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TRAFFORD COUNCIL

AGENDA PAPERS FOR HEALTH AND WELLBEING BOARD

Date: Tuesday, 3 December 2013

Time: 7.00 p.m.

Place: Committee Room 2 and 3, Trafford Town Hall, Talbot Road,
Stretford M32 0TH

AGENDA	PART I	Pages
1.	ATTENDANCES	
	To note attendances, including officers, and any apologies for absence.	
2.	MINUTES	1 - 4
	To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 1 st October, 2013.	
3.	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.	
4.	INTRODUCING THE CHILDREN'S TRUST AND CHILDREN'S SAFEGUARDING BOARD	5 - 64
	a) To receive a presentation from the Chair of the Children's Safeguarding Board and the Corporate Director Children, Families and Wellbeing.	
	b) To receive a Memorandum of Understanding between the Health and Wellbeing Board, the Children's Trust board and the Children's Safeguarding Board.	
5.	INTEGRATION TRANSFORMATION FUND	To Follow
	To consider a report of the Corporate Director Children, Families and Wellbeing.	

6. **CHANGES TO MEMBERSHIP - GREATER MANCHESTER POLICE** To Follow
To consider a report of the Partnerships Officer.
7. **WINTERBOURNE VIEW STOCKTAKE ACTION PLAN UPDATE** 65 - 70
To consider a report of the Deputy Corporate Director Children, Families and Wellbeing, Director of Service Development, Adult and Community Services.
8. **NATIONAL AUTISM STRATEGY SELF ASSESSMENT EXERCISE** 71 - 90
To consider a report of the Deputy Corporate Director Children, Families and Wellbeing, Director of Service Development, Adult and Community Services.
9. **TOBACCO CONTROL** To Follow
To consider a report of the Director of Public Health.
10. **JOINT HEALTH AND WELLBEING STRATEGY ACTION PLAN UPDATE** To Follow
To consider a report of the Deputy Corporate Director Children, Families and Wellbeing, Director of Service Development, Adult and Community Services.
11. **CLINICAL COMMISSIONING GROUP UPDATE** To Follow
To receive for information a report of the Chief Clinical Officer – Designate, NHS Trafford Clinical Commissioning Group.
12. **HEALTHWATCH UPDATE** To Follow
To receive for information a report of the Chair of HealthWatch Trafford.
13. **KEY MESSAGES**
To consider the key messages from the meeting.
14. **URGENT BUSINESS (IF ANY)**
Any other item or items which by reason of 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.

15. EXCLUSION RESOLUTION (REMAINING ITEMS)

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.

THERESA GRANT

Chief Executive

Membership of the Committee

D. Banks, Councillor Dr. K. Barclay (Chairman), Councillor J. Baugh, Councillor L. Blackburn, D. Brownlee, A. Day, B. Humphrey, Dr. N. Guest (Vice-Chairman), G. Lawrence, A. Razzaq, M. Roe, Dr. A. Vegh, C. Yarwood, Councillor M. Young

Further Information

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

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HEALTH AND WELLBEING BOARD

1st OCTOBER 2013

PRESENT:

Councillor Dr. K. Barclay (Executive Member for Community Health and Wellbeing) (In the Chair),
D. Banks (Director of Strategic Development, Central Manchester Foundation Trust),
Councillor Mrs. J. Baugh (Shadow Executive Member, Community Health and Wellbeing),
Councillor Miss L. Blackburn (Executive Member for Supporting Children and Families),
D. Brownlee (Corporate Director, Children, Families and Wellbeing),
A. Day (Chair, Healthwatch Trafford),
Dr. N. Guest (Chief Clinical Officer – Designate, NHS Trafford CCG),
G. Lawrence (Chief Operating Officer, NHS Trafford CCG),
A. Razzaq (Director of Public Health),
Councillor M. Young (Executive Member, Adult Social Services).

Also present:

Councillor Lloyd (part),
W. Heppolette (Director of Operations and Delivery, NHS England) (attending on behalf of Claire Yarwood),
N. Thwaite (Greater Manchester West Mental Health Foundation NHS Trust) (attending on behalf of B. Humphrey).

In attendance:

L. Harper (Deputy Corporate Director, Children, Families and Wellbeing, Director of Service Development, Adult and Community Services),
S. Woods (CSU Medicines Management),
I. Khan (Partnerships Officer),
M. Luongo (Senior Democratic Services Officer).

APOLOGIES

Apologies for absence were received from B. Humphrey (Chief Executive, Greater Manchester West Mental Health Foundation NHS Trust), M. Roe (Acting Chief Executive, Pennine Care NHS Trust), Dr. A. Vegh (Chief Executive, University Hospital South Manchester NHS Trust), C. Yarwood (Director of Finance, NHS England).

20. **MINUTES**

RESOLVED: That the minutes of the Health and Wellbeing Board held on 6th August 2013 be approved as a correct record.

21. **DECLARATIONS OF INTEREST**

Councillor Lloyd, who was not a member of the Board but was observing at the meeting, declared an interest in the item relating to Stroke Care in Trafford due to her being employed by the Stroke Association.

22. THIRD SECTOR REPRESENTATION ON THE HEALTH AND WELLBEING BOARD

The Partnerships Officer provided an update on the appointment process of a representative of Trafford's Third Sector to serve on the Health and Wellbeing Board. He indicated that it was anticipated that an appointment would be made before the end of November.

RESOLVED: That the update be noted.

23. AREA OF FOCUS: STROKE CARE IN TRAFFORD

The Chief Operating Officer, Trafford Clinical Commissioning Group delivered a presentation which described the clinical processes, from the acute phase to community re-habilitation, for a person who has experienced a stroke. She also provided information on service performance in respect of stroke care and explained why a centralised approach where patients were admitted to specialist centres provided the best outcomes in terms of recovery. Board members asked a number of questions in respect of support and therapeutic services and preventative care.

RESOLVED: That the presentation be noted.

24. PHARMACEUTICAL NEEDS ASSESSMENT (PNA) TRAFFORD CONSULTATION PLAN - 2013

The Director of Public Health submitted a report concerning the Pharmaceutical Needs Assessment (PNA), a document which set out details of services that would be desirable and necessary in a locality based on the local health needs and population demographics. Board members were advised that under the Health and Social Care Act 2012 responsibility for developing and updating the PNAs had transferred to the Health and Wellbeing Boards and there was a legal requirement for the Boards to consult on, and then publish, the PNA before 31 March 2015. In launching this needs analysis work the Board acknowledged it as a good example of its role in identifying community needs and holding commissioners and providers to account.

RESOLVED:

- (1) That the Health and Wellbeing Board note and agree the Local Authority Pharmaceutical Needs Assessment (PNA) Trafford Consultation Plan which was due to be issued for consultation from 3rd October to 6th December 2013.
- (2) That the final draft of the Pharmaceutical Needs Assessment (PNA) be submitted to the Board at its meeting on 6th February 2014.
- (3) That Board members be provided with a comprehensive summary of pharmacy provision in Trafford.

25. DRAFT JOINT HEALTH AND WELLBEING STRATEGY - FINAL SIGN-OFF

Members received a report on the draft Joint Health and Wellbeing Strategy which had been approved by the Executive at its meeting of 23rd September 2013. Members were advised that the Strategy, which would inform the collaborative activities of

commissioners and providers, would be submitted to the Council meeting on 13th November 2013 for final approval and it would then be incorporated into the Council's Policy Framework. An updated copy of the Joint Health and Wellbeing Strategy Action Plan, which identified actions to support the Strategy, was circulated at the meeting.

Members were advised that, as part of a Performance Management Framework to support the Strategy, a Programme Delivery Group was being established along with a Performance Management Sub-Group.

RESOLVED:

- (1) That the draft Joint Health and Wellbeing Strategy and Action Plan be agreed for onward submission to Council.
- (2) That the membership of the Programme Delivery Group be sent to Board members for information.

26. SOCIAL CARE FUNDING

RESOLVED: That this item be deferred to the next meeting of the Board.

27. HEALTHWATCH UPDATE

The Director of Public Health submitted a report which report set out the recent activity of HealthWatch Trafford since the last meeting of the Health and Wellbeing Board in August 2013. The Chair of HealthWatch advised that an Older People's Forum and a Health and Wellbeing Forum was in the process of being established.

RESOLVED: That the HealthWatch update be noted.

28. CLINICAL COMMISSIONING GROUP UPDATE

The Board considered a report of the Chief Clinical Officer Designate, NHS Trafford Clinical Commissioning Group, which provided an update on the work of the NHS Trafford Clinical Commissioning Group and progress on key commissioning activities. The report highlighted locality specific issues and links to Greater Manchester and national issues where relevant.

An update was also provided regarding the publication of an inaccurate press notice in respect of a Care Quality Commission inspection into a GP practice in Trafford.

RESOLVED:

- (1) That the update report be noted.
- (2) That a report be submitted to a future meeting, by NHS England, on how the Health and Wellbeing Board could receive early warnings in respect of the Care Quality Commission inspections process.

The meeting commenced at 6.30 p.m. and finished at 9.04 p.m.

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Safeguarding the Children of Trafford

**ANNUAL REPORT 2012/13
&
BUSINESS PLAN 2013/14**



Trafford College



GREATER MANCHESTER FIRE AND RESCUE SERVICE



Clinical Commissioning Group

Bridgewater Community Healthcare Trust
 CAFCASS
 Central Manchester Foundation Trust
 Children & Young Peoples Services
 Clinical Commissioning Group
 Connexions
 Greater Manchester Fire Service
 Greater Manchester Police
 Greater Manchester West NHS
 Manchester Probation Service
 NHS Trafford
 NSPCC
 Primary Schools Representative
 Secondary Schools Representative
 Trafford Borough Council
 Trafford College
 Trafford Community Leisure Trust
 Trafford Housing Trust
 Trafford Youth Offending Service
 University Hospital South Manchester
 NHS
 Voluntary and Community Action Trafford (VCAT)

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Section A: Introduction and Overview

INTRODUCTION

The revised *Working Together to Safeguard Children* was published in March 2013. This guidance increases very significantly the role of Local Safeguarding Children Boards. A major element of Trafford Safeguarding Children Board (TSCB) work in 2013-14 will be to ensure that all the requirements for LSCBs set out in *Working Together* are met.

It is a statutory requirement under section 14A of the Children Act 2004 that LSCBs produce an annual report. *Working Together* reinforces this requirement and states that 'the report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them...' The structure of the majority of sections of this report into achievements, challenges and priorities for 2013-14 hopefully meets these requirements. The priorities are then incorporated either into the TSCB Business Plan or the Work Programme of committees and working groups.

The statutory objectives of LSCBs are set out in Section 14 of the Children Act 2004 and are:

To coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority;

To ensure the effectiveness of what is done by each person or body for that purpose

These objectives are reflected in the structure of the report which is in three parts:

Introduction and Overview

Co-ordinating Work to Safeguard and Promote the Welfare of Children

Ensuring the effectiveness of Safeguarding Children

Bob Postlethwaite
Independent Chair
Trafford Safeguarding Children Board

TRAFFORD SAFEGUARDING CHILDREN BOARD: BOARD MEMBERSHIP (March 2013)

1. Independent Chair: Bob Postlethwaite

Vice Chair: Richard Backhouse

2. Core/Funding Partners:

- Trafford MBC, Corporate Director CYPS: Deborah Brownlee
- Trafford MBC, Children Young People and Families: Charlotte Ramsden, Joint Director (Families)
- Trafford MBC, Commissioning Performance & Strategy (Trafford): John Pearce, Director
- Trafford MBC: Linda Blackburn, Lead Member for Children
- Trafford MBC, Youth Offending Service: Ken McDonald, Head of YOS
- Trafford MBC, Adult Social Services: *position vacant*
- Trafford Pathfinder Clinical Commissioning Group: Dr M Jarvis
- Greater Manchester Police: James Liggett, Superintendent
- Trafford Housing Trust: Jane McCall, Director of Delivery
- Greater Manchester West Mental Health, NHS Foundation Trust: Richard Backhouse, Deputy Director Integrated Governance
- University Hospital South Manchester (UHSM) NHS Trust: Helen Thompson, Head of Midwifery
- Central Manchester NHS Foundation Trust: Dr Simon Musgrave, Clinical Head of Division (Trafford Division)
- Greater Manchester Probation Service: Tim Kyle, District Manager
- Lay Members: Chantal Bramwell, Karina Carter
- CAFCASS: Julie Raymond-Walters

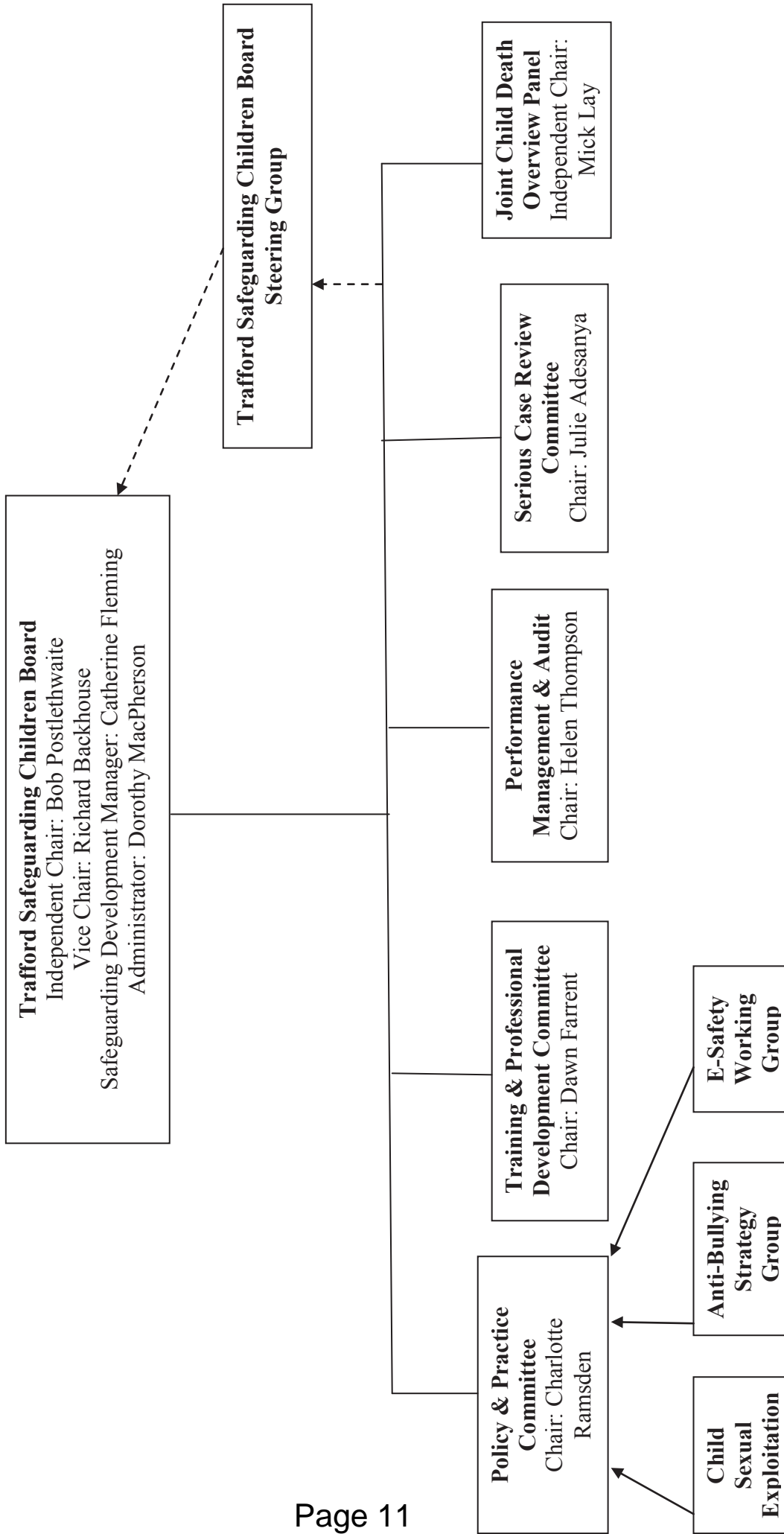
3. Other Partners:

- Greater Manchester Fire Service: Andy Pownall
- Voluntary and Community Action Trafford (VCAT): Heather Smith
- Trafford College: Margaret James, Senior Tutor
- Secondary Schools: Dawn Farrent, Head Teacher Lostock College
- Primary Schools Representative: Jan Dyson, Head Teacher Broadheath Primary School
- Special Schools: *position vacant*
- Public Health: Dr Lisa Davies
- Safer Trafford Partnership: Debbie Nash, Senior Commissioner

4. Professional Representatives: *These representatives provide insights from and communication with their professional bodies*

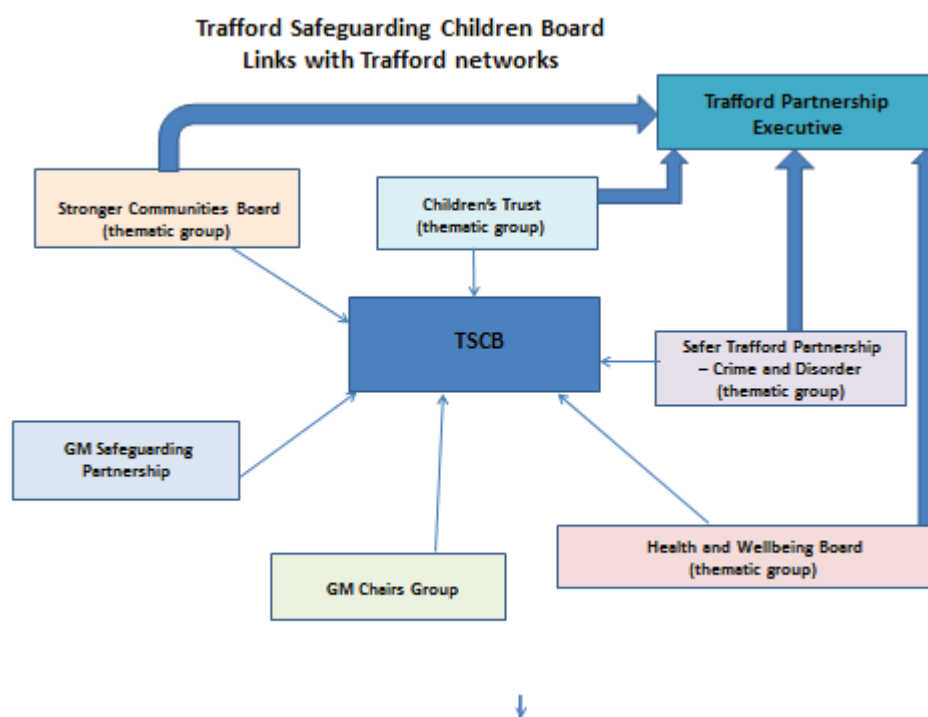
- Designated Doctor Safeguarding: Dr Diana Jellinek
- Designated Nurse: Julie Adesanya
- TSCB Safeguarding Manager: Linda Crabtree
- Legal Services: Margaret Ferry, Solicitor TMBC
- Safeguarding Children's Service: Catherine Fleming, Team Manager

TSCB ORGANISATIONAL CHART



Relationship with Other Boards

TSCB is part of a network of boards and other fora that have a shared interest in the health, safety and well-being of children and young people in Trafford. TSCB engages with the network through direct representation on the other boards. Also the other boards provide reports to and receive reports from TSCB. The joint working arrangements between TSCB and the other boards are outlined in figure 1.



Children's Trust

TSCB is represented on Trafford Children's Trust by the Chair who provides formal feedback on TSCB contributions to the trust's objectives. The TSCB annual report is also submitted to the trust. The trust engages with TSCB through consultation on the Children and Young People's Plan. The trust provides TSCB with an annual review of progress on the Children and Young People's Plan objectives.

Safer Trafford Partnership – Crime and Disorder

TSCB is represented on Safer Trafford Partnership- Crime and Disorder network by the Greater Manchester Police Divisional Superintendent who provides the partnership with informal feedback on TSCB matters. In addition the CYPS Joint Director (Families) chairs the Serious Violent Crimes Group which is a sub-committee of the partnership. The TSCB annual report is also submitted to the partnership. The Serious Violent Crimes Group reports to the partnership which in turn provides TSCB with an edited version of the partnership annual report.

Health and Wellbeing Board

TSCB is represented on the Trafford Health and Wellbeing Board by Director of Children's Services. The TSCB annual report is submitted to the Health and Wellbeing Board. The Health and Wellbeing Board submits its joint strategic needs assessment to TSCB.

Stronger Communities Board

The Stronger Communities Board provides TSCB with an annual report giving assurance on safeguarding aspects of community support delivery.

Trafford Partnership Executive

TSCB is represented on the Trafford Partnership Executive by the CYPS Corporate Director who provides the partnership executive with feedback on TSCB matters. The TSCB annual report is also submitted to the partnership executive. The partnership executive reports back to TSCB through the CYPS Corporate Director.

Greater Manchester Safeguarding Partnership

TSCB is represented on the Greater Manchester Safeguarding partnership by the CYPS Joint Director (Families). CYPS also provides representation on the partnership's Information and Collaborative Working Group. The partnership reports to TSCB on the basis of single issues as they arise.

Greater Manchester Chairs' Group

TSCB is represented on the Greater Manchester Chairs' by the Chair. The Chairs Group reports to the Greater Manchester Safeguarding Partnership.

Richard Backhouse
Vice Chair
Trafford Safeguarding Children Board

Section B: Objective 1

Co-ordinating local work to Safeguard and Promote the Welfare of Children

Business Plan: Progress in 2012-13 and Priorities for 2013 -14

This is the third year of the 3 year Business Plan. There has been a minor modification of the theme areas. There was considerable overlap between the previous theme area 4 (To ensure core TSCB Responsibilities and the effective use of resources) and theme area 5 (Develop partnership working, accountability and challenge). These theme areas have been combined into a single theme Ensure Key TSCB Responsibilities are met. Thus there are now four theme areas:

- Theme area 1: Reduce the impact of parental factors leading to safeguarding issues
- Theme area 2: Improve Early Intervention, Promoting Health, Wellbeing and Development
- Theme Area 3: Support engagement of children and young people
- Theme area 4: Ensure Core TSCB Responsibilities are met

The Business Plan is summarised in Table 1. Achievements for 2012-13 are set out and then the priorities for 2013-14.

Achievements recorded on Table 1 relate specifically to the Business Plan and the achievements detailed elsewhere in Section B and C are additional to these Business Plan related achievements.



Table 1: Summary of Business Plan

To avoid cluttering this table acronyms have been used extensively. A full glossary is provided on page 54

Outcome to be achieved	Achievements in 2012/13	Priorities 2013-14
<p>Theme Area 1: Reduce the impact of parental factors leading to safeguarding issues</p> <ul style="list-style-type: none"> • Effective identification and intervention to support families living with domestic abuse to reduce its impact and incidence. • Support families affected by drug and alcohol issues to reduce their negative impact on family life. • Support families affected by drug and alcohol issues to reduce their negative impact on family life • Support families affected by adult mental health issues to reduce negative impacts on all family members. 	<ul style="list-style-type: none"> • MARAC has been positively evaluated by CAADA and referral levels are in line with national expectations. Trafford considered 368 cases from 1.1.12 -1.1.13. The CAADA recommendation for Trafford was 370 for that time period. • Referrals from partner agencies were at 34% which is in line with CAADA's recommendation of 25-40% • Repeat referrals were 34% in line with CAADA's recommendation of 28-40% • Trafford has added a section to indicate the proportion of cases of domestic abuse where there are children involved. • The number of Child Protection Plans in which domestic abuse, drug or alcohol issues or adult mental health issues area factor can now be tracked in Trafford • Improved data collection with regards to identification of children of adult mental health service users in significant relationship section of ICIS and this has been audited. • Development of single electronic data- 	<ul style="list-style-type: none"> • Domestic Violence <ul style="list-style-type: none"> ◦ Establish system for collecting data. ◦ CAFs completed where Domestic Violence is parental factor ◦ Develop domestic abuse strategy: <ul style="list-style-type: none"> ➢ Encouraging the reporting of domestic abuse ➢ Supporting victims and their families ➢ Providing appropriate challenge and support to perpetrators and their families • Integrate Domestic Violence into TSCB training programme • Parental mental illness <ul style="list-style-type: none"> ◦ Adult mental health service, to use critical friend sec11 framework, to audit service provided against Ofsted's themed inspection "What about the Children" and identifying necessary action <ul style="list-style-type: none"> ➢ Are practitioners identifying children appropriately ➢ Considering need early support, CAF

	<p>collection sheet recording all CAF referrals within the adult mental health trust</p> <ul style="list-style-type: none"> Development of DATIX module specific to recording of safeguarding concerns in relation to children of adult mental health service users and this has led to the recording of 35 safeguarding children incidents recorded in Trafford Mental Health and Social Care Service 	<ul style="list-style-type: none"> ➤ Considering risk referral MARAT ➤ Action to support/safeguard children in plans Multi-agency case-file audit to focus on issues raised against Ofsted's themed inspection <i>What about the Children?</i>
<p>Theme Area 2 : Improve Early Intervention, Promoting Health, Wellbeing and Development</p>		
<ul style="list-style-type: none"> Families in need of support are identified at an early stage and offered appropriate support to alleviate issues and prevent escalation into higher level need or crisis. 	<ul style="list-style-type: none"> A multi-agency case file conducted at the beginning of 2012/2013 found that partners were working well together, with a clear understanding of their respective roles, good communication and information sharing and a shared understanding of thresholds. A suite of documents are available on Trafford Safeguarding Board website to guide practitioners and families through the processes of Early Help. <ul style="list-style-type: none"> Case Coordinator Guidance Threshold Guidance Family CAF Form Family CAF Guidance Pre CAF Checklist Training programme commissioned and delivered by Indigo (consultancy/training provider) with the following attendance <ul style="list-style-type: none"> 670 – The Family CAF process. 	<ul style="list-style-type: none"> To establish a Safeguarding Board performance framework which includes scrutiny of early help outcomes in specific areas of TSCB Business Plan 2012/2013 To establish early help/CAF training as part of the TSCB training programme Deliver CAF Training Programme and assess impact Increase the use of CAF across <ul style="list-style-type: none"> Education Health Childrens centres Adult providers of Mental Health, Drug and Alcohol Services To establish a multi-agency case file audit which scrutinises multi-agency working across thresholds including early help Benchmark current practice against Ofsted's themed inspection 'Protecting disabled

<ul style="list-style-type: none"> • Ensure there is clarity of understanding and consistency of decision making for children and families at different levels of need. • Support for families with children in their early years is effective and children are 'school ready' 	<ul style="list-style-type: none"> ○ 290 – Level 1 CAF Awareness, ○ 275 – Level 2 Practice & Awareness, ○ 105 – Level 3 Case Coordinator. • Policies in relation to the Family CAF, the case co-ordinator role and the thresholds for level 2 work agreed in April 2012 • Number of CAF's completed on the central recording system by end of Feb - 236 - but this is believed to not fully represent the total as paper systems are still being used. This number remains low but is an improvement on last year 	<p>children'. Identify action as a result</p>
	<ul style="list-style-type: none"> • Threshold documents relating to level 2 signed off by TSCB in April 2012 • New threshold document relating to level 3 agreed at Policy and Practice in March 2013 and being taken to TSCB in April • CIN policy agreed at TSCB in June 2012 and has been reviewed since the SCR outcomes with a view to improving the clarity of the process around thresholds and planning 	
	<ul style="list-style-type: none"> • Early Years pathway has been rolled out in the north since October and has been positively received • Work has been undertaken with schools about school readiness and the pathway • Foundation stage profile data is available but needs further discussion about how schools are completing this based on the 	

	<p>age of the child.</p> <ul style="list-style-type: none"> AGMA work is now starting to develop an early years pathway across AGMA and Trafford will contribute to this work. The TSCB will consider the safeguarding implications as it develops See also Early Intervention (p 28) 	<ul style="list-style-type: none"> Ensure children in children who go missing who go missing who are at risk of sexual exploitation statutory guidance is being followed across all thresholds and those children who meet threshold are visited on their own
<ul style="list-style-type: none"> To ensure young people at risk of sexual exploitation are identified, protected and offered support. 	<ul style="list-style-type: none"> CSE strategy and action plan established and presented to the TSCB in October 2012. The Sexual Exploitation and Missing Children Panel (SEAM) established and meeting monthly. 47 cases referred in 2012-13 with plans fed back into the overarching plan for the child. Early feedback is positive and it is believed that the awareness of the risk of CSE is increasing. Further work is needed on information sharing across boundaries A Young Women’s advocate has recently been appointed to work across Manchester and Trafford. She is a member of the SEAM panel and will act as a link to the protect team (Multi Agency sexual exploitation service in Manchester) which will improve information sharing and contribute to service development The Public Protection Investigation Unit (GMP) has developed a system so that children and young people at risk of and being sexually exploited are easily 	<ul style="list-style-type: none"> Improve the multi-agency response to sexual exploitation, information sharing and management of cases through revisiting SEAM terms of reference. Improve early identification of sexual exploitation and referral to SEAM by raising awareness across partner agencies and amongst children, young people and their carers. Improve the response of all agencies to children and young people who go missing from home and care and ensure that children and young people not known to services are assessed early and appropriately through the family CAF process To ensure that all the areas identified by the Barnardo’s scoping exercise are integrated into this year’s Sexual Exploitation action plan To ensure that all police officers across

<ul style="list-style-type: none"> To maximise support to young people at risk of bullying and increase awareness of the risks for young people 	<p>identifiable and therefore safeguarded by all police officers in the community.</p> <ul style="list-style-type: none"> GMP have established links with wider Greater Manchester initiatives to disrupt hot spot businesses in Manchester where Trafford young people are known to frequent. CSE Training programmes at level 1 and 2 established and have been well received. completed 104 have been trained on Level 2 (multi-agency training for professionals who work with children and young people on a regular basis Barnardo's charity completed a scoping exercise of sexual exploitation in Trafford (May 2013) and have highlighted areas of strength and challenge Trafford is contributing to the AGMA work on CSE prevention. See also Child Sexual Exploitation and Missing Children (p 29) 	<p>Trafford have access to awareness raising training in this area of work and understand how to access safeguarding services</p>
	<ul style="list-style-type: none"> One of the successes of the work carried out by the Trafford Against Bullying Steering Group was the collaboration with the other work streams, Sexual Exploitation, E-Safety, leading to the launch of the three strategies in 2012/13. A launch event held for the TSCB in September 2012 which also included the CSE strategy. Workshops held to raise 	<ul style="list-style-type: none"> Finalise the signing up of schools to the Stonewall Homophobic Anti- Bullying initiatives in response to the high incidents of homophobic bullying in schools nationally. Increase awareness of the Anti-Bullying Strategy among voluntary sector organisations and groups through surveys and information in newsletters and websites. Improve monitoring and recording of anti-bullying incidents by voluntary groups.

