

## TRAFFORD COUNCIL

**Report to:** Executive  
**Date:** 24<sup>th</sup> June 2019  
**Report for:** Decision  
**Report of:** Executive Member for Children's Social Care

### Report Title

**No Wrong Door Proposal – Establishment of a Multi-Disciplinary Hub at a Trafford Children's Home**

### Summary

The Department of Education has agreed funding for all 10 Local Authority areas in Greater Manchester to introduce a number of evidence-based innovation projects to their area. Each Local Authority area went through a diagnostic exercise and then selected which of the 4 innovation projects they felt would work best for their area. Trafford selected Achieving Change Together (ACT) for young people at risk of exploitation and No Wrong Door for young people on the edge of, or in, care. This paper relates to the No Wrong Door Implementation.

This service will be given a Trafford-specific name, co-produced with the young people open to it. This proposal is for the creation of a No Wrong Door Hub, a multi-disciplinary wraparound support offer for vulnerable adolescents on the edge of or in Care.

This Hub will be sited at an existing Children's Home (Kingsway Park), which will transition to become a short term, intensive residential offer for young people open to the service, to provide respite to those at risk of placement or family breakdown, and as a step-down service for those moving on from long-term residential care to family based care. It will remain an Ofsted-registered Home with 6 beds. Trafford currently operate two Children's Homes, Kingsway Park and Old Hall Road.

The Hub will also include the co-location and greater integration of our Edge-of-Care team, Family Focus, within the Hub. The service will continue to provide significant outreach for young people beyond those resident in the Hub.

In addition, there will be recruitment of health and police posts to be based within the hub, providing immediate support and protection for vulnerable young people and families.

Staff engagement is underway with expressions of interest open for those who wish to work in the new Hub. There is no change to terms and conditions, or redundancies – staff levels will increase and recruitment will begin imminently. Therefore in agreement with HR no formal consultation process has been necessary. Union representatives have been consulted and informed of the project at all stages.

A surveyor has visited the proposed site, Kingsway Park, quotes and plans are currently being sought for any building work required. This will be presented to the

Estates Group when known.

This project is funded by existing budgets, supplemented by the DfE Children's Social Care Innovation Programme, disseminated and supported through the GMCA's Targeted Innovation and Reform Programme. On-going financial support beyond the first year is currently being discussed with NHS Trafford CCG, and Greater Manchester Police. They have been fully involved in the development of the project.

We recognise the need to fully involve our Foster Carers in the development and delivery of this project as the goal is that all children can live in a family, if not their own then a foster family, so the expertise of our foster carers is vital to the success of this project.

We aim to launch the service in October 2019.

This report presents details of the project, its principles, aims and staffing below, to be approved by the Executive

### **Recommendation(s)**

**That the Executive approves the Proposal detailed in the Report**

Contact person for access to background papers and further information:

Name: Cathy Rooney  
Extension: 5167

Background Papers: None

*Implications:*

Relationship to Policy Framework/Corporate Priorities	<p>This proposal supports our corporate priorities to ensure a fair start for all children and young people, and to improve the health and wellbeing for our most vulnerable young people.</p> <p>Per the 2019 Corporate Plan, this project supports reducing the need for young people to become Looked After, and promotes permanent, family based care and progression to independence.</p>
Relationship to GM Policy or Strategy Framework	<p>This project is part of the GMCA's Targeted Innovation and Reform Programme, to improve outcomes for vulnerable adolescents in/on the edge of care, and families with complex needs.</p>
Financial	<p>This service will be funded from existing social care budgets for the Children's Home and the Edge of Care team (£1.248m), with additional one off funds from the DfE Children's Social Care Innovation Programme (£0.215m – posts associated with this funding will be on a fixed term basis). The costs and funding availability of these temporary posts will be reviewed in 20/21 and subject to a further update to the Executive. