted the difficulties Trafford schools have faced in enforcing measures to restrict vaping use amongst CYP. The response advocated regulating vape packaging and product presentation so vapes are less desirable

to young people and are instead understood and marketed as a nicotine delivery device for adults who wish to stop smoking.

3.2 Ketamine

Ketamine is an emerging concern in Trafford. Though the numbers are low, these are increasing and we are seeing more young people with physical health issues as a result. Early Break has monitored this trend through the Northwest Children, Young People and Families Substance Misuse Partnership Group.

Physical health impacts of ketamine use can be missed by primary care. For example, Trafford young people have been diagnosed with a urinary tract infection (UTI) and the general practitioner hasn't asked about the young person's substance misuse history. When Early Break supported young people with these physical health appointments, specialist referrals to urology were made to give young people the physical health support they require.

Trafford Council Public Health Team & Early Break are currently in the process of liaising with Primary Care colleagues to deliver some Ketamine awareness and education.

4.0 Future Developments

4.1 Trafford's Drug & Alcohol Joint Strategic Needs Assessment

Trafford Council are currently developing a joint strategic needs assessment for drugs and alcohol. This should help to identify our local unmet need around substance misuse which includes children, young people and families and prevention of these support needs in the future. This is expected to be finalised in March 2024. However, accessing data and intelligence around these issues has been challenging for several partners and a focus of the TASMGP in 2024/25 will be to improve the recording and sharing of insight around young people (and adult substance use)

4.2 Trafford Strategic Safeguarding Partnership (TSSP) Board Data Set

Trafford Council Public Health Team and are working in partnership with the TSSP Quality Assurance Officer to complete a safeguarding adults data set that will include substance misuse. This will include intelligence from the Achieve service to help safeguard adults, children and families. Some examples of data that will be included is the number of Achieve service users with an under 18 living at the home, referrals made from Achieve to children's services, and those affected by vulnerabilities such as domestic abuse and mental health difficulties.

5.0 Recommendations

The Children's & Young People's Scrutiny Committee are asked to note the content of this report and provide any comment and insights which can inform future developments.