	<p>awareness and consider practical implementation.</p> <ul style="list-style-type: none"> The Anti-Bullying Strategy and associated policies and documents are now on the Safeguarding Board's Website and will be linked with other websites, eg. CYPS and Customer Information Service. A DVD commissioned by the TAB Steering Group showing young people in Trafford talking about their experiences of bullying, received positive feedback at the Strategy Launch and consideration is being given to placing it on the TCSB website. Training and awareness raising being promoted via the TSCB training programme See also Anti-bullying Working (p 31) and eSafety (p 33) 	<ul style="list-style-type: none"> Increase access to training and good practice information on tackling bullying through anti-bullying champions and web information. Establish baseline monitoring information through a range of systems and processes, i.e. Section 11 Audits. Identify anti-bullying champions in individual organisations. Monitoring bullying included in commissioning contracts
<p>Theme Area 3: Support engagement of children and young people</p>		
<ul style="list-style-type: none"> The voice of young people is heard by the TSCB and their views are heard and considered in all discussions and decisions. The TSCB understands the safeguarding concerns felt by children and young people in Trafford and work in partnership with them. 	<ul style="list-style-type: none"> Participation Strategy completed and ratified by the Children's Trust Board. Safeguarding implications are being addressed within the implementation plan and the strategy will be launched formally at an event in May 2013 Chair has continued to provide feedback to the youth cabinet after each board meeting and their response is reported to the next meeting. 	<ul style="list-style-type: none"> Ensure that safeguarding is a priority in the implementation of the Council's Participation Strategy Provide evidence and reassurance to TSCB that complaints/disputes raised by CYP are being effectively responded to. Increase participation /satisfaction of children and young people in child protection conference Regular briefings from TSCB chair to youth council

<ul style="list-style-type: none"> The wishes and feelings of children affected by Child Protection issues are heard in all discussions and decisions about their lives. 	<ul style="list-style-type: none"> Youth Cabinet have agreed some priority actions for 2013-14 There has been continued work with conference chairs and practitioners to improve practice and tools by which young people can participate in conferences. Actual participation remains low at 51% but the views of young people are a standard item in conference minutes in order to ensure there is a focus on their views even if they are obtained indirectly via other professionals 	<ul style="list-style-type: none"> Twice yearly meeting with CYP during the 'Takeover Week' and 'Local Democracy Week' Young people to organise 2 Development/Takeover Events with input from TSCB Members
Theme area 4 and 5: To ensure core TSCB responsibilities and effective use of resources		
<ul style="list-style-type: none"> The TSCB is fully informed of the safeguarding performance of key agencies in Trafford and can scrutinise and challenge areas where performance could be improved. The public and agencies are aware of the work of the TSCB over a given year period and the key areas of learning and development over that year 	<ul style="list-style-type: none"> Section 11 Audit completed. To be reported to a Development Day in May and July TSCB Quarterly reporting of performance dataset plus exception reports on areas where outcomes have not been achieved There is increased analysis of the performance data set and exception reports. They are reviewed in detail by the TSCB Steering Group before being presented to full TSCB A briefing is prepared after every TSCB meeting to facilitate feedback to agencies Annual Report circulated to all agencies with a questionnaire about the TSCB and 	<ul style="list-style-type: none"> Performance framework is reviewed to include both qualitative and quantitative data The outcome of the sec 11 returns are collated and used to inform future Board priorities The TSCB ensures that the requirements of 'Working Together to Safeguard Children 2013' are fully implemented A local protocol for assessment is developed and agreed by the TSCB Learning improvement framework to be developed and integrated into TSCB performance framework Public & practitioner awareness of the work of

<ul style="list-style-type: none"> Increased partnership working with Safer Trafford Partnership, Children's Trust Board and the Health and Wellbeing Board 	<p>offer to present report</p> <ul style="list-style-type: none"> Annual report presented at all three boards. Children's Trust Board (CTB) TSCB chair is a standing member of CTB. A report from every meeting of TSCB is provided to CTB Children and Young People's plan is reflected in the TSCB business plan around promoting outcomes for vulnerable groups, with domestic abuse as a key priority Safer Trafford Partnership (STP) TSCB Chair presented Annual Report to STP It was agreed STP would provide Annual Report to TSCB The priorities of STP around domestic abuse and CSE are reflected in TSCB Business Plan and a clear link exists with the joint director in CYPs chairing the sub-committee for violent crime. 	<p>the TSCB is increased</p> <ul style="list-style-type: none"> Develop communication strategy to include: Review website Wider circulation of Safeguarding Board summary of minutes Develop newsletter Board members to ensure relevant staff in their agencies are kept up to date with the Board's work
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TRAINING AND PROFESSIONAL DEVELOPMENT

Achievements

Throughout this year the TSCB has provided a programme of inter-agency training consisting of 38 events covering 15 subjects, which aimed to increase skills and confidence within the Trafford workforce in respect of safeguarding children and promote positive inter-agency working.

Amongst the achievements in this year, it is particularly noteworthy that:

- Across the courses there were over 750 participants.
- 104 Trafford practitioners participated in Inter-agency (Level 2) training in respect of safeguarding children from sexual exploitation and the new national and local guidance and procedures
- Training materials to support single agency training in this area have been disseminated, to support agencies in effectively responding to concerns regarding child sexual exploitation.
- 215 Trafford practitioners participated in the level 2 inter-agency safeguarding course, which had been revised in light of SCRs and research.

Challenges

- To achieve effective inter-agency safeguarding training there is a number of key requirements including - skilled and knowledgeable trainers; the appropriate participants from a range of agencies; and learning that impacts on the practice of participants when they return to their workplace. This year it is recognised that there have been challenges in:
 - Effectively evaluating the outcomes of the inter-agency training programme. Evaluation has been focused on participants' reaction to the course, but implementing measures of the impact on participants' practice is more complex and time intensive.
 - Whilst participation on courses has remained good, there is recognition that ensuring a range of participants from across the agencies, including members of the workforce who are longstanding in Trafford, is more challenging, owing to time pressures, priorities and differing single agency training requirements.
 - Recruitment of a permanent interagency training officer.

Priorities for 13/14

- To pilot the use of evaluation methods, attempting to measure the impact of inter-agency training on participants' workplace practice.
- To support local safeguarding trainers by developing a resource pool and train the trainer opportunities.
- To deliver a new course on safeguarding disabled children, responding to the Ofsted report on *Protecting Disabled Children*.
- To raise the profile of cultural issues and safeguarding through a local conference using national speakers.

- To increase engagement of longstanding staff and all agencies through a revised programme, which includes a professional seminar programme as well as new and revised courses.
- To respond to workforce development issues raised through the section 11 audits, SCRs and other local and national audits, reports and research.

Catherine Fleming
Safeguarding Development Manager

Lynn Everton
TSCB Training Officer



SERIOUS CASE REVIEW COMMITTEE

- Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out the functions of the Local Safeguarding Children Boards (LSCBs). This includes the requirement for LSCBs to undertake reviews of serious cases in specified circumstances
- The Serious Case Review Committee (SCRC) is a sub-committee of the Trafford Safeguarding Children Board and has a multi-agency membership including
- The overarching purpose of the SCRC is to:
 - Oversee the process for commissioning and conducting Serious Case Reviews in keeping with Chapter 4 of Working Together to Safeguard Children (2013), or any other serious case or issue agreed the Trafford Safeguarding Children Board Chair
 - Follow the progress of each Review commissioned
 - Ensure auditable processes are in place to identify and disseminate lessons learned, based on Review recommendations
 - Receive and review information from referrals relating to serious child care incidents (which do not meet the criteria for a SCR) which may provide insight into the way organisations are working together to safeguard and protect the welfare of children

Achievements

- In 2011, Trafford Safeguarding Children Board convened a Serious Case Review (SCR) and parallel Domestic Homicide Review (DHR) following the deaths of a 15 year old boy and his mother in a house fire. This resulted in the development of a separate Serious Case Review Panel whose purpose it was to manage the SCR/DHR process until completion. The completed SCR/DHR was presented to the TSCB and Safer Trafford Partnership Board in July 2013
- ‘Thematic’ lessons learnt from the SCR/DHR have been shared with partners in Trafford and with other relevant child safeguarding boards. The inquest into the deaths is now scheduled for February 2014. Due to a complex coronial process there have been delays to the publication of the SCR/DHR overview report and restrictions to the amount of narrative given to staff during workshops to disseminate lessons learnt
- The action plans are on target for completion and will be considered in terms of readiness for the TSCB chair and TSCB Performance, Management and Audit Committee in June 2013, for inclusion in their audit schedule
- The SCRC is currently reviewing information from 4 separate (child care incident) cases in order to determine whether or not there are lessons for dissemination across partner agencies
- The SCRC saw a change to chairing arrangements from May 2012. In addition to this the SCRC agreed to meet quarterly rather than every six weeks in order for the membership to commit to both attendance at meetings and progression of agreed actions
- The SCRC has been successful in the completion of all action plans relating to serious child care incidents with appropriate notification to the TSCB independent chair and TSCB Performance, Monitoring and Audit Committee

Challenges for 2013/2014

- To promote the committee as a forum for learning not about laying blame. This will be an important element of the local learning and improvement framework that Working Together (2013) requires of LSCBs
- Working Together requires that reviews are conducted regularly, not only on cases which meet statutory criteria, but also on cases which can provide useful insights into the way organisations are working together to safeguard and protect the welfare of children
- In light of this the SCRC has revised referral criteria to assist staff with decision making in relation to what they may consider appropriate for referral to the Committee.
- In addition the chair of the SCRC is meeting with CYPS Operational Managers to raise the profile of the Committee as well as promoting this forum as a learning environment

Priorities for 2013-14

- Completion of SCR action plans by June 2013
- Establish a system for identifying cases which would benefit from multi-agency review in addition to Serious Case Reviews.
- Ensure the revised referral criteria are communicated to staff of all partner agencies.
- A major element of the work of the SCR throughout the year will be ensuring that any developments are in keeping with the revised version of Working Together¹. Chapter 4 has particular relevance for the SCRC in that it describes
- ‘the need for professionals and organisations to reflect on the quality of their services and learn from their own practice and that of others. Good practice should be shared so that there is a growing understanding of what works well. Conversely when things go wrong there needs to be a rigorous, objective analysis of what happened and why, so that important lessons can be learnt.....’ (p65, *Working Together 2013*)
- The TSCB Serious Case Review Committee is committed to principles laid out in chapter 4 of Working Together to Safeguard Children and will continue to conduct reviews of cases which do not meet the criteria for an SCR, but which can provide valuable lessons about how organisations are working together to safeguard and promote the welfare of children. Although not required by statute, such reviews are important for highlighting good practice as well as identifying areas for improvement

Julie Adesanya
Designated Nurse, Safeguarding Children
Chair Serious Case Review Committee

PERFORMANCE MANAGEMENT & AUDIT COMMITTEE

Achievements

- The Performance Management and Audit Committee (PMA) is a sub-committee of Trafford Safeguarding Children's Board (TSCB). The purpose of the committee is to develop, implement and review a performance management framework in respect of safeguarding children on behalf of the TSCB and its constituent partners, to ensure that action plans arising from Serious Case Reviews and incidents are embedded in practice, to facilitate a self-assessment process for partners and to ensure that the TSCB and its partner organisations have robust governance arrangements. The Committee provides an exception report to each TSCB meeting and reports to the TSCB through its Steering Group, with minutes of all meetings forwarded to the Chair of the TSCB.
- The Committee aims to hold two meetings between Boards, with one meeting timed to facilitate performance challenge and discussion at the Steering Group prior to the presentation of quarterly exception reports at the Board and a second meeting to progress identified topics. During the year 2012/13 the committee met on five occasions, with targeted task and finish groups meeting on a further two occasions to progress identified work streams, supporting the preparation and planning of the partner organisation S11 Audit.
- The PMA Committee Meeting includes a number of standard agenda items, which include Performance Indicators, Financial Monitoring, Audit and monitoring of the Risk Register.
- The Performance indicators are monitored via the TSCB Quarterly Performance Report which provides an update of progress against the performance measures within the TSCB Business Plan via the TSCB Performance Framework.
- The Performance Management Framework has been reviewed quarterly by the committee and subsequently discussed, on behalf of the Board, at the TSCB Steering Group and exception reports have been shared with the Board. Meeting dates have been reviewed to enable timely sharing of performance information at the end of each quarter. The Framework seeks to incorporate the objectives of the Annual TSCB Business Plan in a measurable format. Progress against the Framework has been updated at each committee meeting and any modifications discussed.
- Audit activity over the past 12 months has included monitoring of the Effectiveness Audit as part of the Performance Framework and the red/amber triggers identified have been included within the Annual Work Plan.
- The S11 Audit is currently in progress, The audit will provide detailed information to develop the proposals and timetable for the implementation of the Critical Friends Review process which will be presented to the TSCB July Board meeting. Reviews will commence in September 2013.
- The TSCB Risk Register was developed in June 2012 following the May Board Development Day. Risks have been identified under the following themes:
 - Integrity and Reputational Risks
 - Risks and Partnership Engagement
 - Risks to the delivery of TSCB Business objectives
 - There are currently no residual risks red rated.

Challenges

- The ambitious nature of some of the Performance Indicators to try and ensure we measure outcomes has led to a lack of baseline and benchmark data. This is particularly a challenge for the Board Objective on the impact of Parental Factors for which datasets both locally and nationally are very underdeveloped. A review of the measures to be used in 2013-14 has rectified this and builds on the work undertaken in 2012-13
- Ensuring qualitative data is used alongside Performance Indicators to give broader picture of performance. Linked to enhanced scrutiny through development of the work of the PMA and Steering Group we expect to resolve this for 2013-14 through the implementation of a new TSCB Performance Framework

Priorities for 2013/14

- Review Performance Framework to include both qualitative and quantitative data
- Ensure that the Steering Group/TSCB has sufficient information to make informed judgements
- Collate the Section 11 returns and ensure they inform Board priorities
- Commence the Critical Friend review process of Single Agencies prioritised according to Section 11 analysis
- On completion of SCR Action plan to undertake appropriate audits to demonstrate that practice has changed
- To undertake Section 175 of Schools and Colleges

Helen Thompson
Head of Midwifery/Divisional Head of Nursing
UHSM NHS TRUST
Chair of Performance Management & Audit Committee



POLICY & PRACTICE COMMITTEE

Achievements

- The TSCB committed to an arrangement for commissioning the provision and maintenance of updated safeguarding policies via an organisation known as Tri-X. This arrangement has been led and overseen by the Policy and Practice committee and was made in partnership with the majority of local authorities in Greater Manchester. The preparation of these policies on a partnership basis has been a major achievement in 2012-13 and Trafford has been a leading authority in the work. The policies are now in place on the TSCB website and arrangements for regular review and updating are also in place, linked to localised pathways for some safeguarding processes.
- The committee also oversees the development and implementation of key partnership strategies on Child Sexual Exploitation, Bullying and e Safety. These have all progressed effectively during 2012-13 and resulted in a workshop event for the three strategies on a combined basis.
- The committee has responsibility for publicity and communication around safeguarding practice and held a number of events to publicise the updated procedures.

Challenges

- There was a significant delay in finalising the policies with Tri-X due to circumstances outside Trafford's control and this led to a period of time when the TSCB was not satisfied that all our policies were up to date. This has now been resolved.
- A reduction in resources on a partnership basis due to budget pressures has resulted in a reduction in resources for e Safety work for the future. This risk has been addressed by an agreement to amalgamate the work of the anti-bullying steering group with the e Safety group for 2013-14.
- Improvements are still needed in publicity arrangements around policy and practice developments linked to publicity for the TSCB in general to ensure that information reaches practitioners across the partnership organisations. This will be an area of further work for 2013-14 as the TSCB further develops its role as a learning organisation.

Priorities

- With the completion of the updated procedures, the priority for 2013-14 will be to maintain them in accordance with the agreed timetable for updates and to ensure a culture exists across our partner organisations of referring to the website when policy advice is needed rather than keeping printed copies. This has been assisted by a notice on printed copies that they can only be guaranteed as up to date for 48 hours after printing.

- An effective response to Sexual Exploitation vulnerabilities and risks for young people is a major priority for 2013-14 and this will be reflected in close scrutiny of the work of the CSE steering group and Sexual Exploitation and Missing Group (SEAM) via the Policy and Practice Committee to ensure that our work is on track and that we learn lessons from national reports and from our own recent report from Barnardo's.

Charlotte Ramsden
Joint Director Services for Children, Young People & Families
Chair Policy & Practice Committee



EARLY INTERVENTION

- Working Together 2013 reaffirms Safeguarding Boards role is ensuring that services are provided at an early point to children and their families.

Achievements

- A multi-agency case file conducted at the beginning of 2012/2013 found that partners were working well together, with a clear understanding of their respective roles, good communication and information sharing and a shared understanding of thresholds.
- A suite of documents are available on Trafford Safeguarding Board website to guide practitioners and families through the processes of Early Help.
 - Case Coordinator Guidance
 - Threshold Guidance
 - Family CAF Form
 - Family CAF Guidance
 - Pre CAF Checklist
- Indigo (consultancy/training provider) trained professionals in the areas below
 - 670 – The Family CAF process.
 - 290 – Level 1 CAF Awareness,
 - 275 – Level 2 Practice & Awareness,
 - 105 – Level 3 Case Coordinator.
- Trafford Safeguarding Board Performance Business Plan 2012/2013 includes scrutiny of the multi-agency early help.

Challenges

- To ensure that Early Help is provided by partner agencies to families using Trafford Safeguarding Board threshold criteria and CAF guidance.
- To develop clear, realistic, measurable outcomes for early help and ensure regular reports are submitted to the TSCB which will contribute to the learning improvement framework.
- To ensure that the process of de-escalating children and families from child protection to child in need to universal services is clear and measurable.

Priorities for 13/14

- To establish a Safeguarding Board performance framework which includes scrutiny of early help outcomes in specific areas of TSCB Business Plan 2012/2013
- To establish early help/CAF training as part of the TSCB training programme
- To establish a multi-agency case file audit which scrutinises multi-agency working across thresholds including early help.

Catherine Fleming
Safeguarding Development Manager

CHILD SEXUAL EXPLOITATION AND MISSING CHILDREN

Achievements

- The Sexual Exploitation and Missing Panel has been in operation for twelve months, 52 children and young people have been referred. The process is working well and multi-agency management of cases can be evidenced. The actions are uploaded onto ICS, into the child's existing plan after each panel. Lead professional, who do not have access to ICS receive a copy of the actions. If a child or young person is not known to services and referred to MARAT, a screening process is carried out to assess if an initial assessment is appropriate. If it is not a referral will be made to the most appropriate agency to carry out a CAF.
- Attendance at SEAM is excellent and all appropriate partner agencies are represented. The majority of referrals are on children and young people who are known to services and generally have a range of complex needs. 17 of the young people were looked after, 20 subject to a child in need plan and 4 subject to child protection plans.
- A Young Women's advocate has recently been appointed to work across Manchester and Trafford. She is a member of the SEAM panel and will act as a link to the protect team (Multi Agency sexual exploitation service in Manchester) which will improve information sharing and contribute to service development.
- Youth Offending Service have had contact with 41 of the young people and provided a service to 12.
- 20 of the young people received a service from sexual Health (talk shop youth service provision) and 9 received an intensive one to one service, 2 from Barnardo's Children's Charity.
- Barnardo's charity recently completed a scoping exercise of sexual exploitation in Trafford (May 2013) and have highlighted areas of strength and challenge in this area of work.
- The recent addition of sexual exploitation safeguarding training level one and two has been well received by professionals and 104 professional have been trained on level 2. This is the multi-agency course for those who work with children and young people on a regular basis.
- The Public Protection Investigation Unit (police) has developed a system so that children and young people at risk of and being sexually exploited are easily identifiable and therefore safeguarded by all police officers in the community.
- The police have established links with wider Greater Manchester initiatives to disrupt hot spot businesses in Manchester where Trafford young people are known to frequent.

Challenges

- It is evident, from SEAM end of year figures and Barnardo's scoping exercise, that there are a number of children and young people in Trafford who are being sexually exploitation or are at risk of sexual exploitation. The SEAM panel needs to improve their

management of risk and information sharing by revisiting the terms of reference of the panel to ensure processes are clear and facilitate appropriate cases being referred.

- Early identification of the risk of sexual exploitation needs to improve both amongst professionals, parents, carers and young people themselves. SEAM end of year figures demonstrate that low level risk referrals to SEAM remains low.
- The Barnardo's scoping exercise identified the challenge of empowering young people to recognise indicators of risk and be able to distinguish between a sexually exploitative relationship and a healthy relationship. They also identified the phenomenon of peer abuse and young people acting as a link between their peers and abusive adults. This area needs to be addressed in this year's action plan.
- Sexual Exploitation is complex and often hidden, children and young people who are at risk often have multiple difficulties in their lives and there is an ongoing challenge of responding holistically to all their needs.
- Sexual Exploitation happens across local authorities borders and young people can be trafficked or travel independently to areas known as hot spots both within Trafford and farther afield. It is important to continue to work with partner agencies, neighbouring authorities and appropriate strategic bodies such as the Safer People's Partnership to combat sexual exploitation.
- From the 52 referrals 15 young people had Missing episodes. This is one of the early risk indicators of sexual exploitation. Responses to missing children, not open to children's social care, needs to improve.

Priorities for 13/14

- Improve the multi-agency response to sexual exploitation, information sharing and management of cases through revisiting SEAM terms of reference.
- Improve early identification of sexual exploitation and referral to SEAM by raising awareness across partner agencies and amongst children, young people and their carers.
- Improve the response of all agencies to children and young people who go missing from home and care and ensure that children and young people not known to services are assessed early and appropriately through the family CAF process
- To ensure that all the areas identified by the Barnardo's scoping exercise are integrated into this year's Sexual Exploitation action plan
- To ensure that all police officers across Trafford have access to awareness raising training in this area of work and understand how to access safeguarding services

Catherine Fleming
Safeguarding Development Manager

ANTI-BULLYING WORKING GROUP STRATEGY

Achievements

- One of the successes of the work carried out by the Trafford Against Bullying Steering Group was the collaboration with the other work streams, Sexual Exploitation, E-Safety, leading to the launch of the three strategies in 2012/13.
- The launch was well attended by a cross section of agencies and members of the community. The feedback from the launch was positive. 72 people signed into the launch, 28 evaluation forms were received, some partially completed. A few examples of the feedback received included:-
 - *Informative, interesting, relevant ,good overview*
 - *Interesting, clear, informative, very useful*
 - *Relevant & entertaining, important subject handled well, good balance*
 - *At a level of understanding, useful discussion, would like more time to share thoughts, policy*
- The Anti-Bullying Strategy and associated policies and documents are now on the Safeguarding Board's Website and will be linked with other websites, eg. CYPS and Customer Information Service.
- As part of the continued attempts to increase awareness of bullying across all sectors in Trafford, information was included in the FASTNET News Letter for the voluntary sector.
- A DVD commissioned by the TAB Steering Group showing young people in Trafford talking about their experiences of bullying, received positive feedback at the Strategy Launch and consideration is being given to placing it on the TCSB website.
- Key Activities organised and delivered in support of the strategy included:-
 - An annual competition around the Anti-Bullying theme co-ordinated by the YOS involved young people being asked to design a poster, poem or song around the theme Stop and Think, Words Can Hurt. The Youth Cabinet also entered the Prevention Team's competition.
 - The Head teacher at Holy Family and members of the Anti-Bullying Education Group for Trafford launched a poetry competition for schools in their locality. Seven primary schools entered and all entries were displayed at Urmston Library.
 - During Anti-Bullying week, two primary schools in Trafford received their gold PSD award; Holy Family Catholic School and Partington Primary.
 - In addition Ofsted inspected Partington Primary school during this time and chose the subject matter, anti-bullying. The school received positive feedback for its dedication and hard work on anti-bullying that takes place throughout the year.
- Examples of anti-bullying activities undertaken by different organisations in Trafford include:-
 - Anonymous message boxes or email systems to alert staff of incidents
 - Survey's for pupils, parents and staff
 - Use of Restorative Practices in schools
 - Anti-bullying Pledges

- Use of the Sharp system
- Achievement of gold, silver and bronze star awards
- SEAL work
- Circle time
- Peer mentors
- Anti-bullying notice board
- Peer mentoring at lunchtimes
- Safe havens within schools
- Personal Pastoral Support Plans

Challenges

- Having a greater understanding of interventions and support being offered to children and young people by agencies other than schools.
- Determining success indicators as a measure of the impact of the strategy.
- Ensuring that all three strategies are sufficiently crosscutting, in order to avoid duplication and isolation.

Priorities for 13/14

- Finalise the signing up of schools to the Stonewall Homophobic Anti- Bullying initiatives in response to the high incidents of homophobic bullying in schools nationally.
- Increase awareness of the Anti-Bullying Strategy among voluntary sector organisations and groups through surveys and information in newsletters and websites.
- Improve monitoring and recording of anti-bullying incidents by voluntary groups.
- Increase access to training and good practice information on tackling bullying through anti-bullying champions and web information.
- Establish baseline monitoring information through a range of systems and processes, i.e. Section 11 Audits.
- Identify anti-bullying champions in individual organisations.
- Monitoring bullying included in commissioning contracts.

Ken McDonald
Trafford CYPS YOS

eSAFETY

Achievements

- A new e-safety policy for the Board has been developed. This is available on the TSCB website.
- The new policy was launched on 14th September along with the new Anti-bullying Policy and Child Sexual Exploitation Strategy. This event was attended by over 60 people and there were 3 individual workshops on e-safety for all the attendees.
- A number of activities for schools have been developed such including:
 - ensuring e-safety is a regular agenda item at all IT Coordinators meeting
 - circulating advice to all schools regarding social networking
 - providing schools with templates for Acceptable Use Policies
 - providing training on e-safety for parents and also staff at a special school as well as giving guidance to all Newly Qualified Teachers).
 - E-Safety resources are collated and made available online for all teachers.
- e-safety is now included in our multi-agency LADO training.. Including the workshops that were run at the launch event we have delivered e-safety training to almost 100 people this year
- <http://ceop.police.uk/> and <http://www.thinkuknow.co.uk/> are two extremely informative sites with regards to e-safety

Challenges

- Excellent parental training has been developed but attendance by parents has been disappointing

Priorities for 2013/14

- Increase parental uptake of training
- Continue to Implement the e-safety policy and strategy
- Merging the e-safety group with the anti-bullying for maximum efficiency
- Further develop our links and training with the Child Sexual Exploitation group

Cathy Rooney
Trafford CYPS Head of MARAS

LOCAL AUTHORITY DESIGNATED OFFICER (LADO)

Achievements

- One of the major achievements in this year has been the increase in recordings of referral and contacts that have been made to the LADO service.
- The LADO service has again delivered a multi-agency training programme throughout 2012/13 and this has had a direct effect on referrals. This has included the half day Managing Allegations training to smaller briefing sessions and the LADO attending various team meetings.
- Another achievement has been the work with mosques and madrassas in Trafford. This has been a nationally hard to reach group and principals from other areas even in the North West are not applicable to Trafford. Other areas have asked for assistance from Trafford in how this work has been carried out.
- Funding has been obtained in this year for the purchase of the LADO ICS Workspace. This has been approved by the Senior management Team and is currently reaching the end of its development.
- New Managing Allegations procedures have been written this year and the LADO in Trafford has led authorities in producing the Greater Manchester Managing Allegations procedures. This is now included on the Tri X website and the TSCB website.
- The regional LADO network is now thriving and Trafford host the event every three months. This is a well-attended group which has recently devised a portal for the storage and dissemination of LADO regional information.

Challenges

- This year has seen an unprecedented increase in the number of historical allegations in Trafford and all over the community that has been well documented in the media both regionally and nationally.
- This has meant LADO focus has been disproportionately skewed towards this area of work as a number of professionals involved are still working in regulated activities.
- The restructuring of the Education service has been challenging to the LADO as the former Chief Advisor AND Lead played an enormous role in the quick resolution of education LADO cases. The LADO now has to clear with Heads directly which can be enormously stressful for them and this can be particularly challenging in schools that have become academies.
- There has been a new multi-agency document Working Together 2013 which is a new slimmed down version of the previous documents. This actually gives less guidance in this complex area than previously which means the LADO led Trafford procedures are often the only documentation available for professionals to work with when an allegation is being made.

- There have been changes in the Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) merging to become the Disclosure and Barring Service. The barring part is still in operation as before but the DBS changes have meant that education staff in particular have received extra support in this area.

Priorities 2013/14

- With the changes from working together 2013 and the construction of the DBS procedures are being devised which will encapsulate these changes .This will include a safer recruitment element which has been a factor in a number of recent referrals.
- Single agency mosque and madrassas training will continue to be offered. This will include training the trainer element so that this can be rolled out in the future by a number of professionals.
- Single agency training for health professionals will be devised this year which has been an issue for a couple of years. Successful training was devised and launched at Trafford General Hospital and it is hoped this can now be done in collaboration with the named nurses and health staff in the community.
- The regional LADO sub group will continue to explore the possibility for a national conference paid for by the directors group and held in Trafford.
- Esafety work through ETAB,,s lead officer will mean we are able to look at monitoring and recording of Esafety incidents and tailoring training and advice accordingly.

Anita Hopkins
Local Authority Designated Officer

Section C:

Ensuring the Effectiveness of Safeguarding Children

CHILD PROTECTION ASSESSMENTS AND STATISTICS

The following report contains data which is currently unverified so can only be viewed as indicative at this stage but significant changes are unlikely.

Indicator	2011/12			2012/13		
	England	Statistical Neighbour	Trafford	Trafford	Target	Comments
Assessments and Investigations						
Total number of referra			2243	2588		<p>The number of contacts coming in to MARAT rose by 8.6% in year to 14039. The increase number of contacts becoming referrals was 13%. The MARAT team have been reporting during the year that the referrals coming in were more complex than previous years and the increase of contacts to referrals would support this view.</p> <p>Proportionately our referral rates are slightly above our statistical neighbours but below the England average. The percentage of referrals going on to initial assessment is much lower than statistical neighbours and the England average. This can be attributed to the fact that MARAT encourage people to get in touch at the earliest possible stage and offer advice and guidance, as well as advising people (where appropriate) to do a CAF to try to prevent the need for formal social care involvement.</p> <p>As the actual number of contacts and referrals have gone up the number of Initial Assessments completed by MARAT has also gone up (9.7%).</p> <p>The increase in demand has impacted on timescales for Initial Assessments. Our timeliness is similar to our statistical neighbours and still well above the England average.</p>
Referrals per 10,000 population aged under 18	533.8	475.7	433.0	499.3		
Referrals to children's social care going on to initial	74.6%	77.6%	55.4%	53.5%		
Initial assessments			1247	1382		
% of initial assessments completed within 10 working days	64%	70.5%	84.4%	71.1%		

Core Assessments			798	817		The increase in demand at contact, referral and initial assessment stage has also impacted on Core Assessments which have gone up by 2.3%.
Core Assessments per 10,000 population aged under 18	194.6	151.4	154.1	157.6		
% of core assessments carried out within 35 working days of commencement	75%	75.4%	80.7%	72.9%		The timeliness issues described above for MARAT have then impacted on the timeliness of Core Assessments completed within the remaining time and performance has fallen in this area but overall is close to the England and Statistical neighbour average. Our Core Assessment figures are slightly lower than statistical neighbours and the England average.
S47 investigations per 10,000 child population	110	86.4	(351) 67.7	(367) 70.8		This is largely consistent with last year's figure and lower than statistical neighbours.
Initial child Protection conferences			267	263		The actual number of Initial Conferences has largely remained similar.
Initial child protection conferences per 10,000 pop aged under 18	49.6	38.6	51.5	50.7		Our rate per 10,000 has remained fairly constant and is similar to the England average but higher than our statistical neighbours. We continue to monitor that all conferences are appropriate and meet the threshold of future significant harm.
Child protection cases reviewed within required timescales	97.1%	97.8%	100%	98.8%		This is good performance and demonstrates the importance professionals attach to ensuring child protection plans are up to date and progressing positively.
Child in Need cases				911		All open current Child In Need cases are being reviewed to verify that the families are being supported at the right level.
Child in Need per 10,000 child population				175.7		
CAF's (total numbers)				262	250	We exceeded our target for CAF's completed within year.

CAF's per 10,000 child population				50.6		<p>The rate per 10,000 is similar to our rate for Child Protection and Children in Care and much lower than our Child In Need rate. The CAF figure should be much higher as the CAF should be used to support children with lower level needs and to prevent their issues from escalating.</p> <p>There has been a lot of work done towards the end of year 12/13 to re-launch CAF and re-train workers in the community. MARAT are becoming more active in encouraging referrers to do a CAF and more processes (EHC Plans and Stronger Families) are starting with CAF's so we have set a more ambitious target for next year.</p>
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Indicator	2011/12			2012/13		Comments
	England	Statistical Neighbour	Trafford	Trafford	Target	
Child Protection Plans						
Number of children who were subject of a child protection plan at 31/03/13			186	216		The numbers of children subject to child protection plans has increased. This increase should be seen in context; our practice is to avoid children coming into care, more than once, by working with them at home supported by a robust child protection plan.
Rate per 10,000 pop aged under 18 (31/03/12)	37.8	35	35.9	41.7		
Children who became subject of a plan in year			237	256		
Rate per 10,000 pop aged under 18 (31/03/13)	45.96	36.7	45.75	49.4		
Children who became subject of a plan for a second or subsequent time within 2 years of the previous plan ending				2.4%		This indicator represents excellent practice and demonstrates that children are de-planned in a timely way when child protection issues have been resolved.

Child protection plans lasting two years or more	3.6%	3.96%	6.5%	1.9%		This indicator has improved and demonstrates that issues are resolved within a reasonable timescale
Number of plans ceasing in the year per 10,000 pop aged under 18	40.7	33.3	(220) 42.5	(226) 43.6		The number of plans ceasing remains constant and continues to indicate increased good practice in this area.

Indicator	2010/11			2011/12		Comments
	England	Statistical Neighbour	Trafford	Trafford	Target	
Looked After Children						
% of children subject of a plan who were Looked After Children			4.8%	6.0%		This has increased slightly and represents those cases where there has been a short time interval between children becoming subject to a care plan and being deplaned from child protection plans. Practice in Trafford is to work with families/children supported by the most appropriate plan.
% of Looked After Children adopted during the year who were placed for adoption within 12 months of the agency deciding they should be.	74%	68.9%	71.4%	56.3%		This figure relates to a small number of 16 children. A number of children were sibling groups and this and other complexities relating to the individual needs of the children delayed the location of suitable placements for a small number of children. However successful placement that enabled the sibling children to reside together were eventually located and the children went on to be successfully adopted.
% of Looked After Children (at 31/03/13) with 3 or more placements in year	10.7%	11.9%	6.1%	7.5%		The national average for this indicator in 2012 was 11% and Trafford's positive performance is above that of our statistical neighbours.
% of children aged under 16 at 31/03/13 who had been looked after continuously for at least 2.5 years, who had lived in the same placement for 2 years, or were placed for adoption	68.6%	67.9%	76.8%	78.8%	78%	The national average for this indicator for 2012 was 68%..Trafford's performance in this area was reassuring and has been maintained throughout 2012/13 .This and the above indicator are important key indicators in that the provision of long term stable placements to children in care provides the platform on which children can grow and achieve positive outcomes.

% of Looked After Children cases that were reviewed in time			96%	99.4%		This has improved significantly over the last year and is excellent performance.
Looked After Children per 10.000 pop aged under 18	59	57.5	53.5	56.0		The national average for this indicator in 2012 was 59% and Trafford's performance remains above the national figure
Number of Looked After Children in commissioned placements	32.7%	30%	17.1%	11.7%		Trafford has significantly reduced its dependency on external agency foster placements. This has been an outcome of successful marketing and recruitment activity and the continued development of specialist evidence based fostering and training programmes



PERFORMANCE FRAMEWORK

Performance management is key component of the success and management of any organisation or partnership. Without robust performance management arrangements, the overarching vision and objectives will not be achieved, as monitoring of the outcomes is not embedded to enable service improvement.

A Performance Management Framework has been developed and approved by the TSCB that will underpin a new way of working in line with the expectations for Learning and Improvement plans set out in Working Together 2013. This Framework brings together three key strands of activity; performance monitoring, audit and quality assurance and the views of children, young people and families.

The performance framework helps monitor the objectives set out within the TSCB Business Plan. A quarterly reporting mechanism is in place to measure progress against each of the key measures identified for the objectives and reported to the Board. Alongside the performance measures, exception reports are presented to the Board relating to any causing concern. On a twice yearly basis a comprehensive Learning and Improvement report will be produced pulling together all aspects of the performance framework to give a complete picture of safeguarding activity.

Through moving to an outcomes focused approach the new framework gives an opportunity for the Board to see the impact of interventions in relation to the key objectives. The Performance Monitoring and Audit Group have taken the lead role in implementing the framework and provide context and challenge to the performance reports. It has also developing a 'critical friend' audit process to ensure the Board has assurance from individual agencies that the work of the Board is embedded in their practice.

Reporting to TSCB is the top layer of the Performance Framework concentrating on the priorities that have been set through the Business Planning process. It is a major function of the Steering Group to provide detailed scrutiny and challenge in this area and lead on the Business Plan. Single agency performance monitoring mechanisms feed into this process and act as the foundation for the overall Performance Framework.

A copy of the TSCB Performance Management Framework can be downloaded from the TSCB website if you would like any further information.

John Pearce
Director Service Development – Children, Family and Education
Children, Families and Wellbeing Directorate

CHILD PROTECTION CONFERENCES

Achievements

- All 343 CPP Conferences were undertaken within the statutory time frames.
- Reports were provided for 95% or more of conferences by Social Care, Health and Police
- 52% of Social Care reports were available on ICS 3 days before the conference
- 95% Social Care reports were judged of 'high' quality
- 77% of Social Care Reports and 52% of Health Reports included an outline child protection plan
- Partner agencies had commenced Risk Assessment in 50% of cases (target 50%)
- There has been good progress in attendance of carers/parents at CPP conferences with progressive improvement throughout the year and with the target of 90% being reached in quarter 4 (average through the year 80%).

Challenges

- Education and Other Agencies provided reports for less than 50% of Conferences
- Team Managers/Senior Practitioners attendance at CPP Conferences was 73% (target 90%)
- Though reports for CPP Conferences were discussed with only 59% of families/carers before the CPP Conference (target 100%), there has been progressive and sustained improvement in this measure reaching 70% in quarter 4.
- There has been some progress in Social Worker sharing views of child/young person at conference. The average through the year was 55% but performance in quarter 4 had reached 64% (target 100%)

Priorities for 2013-14

- To maintain and/or improve performance in the areas detailed in achievements
- To further improve Children and Young people's participation at case conference.
- To continue to improve the number of reports available 3 day prior to case conference
- To continue to improve the percentage of reports shared with parents, carers and children prior to conference.
- To continue to improve the provision of reports by partner agencies to case conference,

Catherine Fleming
Safeguarding Development Manager

PRIVATE FOSTERING

- Private fostering is an arrangement that is made privately for the care of a child under the age of 16 (or 18 if disabled) with someone other than the parent or a close relative with the intention it should last 28 days or more
- Private Fostering arrangements in Trafford exist for a variety of reasons including:
 - Teenagers estranged from family and living with distant family members or friends
 - Young People from abroad who came to England to study

Achievements

- Trafford's Private Fostering Policy and Guidance, and the Private Fostering Statement of Purpose have been updated and uploaded on to the TSCB website.
- The Private Fostering Panel has met regularly.
- There was a Case File Audit of Private Fostering records conducted in March 2012 by two CYPS Heads of Service.
- The Private Fostering Champions Group has met bi-monthly. This has resulted in the development and delivery of training and opportunities to raise awareness of the importance of private fostering.
- Multi-agency training on Private Fostering has been delivered
- To coincide with Private Fostering Week (February 2012) we created a short power point which could be used in all team meetings, this was distributed to Head teachers, Team Leaders and Voluntary Sector Representatives.
- A press release was generated and agency intranet services were used to raise awareness.
- Despite the above activity, publicity and training the number of private fostering cases in Trafford remains low. During 2012 the Panel monitored 11 private fostering cases in total and in December 2012 only 3 cases were open.

Inspection

- Trafford was subject to a Private Fostering Inspection by OFSTED in January 2013. The overall effectiveness was judged to be Adequate.

- The Strengths they found in our process were that we have good partnership working, there is widespread knowledge of the need to notify the Local Authority of a private fostering arrangements, the timescales were met and once we know about a privately fostered child we support them well, they all have a social worker and they are given appropriate access to services.
- Our areas for development were judged to be that our overall numbers were low and we have failed to raise public awareness and in particular to engage the BME and faith communities on Private Fostering. They felt our monitoring, especially in the first 42 days could be stronger and we need to improve our written reports to the Safeguarding Board.
- A post inspection action plan has been developed to address the recommendations from the Inspection.

Challenges

- The major challenge is to raise general awareness, and especially notifications of, private fostering arrangements.

Priorities for 2013-14

- Implement our post-inspection action plan
- Increase the number of cases notified.

Cathy Rooney
Trafford CYPS Head of MARAS



YOUTH OFFENDERS IN CUSTODY

Young people in custody

- There has been a decrease in the number of young people in custody from Trafford. During the year 2010-11 there were 26 young people in custody, reducing to 14 in 2011-12 and to 7 in 2012-13. This shows a 73% reduction over the three year period.
- This figure counts all young people who were in custody during the year and not just those who received custodial sentences in the period. ie anyone who received a custodial sentence in a previous period, who remained in custody into the next period.
- Youth Offending Service continues to have strong and effective engagement with magistrates in order to maintain the downward trend in custodial sentence. There is ongoing review of intervention to ensure high impact and improve outcome in the community. All staff are suitably skilled to effectively engage with children young, people and families.

Number of Young Persons entering the criminal justice system for the first time

- This information is only available for the last two years.
- There has been a reduction in the number of first time entrants overall of 27%.
- There has been a 14% increase in Young People entering the criminal justice system for the first time from deprived areas (35 YP in 2011-12, 40 in 2012-13).
- The YOS prevention team delivers crime focused intervention packages to young people aged 8-17 years. They are referred to the team via 3 main pathways; CYPS identification, Anti-social behaviour team signpost and via a police referral. The police alert the Prevention team of all young people who commit an offence. The YOS complete offending history and safeguarding checks to offer suitable interventions. The YOS will complete an offending assessment to inform all out of court decisions for the police under the new Legal Aid, Sentencing and Punishment of Offender Act.
- There are Prevention workers link with other agencies/ voluntary groups to offer crime focused programs to groups of young people who collectively pose a risk of offending to their community. For example, the YOS have linked with the police, Trafford Housing Trust, voluntary groups etc to run Challenge days, anti-knife crime workshops and citizenship programs.

- Prevention work also includes delivering initiatives such as Operation Stay Safe, and supports the police in delivering Operation Assure, Team Safer and Safer4summer.

Young Victims of Crime

- There were 161 victims of offences which resulted in a substantive outcome in 2012-13, for 32 of them (48%) we did not receive any age information. 7% were under 18, compared to 32.3% in 2010-11.
- Key achievements 2012-13
 - Victims are offered Restorative Justice Conferences
 - Victims are sign post to agencies for support ie victim support
 - Project with Victim Support resulting in young people designing information leaflet signposting access to support.
- Priority 2013-14
 - To improve engagement with children and young people as victim of crimevictims

Ken McDonald
Trafford CYPS YOS



CDOP ANNUAL REPORT

Overview

- The tri-partite Child Death Overview Panel (CDOP) arrangements were initiated following a recommendation to share CDOP's in order to cover a population base in excess of 500,000. The combined population of Stockport, Tameside and Trafford from the 2011 Census is 729,200.
- In 2011/12 across Greater Manchester there were 250 deaths in Children and Young People
- Trafford CYP population represents 32% of partnership whereas the number of CYP Deaths in Trafford was only 19% (10) of total deaths. Tragic though every death is, the current figure for Trafford is the lowest ever at approximately 50% of previous totals. If deaths of extremely premature babies were excluded, this figure would reduce further.
- One of the main functions of the CDOP is to identify factors in the deaths which if fully implemented would reduce the number of deaths in the future, these are referred to as 'Modifiable Factors'. Such factors identified across the partnership were:
 - Parental smoking (including during pregnancy)
 - Co-sleeping, safe sleeping
 - Over heating
 - Powered rocking chair immediately after feeding
 - Drug and alcohol misuse
 - Domestic abuse
 - Standard of care

Achievements

- In response feedback from CQC inspections renewed effort has been made to raise awareness of CDOP and its role. A short generic document has been produced and approved by CDOP members for distribution by LSCB members within their own organisations and agencies. A copy of this document is included in this Annual Report.
- The involvement of parents and their awareness of the CDOP process is a challenge that all CDOPs have wrestled with. It has been agreed that a leaflet will be handed to the person registering the death by Registrar staff, which ensures information is given at an appropriate time by a person well used to dealing with the grieving process.
- A Greater Manchester database to allow the 4 CDOP's to collate data has been created. This was only achieved because support from Trafford in terms of skill, knowledge, commitment and time.

- Data Collection has improved due mainly to the efforts of the CDOP administrator
- A recommendation in the 2010/11 CDOP report was that, **‘Each LSCB and Ideally Greater Manchester should agree a common and consistent message for parents, particularly regarding safe sleeping’**. This has been discussed and monitored at the Greater Manchester Partnership and a significant change has now been made to the Personal Child Health Record for all new born in Greater Manchester
- A further recommendation from the 2010/11 CDOP report was that **‘Public health should investigate the disproportionate representation of BME and white deaths in both neonates and the overall child death figures’**. Together with the representatives on CDOP, public health in Trafford will continue to monitor the proportion of child deaths in Trafford according to ethnicity, in particular the number of deaths in which congenital malformations play a part but also any other preventable factors. The impact of consanguinity continues to be raised within local communities particularly in the Old Trafford area

Priorities based on the 2011/12 CDOP report are:

- **Advice regarding parental smoking and safe sleeping should continue to be a mantra for all services. The advice given should be revisited by managers locally and LSCB’s on a regular basis**
- **Data from the CDOP and Health should be used to work together to identify reasons for the apparent disparity in child deaths based on ethnicity**
- **Further work on advice regarding parental smoking and safe sleeping**

Trafford Actions with regards to these priorities:

- Further audit of parental knowledge of smoking and safe sleeping, information and practice to be undertaken
- Midwives at UHSM to raise smoking/safe sleeping at the primary visit, this information to be communicated to health visitor and GP practice and CMFT to be reported
- When assessments of Domestic Safety are undertaken domestic safety information about smoking/shared sleeping to be sought and this information to be forwarded to the health visitor.

Mick Lay
Independent Chair
Joint CDOP Committee

CHILDREN'S SOCIAL CARE SINGLE CASE FILE AUDITS

Introduction

The children's social care carry out a single-agency case file audit bi-annually; April and September. The audit tool used encompasses the Ofsted case recording elements of:

- Engagement with children and families
- Quality of assessment
- Quality of recording
- Quality of case planning
- Evidence of outcomes
- Robustness of multi-agency working
- Quality of management oversight and supervision
- Management of diversity
- Use of chronologies

The audit is an independent process with files randomly selected, periodically the audit focuses on a theme. The audit team is led by 2 independent reviewing officers and is led by senior practitioners and managers across the CYPS teams. The process of the audit is seen as a learning opportunity for the professionals involved as it allows for practice discussions across teams and areas. In addition the auditing of social care practice is an integral part of the quality assurance system and it will contribute to the TSCB learning and development framework. The outcomes and lessons learnt from the audits carried out by the safeguarding team throughout the year on the child protection conferences and looked after reviews are used to inform the social care audit. Themes from previous years audits are revisited to ensure that recommendations have been implemented effectively and learning evidenced.

Achievements

- The September 2012 audit evidences a significant rise in outstanding and good cases from 20% in April 2012 to 70% in September 2012. That 90% of all cases were adequate or better shows a further positive improvement in the standard of case work and management across the services.
- No children were identified as unsafe in either case file audit and practice was good overall and frequently outstanding.
- The cases marked inadequate in both audits were brought to the manager's attention immediately and areas of concern rectified.
- To summarise both case file audits found a number of cases contained excellent core assessment evidencing the use of Bruce Thornton risk assessment package.
- All cases evidenced very good levels of multi-agency working including strategy meetings, core group meetings, child in need meetings, child protection conferences and child in care reviews.

Comparison Case File Audit: April 2012, September 2012

Case Rating	April 2012	September 2012
Outstanding	2 or 6%	7 or 18%
Good	14 or 45%	20 or 51%
Adequate	11 or 35%	8 or 21%
Inadequate	4 or 13%	4 or 10%
Totals	31 files (including Family Placement Team)	39 interventions including Family Placement Team

Challenges (April 2012 Audit): Areas for improvement

- Recording detail for religion
- Chronology. Not enough detail
- Child participation in child protection conferences
- Evidence of core assessments in the electronic file
- Children not receiving a service equal to child protection or LAC cases

Progress September 2012 :

- A significant improvement was noted in the standard of work on eight children in need cases
- A number of cases audited contained excellent core assessments

Further challenges (September 2012 Audit): Areas for improvement

- Essential information detail for religion not recorded
- Chronology not enough detail
- Child participation in child protection conferences

Priorities

- Social workers to record child's religion on case file
- Further training and management action has been focussed on improving the quality of chronologies. The current ICS system has been developed to allow social workers to create chronologies more easily. Two separate audits have been carried out specifically on chronologies and this area continues to be one of development for children's social care.
- Child participation at child protection conferences at the end of March 2013 was approximately 50%. Further development work is being undertaken to gain children and young people's views and feedback about child protection conferences. The option of purchasing a web based system Viewpoint is being considered to give children and young people the option of this kind of participation.

Catherine Fleming
Safeguarding Development Manager

BUDGET

- TSCB Income is accrued in two ways:
 - Cash contributions (Table 1).
 - Posts directly paid for by TMBC (Table 2).

Income as cash	2012-13	2013-14
GMP Police	12,900	12,900
Trafford PCT (Trafford CCG)	30,004	30,004
GM Probation	1,840	1,840
TMBC YOS	5,228	5,228
TMBC Connexions	5,228	5,228
CAFCASS	550	550
Dedicated Schools Grant – SEN Team	3,751	3,751
TMBC – Safeguarding Team	3,751	3,751
Trafford Housing Trust	2,500	2,500
Safer Trafford Partnership	5,000	0
Total Income as Cash	70,752	65,752
Table 1: Cash Income		

	2012-13
Cost of Training Officer 1.0 FTE	39,258
Cost of Training Officer 0.2	7,223
Cost of TSCB Admin Officer 1.0 FTE	21,362
Cost of TSCB Manager (3 Days)	28,175
Total Posts paid by CYPS/LA	96,018
Table 2: Posts paid directly by CYPS/LA	

- The Contribution from Safer Trafford Partnership was for a single year and they have confirmed it cannot be extended.
- Expenditure in 2012-13 included a once off payment of £3000 towards the cost of the revision of Safeguarding Policies across Greater Manchester by a commercial company (Tri.x) Policies. This 'extraordinary' expenditure offsets the reduction in income for 2013-14.
- With one exception (set out above) all partners have confirmed their contributions at 2012-13 levels commit to the same level of support as in 2012-13.

- Projected expenditure against cash income is set out in table 3.

	Forecast 2013-14
Cost of TSCB Manager (1 additional day)	9,392
Increased Banding TSCB Manager	1,000
Admin Support Training	3,918
Training costs	18,000
Development Days/External Review	1,500
Independent Chair	15,000
CDOP contribution	13,666
Printing costs	200
Website Costs	1,000
Pan Manchester Admin post	2,000
Total Expenditure against cash income	65,676
Table 3: Projected expenditure against cash	



GLOSSARY

A&E	Accident and Emergency
AGMA	Association of Greater Manchester Authorities
AUP	Acceptable Use Policies
CAADA	Coordinated Action against Domestic Abuse
CAF	Common Assessment Framework
CAFCASS	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Service
CDOP	Child Death Overview Panel
CIN	Children in Need
CSE	Child Sexual Exploitation
CTB	Children's Trust Board
CYP	Children and Young People
CYPS	Children and Young Peoples Services
GMP	Greater Manchester Police
GMSP	Greater Manchester Safeguarding Partnership
GMW	Greater Manchester West
ICT	Information Communication Technology
IRO	Independent Reviewing Officer
LADO	Local Authority Designated Officer
LSCB	Local Safeguarding Children Board
MARAC	Multi Agency Risk Assessment Conference
MARAT	Multi Agency Referral and Assessment Team
NSPCC	National Society for the Prevention of Cruelty to Children
PMA	Performance Management and Audit Committee
P&P	Policy and Practice Committee
SCR	Serious Case Review
SCRC	Serious Case Review Committee
SEAM	Sexually Exploited and Missing
SEN	Special Educational Needs
STP	Safer Trafford Partnership
TAB	Trafford Anti-Bullying
TMBC	Trafford Metropolitan Borough Council
TP&D	Training and Professional Development Committee
TSCB	Trafford Safeguarding Children Board
UHSM	University Hospital South Manchester
VCAT	Voluntary and Community Action Trafford
YOS	Youth Offending Service

Report to: Health & Well Being Board
Date: 3rd December 2013
Report for: Decision
Report of: Corporate Director, Children Families and Wellbeing

Report Title

Memorandum of Understanding Between Trafford Children's Trust Board, Trafford Health and Wellbeing Board, and Trafford Local Safeguarding Children Board

Summary

This document sets out the expectations of the relationship and working arrangements between Trafford Children's Trust Board (CT), Trafford Health and Wellbeing Board (HWB), and Trafford Local Safeguarding Children Board (TSCB). It covers their respective roles and functions, arrangements for challenge, oversight and scrutiny, and performance management.

The chair of the CT, the chair of the HWB, the chair of the TSCB, and the Director for Children's and Family Services have formally agreed to the arrangements set out in this document.

The arrangements will be subject to review in 3 years (from the date of initial agreement) unless there is significant change in the central advice about these boards or any of the boards feel the arrangements are not working satisfactorily.

Recommendations

1. That the Health and Wellbeing Board agree the memorandum of understanding

Contact person for access to background papers and further information:

Name: Imran Khan
X1361

Memorandum of Understanding between Trafford Children's Trust Board, Trafford Health and Wellbeing Board and Trafford Local Safeguarding Board

Introduction

- 1.1 This document sets out the expectations of the relationship and working arrangements between Trafford Children's Trust Board (CT), Trafford Health and Wellbeing Board (HWB), and Trafford Local Safeguarding Children Board (TSCB). It covers their respective roles and functions, arrangements for challenge, oversight and scrutiny, and performance management.
- 1.2 The chair of the CT, the chair of the HWB, the chair of the TSCB, and the Director for Children's and Family Services have formally agreed to the arrangements set out in this document.
- 1.3 The arrangements will be subject to review in 3 years (from the date of initial agreement) unless there is significant change in the central advice about these boards or any of the boards feel the arrangements are not working satisfactorily.

Background

- 2.1 *Section 11 of the Children Act 2004* requires each local authority to make arrangements to promote cooperation between the authority and each of the authority's relevant partners with a view to improving the wellbeing of children, which includes protection from harm and neglect alongside other outcomes.
- 2.2 This requirement was further defined by *Statutory guidance on inter-agency co-operation to improve the wellbeing of children: children's trusts (2005)* and *Children's Trusts: statutory guidance to improve the well-being of children, young people and their families (2008)*
- 2.3 From October 2010 the Department of Education withdrew the statutory guidance Children's Trusts but the requirement for local authorities and partners to have a Children's Trust Board and the wider duty to co-operate to improve children's wellbeing, as set out in section 10 of the Children Act 2004 remains.
- 2.4 *The Health and Social Care Act 2012* required all local authorities and partners to have a local Health and Wellbeing Board to identify health and wellbeing priorities and drive forward and coordinate action to improve the health and address health inequalities for adults and children.
- 2.5 *Section 13 of the Children Act 2004* required each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs.
- 2.6 Though the roles of CT, TSCB and HWB are distinct they all have an impact on Safeguarding Children and Young People, effective Safeguarding depends on close co-operation between the three boards. Indeed the withdrawal of statutory guidance on Children's Trusts was to provide local authorities with the flexibility to ensure their CT fits with local HWB to suit their local context (*More freedom and flexibility – a new approach to Children's Trust Boards, DfE Feb 2012*). To utilise this new freedom to improve the Safeguarding of

Children and Young People in Trafford it is essential the roles and interrelationships of the CT, HWB and LSCB are clearly agreed.

Role of Local Safeguarding Children Boards

- 3.1 *Section 14 of the Children Act 2004* sets out the objectives of LSCBs, which are:
- (a) To co-ordinate what is done by each person or body represented on the Board for purposes of safeguarding and promoting the welfare of children in the area; and
 - (b) To ensure the effectiveness of what is done by each such person or body for those purposes.
- 3.2 The roles of LSCBs are further set out in *Local Safeguarding Children Boards Regulations 2006* and *Working Together to Safeguard Children 2013*.

Role of Children's Trust Board

- 4.1 Developing and promulgating a child and family-centred, outcome-led vision for all children and young people via the CYPP, clearly informed by their views and those of their parents and the Joint Strategic Needs Assessment;
- 4.2 Putting in place robust arrangements for inter-agency governance;
- 4.3 Developing integrated strategy: joint planning and commissioning; pooled and aligned budgets; and the Children and Young People's Plan;
- 4.4 supporting this via integrated processes: effective joint working sustained by a shared language and shared processes; and
- 4.5 Developing and promoting integrated front line delivery organised around the child, young person or family rather than professional or institutional boundaries.

Inter-relationship between Children's Trust and TSCB

- 5.1 TSCB Chair is member of CT.
- 5.2 Report and minutes of all TSCB Meetings are presented to CT.
- 5.3 TSCB Annual Report is presented to CT.
- 5.4 TSCB contributes to CT's objectives
- 5.5 CT consults with TSCB on the Children and Young People's Plan and TSCB Business Plan is aligned with CYPP
- 5.6 CT provides TSCB with an annual review of progress on Children and Young People's Plan objectives.

Role of Health and Wellbeing Boards

6.1 Health and Wellbeing boards have the following functions:

- Strategic influence over commissioning decisions across health, public health and social care.
- Boards will strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care. The boards will also provide a forum for challenge, discussion, and the involvement of local people.
- Boards will bring together clinical commissioning groups and councils to develop a shared understanding of the health and wellbeing needs of the community. They will undertake the Joint Strategic Needs Assessment (JSNA) and develop a joint strategy for how these needs can be best addressed. This will include recommendations for joint commissioning and integrating services across health and care.
- Through undertaking the JSNA, the board will drive local commissioning of health care, social care and public health and create a more effective and responsive local health and care system. Other services that impact on health and wellbeing such as housing and education provision will also be addressed.

6.2 The HWB has the following roles in Safeguarding Children and Young People:

- It recognises safeguarding and child protection as a cross-cutting theme
- It ensures safeguarding is included in:
 - Needs analysis
 - Health and Wellbeing Strategy
 - Commissioning at both strategic and operational levels
 - Safeguarding is included in the Public Health agenda
 - Safeguarding is embedded in integrated service arrangements

Inter-relationship between the Health and Well Being Board and TSCB

7.1 TSCB should provide for HWB:

- An analysis of safeguarding in Trafford as a feed into the JSNA
- Evaluation of Health and Wellbeing Strategy on safeguarding
- Highlight issues to be addressed in subsequent Health and Wellbeing strategy

7.2 TSCB and HWB should work together to agree:

- To understand and evaluate the effectiveness of service outcomes, including where services need to be improved, re-shaped or developed.

- Integrate work around the LSCB Business Plan and the Joint Health and Wellbeing strategy with cross-Board communication and engagement in priority setting
- Co-ordinate the approach to performance management and evaluation of success in securing outcomes
- Arrangements for cross-Board scrutiny and challenge are:
 - TSCB is represented on the HWB by the Director of Children's Services
 - Director of Children's Services as TSCB representative on TSCB will ensure that Safeguarding Children issues are addressed in all HWB Business
 - HWB Action Plan will be reviewed by TSCB
 - HWB will ensure TSCB has opportunity to input into JNSA
 - HWB will present an annual progress report to TSCB
 - TSCB Annual report will be presented to HWB
 - There will be a standing invitation to TSCB to raise any Safeguarding concern with the HWB

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TRAFFORD COUNCIL

Report to: Health & Well Being Board
Date: 3rd December 2013
Report for: Information
Report of: Executive Member for Community Health and Wellbeing

Report Title

Winterbourne View Stocktake Action Plan Update

Summary

Trafford undertook a self-assessment stocktake exercise in June 2013 for NHS England to benchmark our position leading up to the resettlement of individuals identified as part of the Winterbourne Review.

The stocktake was designed to enable local areas to assess their progress against commitments in the Winterbourne View Concordat, share good practice and identify development needs. The report, published jointly by the Local Government Association and NHS England, is an analysis that covers all 152 Health and Wellbeing Board areas.

Trafford have been identified as an area of best practice in relation to Choice and Control by Local Government Association (LGA), NHS England and the Department of Health. A case study from Trafford will feature in the report in relation to how Local Authorities have responded to Winterbourne.

In order to keep Trafford's Health and Wellbeing Board up to date an action plan in relation to progress against the Amber areas of the original stocktake self-assessment has been produced.

In October 2013 the Joint Improvement Programme wrote to Local Authority Chief Executives with a summary of local area analysis, this information was made public in October 2013. The summary read well for Trafford Council.

There were 61 areas Local Authorities were asked to RAG for the original stocktake.

In October 2013 Trafford reported 10 areas as Amber. In December, 9 of these 10 areas have improved to a green RAG Status, 1 remains as Amber.

Recommendations

To note the progress in relation to the areas of the Winterbourne Stocktake

Contact person for access to background papers and further information:

Name: Jenny Holt – Commissioning and Service Development Manager

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AREA	OBJECTIVE	OCTOBER RAG RATING	DECEMBER RAG RATING	COMMENTS/PLANNED ACTION
1. Models of Partnership	1.9 <i>Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan?</i>	Amber	Green	A summary analysis has been published which clearly supports self-assessment and areas of progress, these ratings have been externally validated
2. Understanding the Money Page 67	2.5 <i>Have you agreed individual contributions to any pool?</i>	Amber	Green	<p>Regular meetings between the council and CCG ensure that there is dialogue in relation to spend and demand</p> <p>Yearly contributions from both CCG and Trafford Council are agreed in line with the arrangements set out in the section 75 agreement. Throughout the year individual contributions relating to Continuing Health Care is agreed on a case by case basis.</p> <p>Progress has been made in relation to the CCG and Trafford Council clarifying the Social Care Integration Fund Plans</p>
	2.6 <i>Does it include potential costs of young people in transition and of children's services?</i>	Amber	Green	<p>Trafford's operational team have met with other Local Authorities to examine their model to share information between operations and commissioners, specifically in relation to complex cases and putting measures into place to replicate this. This model is being replicated in Trafford</p> <p>The Council, based on joint work with adults services, children's services and the CCG makes an assessment of the potential costs of young people transitioning into the adult service. An agreed amount of increased funding is then added to the Pool to fund these service users.</p>

AREA	OBJECTIVE	OCTOBER RAG RATING	DECEMBER RAG RATING	COMMENTS/PLANNED ACTION
3. Case Management for Individuals	3.3 <i>Does it have capacity to deliver the review and re-provision programme.</i>	Amber	Green	<p>Work is being completed in relation to high cost placement and out of area reviews, Community Learning Disability Team are moving this forward</p> <p>There is capacity to deliver and review the re-provision programme – linked to this, and in order to further develop the flexible approaches Trafford have in relation to brokerage and reablement for people with learning disabilities, a review of the current service will take place, highlighting areas of good practice and areas for further development</p>
4. Current Review Programme	4.2 <i>Are arrangements for review of people funded through specialist commissioning clear?</i>	Amber	Green	<p>Reviews are being completed.</p> <p>Low/Medium Secure Patients are reviewed on a monthly basis by a case manager. Each patient is reviewed with regards to their treatment, clarity of where they are on the care pathway, identification of any issues regarding safeguarding, progress from secure services.</p> <p>Alongside this review the team also undertake unannounced half day reviews. This involves an in depth review of an individual patient.</p>
	4.8 <i>Do completed reviews give a good understanding of behaviour support being offered in individual situations?</i>	Amber	Amber	<p>Further work is required from the Community Learning Disability Team in relation to the quality of person centred plans and active interventions</p> <p>Reviews in place in line with national guidance minimum standards but Trafford expect the development over the next year of more detailed person-centred planning approaches which adopt real Care Programme Approach (CPA) system principles</p>
6. Commissioning Arrangements	6.5 <i>Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.</i>	Amber	Green	<p>Meetings are planned with Local Authority Teams and agreed participation in Cheshire Wirral Partnership (CWP) Learning Disability Inpatient Review programme</p>

AREA	OBJECTIVE	OCTOBER RAG RATING	DECEMBER RAG RATING	COMMENTS/PLANNED ACTION
7. Developing Local Teams and Services	7.3 <i>Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning?</i>	Amber	Green	<p>Plans have been developed to ensure that there is capacity in relation to Best Interest Assessors. Adult Safeguarding plans have put sufficient capacity in place; this is to be reviewed in relation to the number of individuals trained in Best Interest Assessment</p> <p>Trafford Council have provided a programme of Best Interest and Mental Capacity Act Training to all external and internal providers</p>
8. Prevention and Crisis Response Capacity - Local/Shared Capacity to Manage Emergencies	8.3 <i>Do commissioning intentions include a workforce and skills assessment development?</i>	Amber	Green	<p>Trafford Council has a comprehensive and established learning and development programme in place, this programme is continuing to support the workforce in relation to skills development</p>
9. Understanding the Population Who Need/Receive Services	9.2 <i>From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.</i>	Amber	Green	<p>There are plans to develop further work is in relation to the specific needs of BME communities and people with mild learning disability/autism</p>

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TRAFFORD COUNCIL

Report to: Health & Well Being Board
Date: 3rd December 2013
Report for: Information
Report of: Executive Member for Community Health and Wellbeing

Report Title

National Autism Strategy Self Assessment Exercise

Summary

This is the second national self-assessment exercise of the Adult Autism Strategy "Fulfilling and Rewarding Lives".

Local Authorities play a key role in implementing the recommendations of the Strategy and the statutory guidance that supports it.

The purpose of the self-assessment is:

- To assist Local Authorities and their partners to assess progress in implementing the 2010 Adult Autism Strategy;
- To see how much progress has been made since the baseline survey, as at February 2012;
- To provide evidence of examples of good progress made that can be shared as well as remaining challenges.

The on-line assessment was completed and returned to Public Health England at the end of September 2013

The Adult Autism Strategy

The Adult Autism Strategy "*Fulfilling and Rewarding Lives*" was published in 2010. It was an essential step towards realising the Government's long term vision for transforming the lives of and outcomes for adults with autism.

The Autism Strategy has five areas for action aimed at improving the lives of adults with autism:

- increasing awareness and understanding of autism;
- developing clear, consistent pathways for diagnosis of autism;
- improving access for adults with autism to services and support;
- helping adults with autism into work; and
- enabling local partners to develop relevant services.

The Strategy is not just about putting in place autism services; it's also about enabling equal access to mainstream services, support and opportunities through reasonable adjustments and training and awareness raising.

Commissioners from Trafford Council and Trafford Clinical Commissioning Group responded to the Autism Act by establishing a local Autism Partnership Board. This is a multi- agency group which includes carer representatives and representation from people with autism, as well as providers and commissioners in health and social care. This group coordinates Trafford's response to the national strategy and has identified local priorities for people with autism living in the borough. The Partnership Board has produced Trafford's Autism Strategy to implement the areas of the national strategy at local level.

In November 2011 Trafford employed an Autism Coordinator to co-ordinate the implementation of the Autism Act and develop Trafford's own response. The coordinator reports to the Autism Partnership Board and works collaboratively with people in mainstream and specialist services as well as carers and people with autism.

Trafford make up one of the ten Greater Manchester Authorities who have worked together as a network for a number of years to develop better services for people with autism. The Greater Manchester Autism Consortium, supported by the National Autistic Society Family Services Development Project, organises numerous events for the partner authorities to work together to develop ideas and resources.

The Self-Assessment Exercise

The 2013 self-assessment exercise builds on the first self-assessment exercise which looked at what progress had been made since February 2012. This was based around the self-assessment framework which the Department of Health launched in April 2011 to support localities with the delivery of the Adult Autism Strategy.

The purpose of the self-assessment is to get a national overview of local area implementation of the strategy and to identify the good progress made to assist in developing the next steps for the strategy. It is hoped that, as well as sharing good practice, the self-assessment will also help to highlight the challenges which may be impacting on progress and local solutions.

The national strategy is being reviewed and it is anticipated that the revised version will be published in March 2014.

Recommendations

To note the contents of the self-assessment

Contact person for access to background papers and further information:

Name: Jenny Holt - Commissioning and Service Development Manager



Autism Self Evaluation

Local authority area

1. How many Clinical Commissioning Groups do you need to work with to implement the Adult Autism Strategy in your local authority area?

Comment

2. Are you working with other local authorities to implement part or all of the priorities of the strategy?

- Yes
 No

If yes, how are you doing this?

Trafford representatives attend the Greater Manchester (GM) Autism Consortium meetings with other representatives from the 10 GM authorities
Working jointly with other GM authorities to develop and deliver training for Social Care Assessors
Trafford delivered 2 employment events in collaboration with the GM Autism Consortium and colleagues with other local authorities in the GM region. We are looking to do follow- up work around employment with other local authorities.
Trafford representatives from health and education attend the GM training groups for children and adults
Trafford representatives attend the NW Criminal justice forum to discuss priorities and collaborate on areas of best practice.
10 Trafford delegates attended the annual GM Autism Convention to discuss and share best practice.

Trafford representatives attend regional meetings and share experience and information

Trafford Extended Service is providing additional diagnostic service and training for staff in Bolton. Greater Manchester West Mental Health Trust is also tendering to provide diagnostic services and support to other Greater Manchester authorities.

Planning

3. Do you have a named joint commissioner/senior manager of responsible for services for adults with autism?

- Yes
 No

If yes, what are their responsibilities and who do they report to? Please provide their name and contact details.

Jenny Holt
 Commissioning and Service Development Manager
 Trafford Council
 Trafford Town Hall
 Talbot Road
 Old Trafford
 M32 0TH
 Telephone: 0161 912 1357
 Email: jenny.holt@trafford.gov.uk

Jenny reports to the Market Management and Safeguarding Programme Manager

Ric Taylor
 Joint Commissioning Mental Health Lead
 NHS Trafford CCG
 3rd Floor Oakland House
 Talbot Road
 Manchester
 M16 0PQ

0161 873 9672
 ric.taylor@trafford.nhs.uk;

Ric reports to the Clinical Commissioning Manager

4. Is Autism included in the local JSNA?

- Red
 Amber
 Green

Comment

5. Have you started to collect data on people with a diagnosis of autism?

- Red
 Amber
 Green

Comment

Trafford are recording of information on people with a diagnosis on adult social care data base.

Developing an action plan about information sharing protocols

6. Do you collect data on the number of people with a diagnosis of autism meeting eligibility criteria for social care (irrespective of whether they receive any)?

- Yes
 No

If yes, what is

the total number of people?

the number who are also identified as having a learning disability?

the number who are identified as also having mental health problems?

Comment

Our recording of people with a diagnosis of autism has only been in place since July 2013, there is follow up work to be done to ensure that practitioners are aware of the importance of gathering this data. It is likely that the number of people recorded as having autism and mental health problems is not accurate.

7. Does your commissioning plan reflect local data and needs of people with autism?

- Yes
 No

If yes, how is this demonstrated?

CCG (and PCT fully engaged) and plans recorded as part of previous PCT / current CCG Strategic Commissioning Plans for MH - all noted for several years in NHS Operating Framework / Everyone Counts Update Reports as follows:

Local Commissioners in Trafford have begun a detailed programme of work to respond to the requirements of the National Adult Autism Strategy.

Meetings have now taken place of the Strategy Implementation Group which will have responsibility for implementing a local programme of work for improving the health and well-being of people with Autism and their families, and meet this key demand noted by local GPs/MPs.

NHS Trafford recognises it has an important role in supporting key outcomes in terms of:

- * The provision of relevant services for the purpose of diagnosing autistic spectrum conditions in adults;
- * The identification of adults with such conditions;
- * The assessment of the needs of adults with such conditions for relevant services;
- * Planning in relation to the provision of relevant services to persons with autistic spectrum conditions as they move from being children to adults;
- * Facilitating a range of training and support interventions to increase the knowledge and understanding of autism

The establishment of the Trafford Extended Mental Health Service (TES) and expansion of the Specialist Community Learning Disabilities Team (CLDT), together with enhanced joint working between these services as part of the Green Light interface protocols will enable action to be delivered in the following areas:

- * Increasing awareness and understanding of autism among frontline professionals
- * Developing a clear, consistent pathway for diagnosis in every area, which is followed by the offer of a personalised needs assessment
- * Improving access for adults with autism to the services and support they need to live independently within the community
- * Helping adults with autism into work, and
- * Enabling local partners to plan and develop appropriate services for adults with autism to meet identified needs and priorities. This will require close integrated working between CAMHS, LD and Adult MH Services, and additional investment in:
 - o TES - Up to 250k (2010/11) phasing recruitment to 500k (2011/12) with all monies identified within existing MH CSP Development funds (to fund Consultant Psychiatrist, Lead Clinical Psychologist, Clinical Team Leaders and Care Coordinators/Psychological Coaches) and
 - o CLDT - Up to 50k (2011/12) additional funds to increase the existing specialist team with all monies identified within existing MTFP LD Development funds and reconfiguration of existing Pooled Funds (to fund Specialist Speech and Language Therapist and Specialist Clinical Nurse support) and
 - o A new Autism Services Coordinator post - Up to 50k (2010/11) with monies identified as reconfiguration of existing MH funds used to support ASD/ADHD and Transition Project Workers

This work supports other work already undertaken including:

- * The CYPS CAMHS Review of the Autism/ADHD Care Pathways
- * Completion and submission of the Trafford Autism Audit to the National Audit Office
- * Definition of the gaps in service and work completed to develop appropriate services/pathways within present LD Pooled Fund and LD Development Fund Innovation Scheme including:
 - * Pilot project for supported employment for people with autism
 - * Social club funding for development of evening activities
 - * Procurement of training for the CLDT in assessing the needs of people with autism
 - * Collation of data relating to known LD population with autism for transition planning purposes
 - * Procurement of specialist autism supported living services
 - * Establishment of Critical Friend role with local specialist autism providers NAS and ASGMA

NHS Trafford plans to assess the needs of local people with autism more fully, then plan and commission services as appropriate to address these needs in line with the guidance issued in December 2010 ensure improvements across child and adult services over the coming year, and will ensure that:

- * All staff working within CAMHS, Adult Mental Health and Learning Disability services in Trafford will have access to basic and where appropriate further specialist training in autism
- * Specialist autism capacity be available within Trafford CAMHS, LD and Mental Health Services as part of the expanded clinical services
- * Intelligent local planning, based on an accurate picture of the needs of the local community, with families and frontline professionals empowered to take part in this process is being undertaken and will continue to inform our service development and support programmes

8. What data collection sources do you use?

- Red
- Red/Amber
- Amber
- Amber/Green
- Green

Comment

Local authority started to collect data on people with autism in July 2013. While not yet comprehensive, feel that it will offer an accurate reflection. Local authority collects data when people are referred for its services. Data also collected by diagnostic team from GMW Mental Health Trust. Work currently being done on information sharing protocols

9. Is your local Clinical Commissioning Group or Clinical Commissioning Groups (including the Support Service) engaged in the planning and implementation of the strategy in your local area?

- Red
- Amber
- Green

Comment

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- * All staff working within CAMHS, Adult Mental Health and Learning Disability services in Trafford will have access to basic and where appropriate further specialist training in autism
- * Specialist autism capacity be available within Trafford CAMHS, LD and Mental Health Services as part of the expanded clinical services
- * Intelligent local planning, based on an accurate picture of the needs of the local community, with families and frontline professionals empowered to take part in this process is being undertaken and will continue to inform our service development and support programmes

10. How have you and your partners engaged people with autism and their carers in planning?

- Red
 Amber
 Green

Please give an example to demonstrate your score.

People with autism and their carers are involved in the Autism Partnership Board. The carers sub group of the Autism Partnership Board is invited to comment on issues relevant to the Autism Partnership Board, and we regularly attend the carers sub group and provide updates on service developments. However this is a small pool of carers and we recognise the need to reach out to a wider group in the coming year.

We have set up a new project to consult parents/carers about housing and support options for people with autism who may not fit the existing models we have in place. We plan to also involve people with Autism in this piece of work.

11. Have reasonable adjustments been made to everyday services to improve access and support for people with autism?

- Red
 Amber
 Green

Please give an example.

Training for staff working in e.g. mental health services and those carrying out community care assessments is provided on a regular basis. The training focuses on how staff can make "reasonable adjustments" to accommodate the needs of people with Autism. We have also provided several sessions with staff in the local FE and 6th form colleges. This has included input from a person with autism and focuses on the adjustments that teachers and teaching assistants can make to their practice when they have students with autism.

Practitioners from the community learning disability team and Trafford Extended Service (TES) the adult ASC diagnostic service also provide advice, training and consultancy on request to staff working in Trafford with people with Autism. The Autism Coordinator will also provide information and support on request about reasonable adjustments for example advice and support to managers in Trafford Council who are offering employment placements to people with autism.

Trafford hosted, in partnership with the NAS, a breakfast meeting for local employers in the area to look at reasonable adjustments for employing individuals with ASC and the benefits of this, the event was attended by local businesses including the BBC.

Trafford's Council are running a programme to support people with disabilities into the workplace, the Commissioning Service have opted into this programme and are looking to support a person with ASC

12. Do you have a Transition process in place from Children's social services to Adult social services?

- Yes
 No

If yes, please give brief details of whether this is automatic or requires a parental request, the mechanism and any restrictions on who it applies to.

Trafford have a Multi-agency Transition Protocol which aims to provide an operational framework supporting transitional planning for a variety of groups. The protocol includes people with an autistic spectrum condition who are known to social services and who it is thought may be in need of some form of transition planning from children's to adult's services. The transition planning process is undertaken over a period of time. If the person is known to social services it is usually commenced automatically, with young person's / parental consent.

See link to protocol

<http://myway.trafford.gov.uk/growing-up.aspx>

For people who are not known to children's social services the process is likely to occur differently. For example, the school, Connexions or family may decide to make a referral into social services when the young person is in their final year of school if it appeared transition planning was required. Such a person would be entitled to an assessment of their needs. More work needs to be done to engage parents and young people with autism who are in mainstream school and who may not be in receipt of children's social care support. We have started some work to identify this group of young people and to develop a more coherent pathway which includes support and information for families.

13. Does your planning consider the particular needs of older people with Autism?

- Red
 Amber
 Green

Comment

This is an area for development. Trafford plans to be involved with the Greater Manchester Autism Consortium to undertake a piece of work on the needs of older people with autism.

Trafford's Health and Wellbeing Strategy priorities long term conditions, this covers people with ASC, and looks at this in relation to a universal approach, so includes the needs of older people with ASC

Trafford's Aging Well Board have identified 4 main priority areas for its work programme - one of these is "older people living with a long term condition", this includes older people with ASC

Training

14. Have you got a multi-agency autism training plan?

- Yes
 No

15. Is autism awareness training being/been made available to all staff working in health and social care?

- Red
 Amber
 Green

Comment: Specify whether Self-Advocates with autism are included in the design of training and/or whether they have a role as trainers. If the latter specify whether face-to-face or on video/other recorded media.

A 1 day ASC awareness course is delivered every 8 weeks to staff working in health and social care in Trafford.

A 1 day introduction to ASC for Social Care Assessors is delivered 6 times a year

A 1 hour ASC awareness session is delivered every month to all staff working for Greater Manchester Mental Health Trust

Ad hoc training and support is provided to staff teams working with people with ASC.

People with autism are included in the design and delivery of training. The local authority commissions a group of self-employed adults with autism to deliver part of the 1 day autism awareness programme.

16. Is specific training being/been provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?

- Red
 Amber
 Green

Comments

Trafford is well on the way with this work which is being delivered collaboratively with colleagues from neighbouring authorities, the GM Autism Consortium and Trafford Carers Centre. We currently deliver a one day training course for community care assessors.

Practitioners from Trafford Extended Service will accompany the Trafford Reablement Service when they do social care assessment for people with autism.

Consultation with practitioners from the community learning disability team is also offered to Reablement when they work with people with autism. The two teams share an office space and this works well.

17. Have Clinical Commissioning Group(s) been involved in the development of workforce planning and are general practitioners and primary care practitioners engaged included in the training agenda?

- Yes
 No

Please comment further on any developments and challenges.

NHS England now has responsibility for the training of GPs. There is the GP e learning package on autism which is available on the Royal College of GPs website.

The Community Learning Disability Team has some positive relationships with GP practices in Trafford and these can be used to build on work in this area.

The NAS has identified 2014 as a year when they will prioritise work with GPs. Some of this work will be taking place across the GM area.

18. Have local Criminal Justice services engaged in the training agenda?

- Yes
 No

Please comment further on any developments and challenges.

We have made contact with the local police and have a representative on our Autism Partnership Board. We do not currently provide regular training for the police in Trafford.

Trafford Extended Service and the Autism Support Coordinator have provided ASC awareness for staff in Trafford probation service. TES also works with probation on a consultancy basis where they have clients with an ASC as part of a contact with probation services across the North West of England

The GM Consortium also does work with the Greater Manchester Independent Custody Advocacy Service

Diagnosis led by the local NHS Commissioner

19. Have you got an established local diagnostic pathway?

- Red
 Amber
 Green

Please provide further comment.

Yes a joint pathway through Trafford Extended Service and the adult Community Learning Disability Team. Diagnostic and post diagnostic care pathway being reviewed by Trafford Services Coordinator to ensure any gaps clarified and action plans put in place

Critically service in place for people without LD who require access to Autism diagnostic care pathways and being extended as Hub for other Greater Manchester sites (see attached draft from JCP-MH CCG Commissioning Guide)

20. If you have got an established local diagnostic pathway, when was the pathway put in place?**Month (Numerical, e.g. January 01)**

7

Year (Four figures, e.g. 2013)

2011

Comment**21. How long is the average wait for referral to diagnostic services?**

Please report the total number of weeks

18

Comment

18 weeks currently, but aiming to move towards a 28 day referral to treatment standard.

A local diagnostic pathway is in place and accessible, GPs are aware and involved in the process. Wait for referral to diagnostic service is within 6 months. NICE guidelines are considered within the model. The pathway is a single point of entry for people with and without learning disabilities.

22. How many people have completed the pathway in the last year?

29

Comment

29 people. April 2012- April 2013

23. Has the local Clinical Commissioning Group(s)/support services taken the lead in developing the pathway? Yes No

Comment

The commissioners were very involved in the start-up of the ASC diagnostic service. The service model has been jointly developed with key partner organisations including CCG, GMW (mental health provider) and CWP (Learning Disability services health provider). Clinical involvement has been key.

This work has already been underpinned by and included additional investment by NHS commissioners in line with the local Trafford Autism Strategy:

i. New and additional Transition child to adult service clinical support posts to ensure better case coordination and support

ii. New posts and services such as:

- 1. Children and Young People Service specific Autism and Neuro-developmental pathway support clinical posts*
- 2. Adult community learning disability clinical and service development posts targeted at autism and complex needs*
- 3. Specialist adult mental health services targeted at ensuring additional specialist support for people with autism through the Trafford Extended Service in line with national best practice guidance*

24. How would you describe the local diagnostic pathway, ie Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service?

a. Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis

b. Specialist autism specific service

Please comment further

BOTH - Integrated within mainstream CLDT service for people with LD and Specialist Autism Specific Service for people without LD

GMW diagnostic pathway is specialist autism specific service.

The diagnostic service for those with no identified learning disability is provided by the main mental health provider. The pathway is a specialist autism specific pathway within Trafford Extended Service (a service that has 3 client pathways - Adult ASC, Adult ADHD, and Personality Conditions). Staff working within the diagnosis pathway have specialist training. Clients will be supported to access mainstream services wherever appropriate. Basic level awareness for appropriate frontline staff, intermediate level training and specialist training are a key part of the service model.

The diagnostic service for people with a learning disability is provided by the learning disability mental health provider.

25. In your local diagnostic path does a diagnosis of autism automatically trigger an offer of a Community Care Assessment?

Yes

No

Please comment, i.e. if not who receives notification from diagnosticians when someone has received a diagnosis?

Once a diagnostic assessment is completed the assessor will discuss with the client whether they would like a referral for a community care assessment. If this is the case then the assessment report is sent to the LA Community screening team with a request for an assessment. Work has been done with the screening team to inform them about the statutory requirement for these assessments to be completed if requested. The assessor will offer to go out on a joint assessment if required

26. What post-diagnostic support (in a wider personalisation perspective, not just assuming statutory services), is available to people diagnosed?

Time limited post diagnostic support will be offered to all clients diagnosed by the GMW service. This involves group work. The groups available are: Post-diagnostic group (looking at the diagnosis and what it means), Coping skills group (using a cognitive behavioural/dialectical behavioural model to look at anxiety, anger, mindfulness etc.) and a social skills group (looking at identifying and practising appropriate social skills). There is also the option to refer for a Life Coaching project. Care - coordination support for longer periods of time for those with complex needs will also be offered to those that meet the service's complex needs criteria.

** individual case work and care coordination for people with complex support needs and co-morbid MH problems*

** Individual signposting*

** Offer of Community Care Assessment*

** Offer of Carers Assessment - includes support group and other carer support*

** Offer of Post Diagnostic groups - Post diagnosis group,*

Coping skills group,

Socialising group,

** Referral to Trafford Life Coaching Project for People with Autism Spectrum Conditions*

** Consultancy, risk assessment and reports for other mainstream and specialist services e.g. probation, libraries,*

** Autism Trafford Website - containing information about support for people with Autism is being developed.*

Care and support

27. Of those adults who were assessed as being eligible for adult social care services and are in receipt of a personal care budget, how many people have a diagnosis of Autism both with a co-occurring learning disability and without?

a. Number of adults assessed as being eligible for adult social care services and in receipt of a personal budget

2527

b. Number of those reported in 27a. who have a diagnosis of Autism but not learning disability

8

c. Number of those reported in 27a. who have both a diagnosis of Autism AND Learning Disability

32

Comment

28. Do you have a single identifiable contact point where people with autism whether or not in receipt of statutory services can get information signposting autism-friendly entry points for a wide range of local services?

Yes

No

If yes, please give details

Trafford's Aspirations Service is a point of contact for anyone with ASC, Aspirations acts as a signposter to other services.

The Autism Trafford website is currently in development. This website aims to offer information for people with autism their families and professionals living in Trafford and wanting to find out about services, training and support. The website will have links to and from other local and national websites. It aims to be the starting point for anyone who wants to know more about autism developments in Trafford.

Areas covered include:

- * What is Autism*
- * Getting an autism diagnosis*
- * Getting a community Care Assessment*
- * Training*
- * Local services*
- * Support for families*
- **

The website will also link to the Trafford Autism Strategy and minutes of relevant meetings such as the Autism partnership Board

29. Do you have a recognised pathway for people with autism but without a learning disability to access a community care assessment and other support?

- Yes
- No

If yes, please give details

All people receiving a diagnosis through the Trafford adult diagnostic pathway will be referred for a community care assessment.

The Autism Trafford website will inform people who have a diagnosis but may not have been in receipt of services in childhood of their right to access a community care assessment. It will also give information about FACS eligibility criteria in Trafford and how people can prepare for an assessment.

All social care assessors in Trafford are receiving training in how to complete a community care assessment for someone with autism.

The Screening team - first point of contact for the public have met with Trafford Extended Services and the Autism Coordinator to discuss the right of people with a diagnosis to a CCA and how they can be more aware of this when people telephone for advice.

Trafford is planning a series of "Becoming an Adult" workshops for parents of children in mainstream school who have autism but no additional learning disability. These workshops will focus on raising awareness of the support available in adult hood and will cover getting a community care assessment along with a range of other topics. These workshops will be done in partnership with Children and Young People Services and the Autism and Transitions Coordinator Connexions and local mainstream SENCOs.

30. Do you have a programme in place to ensure that all advocates working with people with autism have training in their specific requirements?

- Red
- Amber
- Green

Comment

People with autism can access advocacy services at Trafford Centre for Independent Living (CIL). All advocates working at the CIL can access the Trafford Autism awareness training. The Life Coaching project for people with Autism Spectrum Conditions is also based at Trafford CIL and the Life Coaches will work alongside some of the advocate. It is hoped that there will be some skills sharing and support about the needs of people with autism

31. Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an advocate?

- Red
- Amber
- Green

Comment

Adults with autism can access the advocacy service based at Trafford CIL

32. Can people with autism access support if they are non Fair Access Criteria eligible or not eligible for statutory services?

- Yes
 No

Provide an example of the type of support that is available in your area.

An example of services available -

- * ASGMA / Aspirations.
- * Centre for Independent Living
- * Bluesci - mental health community service.
- * Trafford Compass (social inclusion service).
- * Respect for All (ASC friendly counselling service - Manchester wide)
- * Inclusive Youth Clubs
- * Post diagnostic services from Trafford Extended Service - various groups available
- * Post diagnosis group
- * Life Coaching project.
- * Social Skills group - running periodically
- * Coping Skills group - running periodically
- * Reablement service (e.g. 6 - 12 week program of support)
- * GM Family Service Development Project

33. How would you assess the level of information about local support in your area being accessible to people with autism?

- Red
 Amber
 Green

Comment

Information about services is available on Trafford's website and on the Myway website - there is also a My Choice Market Place website which has information on services for people who are in receipt of a personal budget. The Myway Website has "talking pages" for people who find this more accessible and is accessible to individuals who find symbols and pictures help to understand information presented.

Trafford are developing an Autism specific website, this work is being led by a person with Autism

Housing & Accommodation

34. Does your local housing strategy specifically identify Autism?

- Red
 Amber
 Green

Comment

Yes, Trafford has a multi- agency Accommodation and support forum for people with Mental Health problems, learning Disabilities and people with Autism. This group includes representatives from housing and social care including housing providers, registered Social Landlords, Housing Strategy. The group was involved in the development of the latest housing strategy and autism has been identified as an area that housing professionals need to take into account when making decisions about housing.

Training and offer of on-going support has been provided to the Housing Options Service which administers the choice based lettings scheme in Trafford. Contact and an offer of direct support or training has been made to the special needs housing panel

The Community Learning Disability Team has started to gather information on the present and future housing needs of people with a learning disability and/or autism known to services. It is developing a strategy that takes account of the many different needs of this group of people. Some specialist housing developments for people with autism are being commissioned to ensure that we have the provision in Borough for people with complex needs. The team will also focus on the different needs of people who may not need or want specialist autism support, but will need housing in the future. A workshop for parents to discuss this issue will be held in the autumn 2013 .

Employment

35. How have you promoted in your area the employment of people on the Autistic Spectrum?

- Red
 Amber
 Green

Comment

This year we worked with the Greater Manchester Autism Consortium to put on 2 employer breakfast briefings in Trafford and Stockport. These events were aimed at employers with the theme of the benefits that people with Autism can bring to the workplace as employees.

We have made links with our supported employment service, and through them have started to employ training consultants with autism to deliver some of our autism training. We are also employing a man with autism to develop our Autism Trafford Website .

Currently working with Commissioners to look at how we can offer the right support to people with Autism who do not have a learning disability, but who none the less are struggling to access mainstream employment support e.g. through Job Centre Plus. We will need to prioritise this area in the coming year.

36. Do transition processes to adult services have an employment focus?

- Red
 Amber
 Green

Comment

As highlighted under question 35, Trafford are undertaking a range of initiatives to increase the employment opportunities of people with autism which all have the potential to be relevant to those in transition.

In Trafford, transition processes to adult services do have an employment focus where this is possible and where relevant. For example, local schools, health & social care services, Connexions and colleges have pathways via which they can support young people with autism to gain work experience or more long term employment. For example:

- * Health & social care practitioners can refer on to supported employment agencies who help people to find employment.*
- * The Centre for Independent Living can advise and signpost young people and help to find relevant agencies.*
- * Young people are free to link in with all existing community organisations such as the Shawe Trust who may be able to help people to find employment.*
- * New initiative in 2013 - Currently 10 young people from Trafford college, some of whom have autism have started an apprenticeship at Trafford General Hospital. Project led by Pure Innovations.*

In summary, there is evidence of Trafford's transition processes having an employment focus for people with autism. However, this is an area that will benefit from on-going attention and development due to the limited opportunities in general for people with autism with regards employment

Criminal Justice System (CJS)

37. Are the CJS engaging with you as a key partner in your planning for adults with autism?

- Red
 Amber
 Green

Comment

We have made initial contact with our local police service, there is a police representative on the Trafford Autism Partnership Board. The Autism Coordinator delivered an autism awareness session to the local police last year. We need to look at how we progress this work in the coming year.

Probation services in Trafford have been keen to engage with autism specialist from TES to look at how they can improve their processes and practice to better plan for adults with autism involved in the Criminal Justice System. TES is holding regular workshops with probation services to look at support to them in their work with clients who have autism.

Optional Self-advocate stories

Self-advocate stories.

Up to 5 stories may be added. These need to be less than 2000 characters. In the first box, indicate the Question Number(s) of the points they illustrate (may be more than one). In the comment box provide the story.

Self-advocate story one

Question number

Comment

Self-advocate story two

Question number

Comment

Self-advocate story three

Question number

Comment

Self-advocate story four

Question number

Comment

Self-advocate story five

Question number

Comment

This marks the end of principal data collection.

Can you confirm that the two requirements for the process to be complete have been met?

a. Have you inspected the pdf output to ensure that the answers recorded on the system match what you intended to enter?

Yes

b. Has the response for your Local Authority area been agreed by the Autism Partnership Board or equivalent group, and the ratings validated by people who have autism, as requested in the [ministerial letter](#) of 5th August 2013?

Yes

The data set used for report-writing purposes will be taken from the system on 30th September 2013.

The data fill will remain open after that for two reasons:

1. to allow entry of the dates on which Health and Well Being Boards discuss the submission and
2. to allow modifications arising from this discussion to be made to RAG rated or yes/no questions.

Please note modifications to comment text or additional stories entered after this point will not be used in the final report.

What was the date of the meeting of the Health and Well Being Board that this was discussed?

Please enter in the following format: 01/01/2014 for the 1st January 2014.

Day

Month

Year

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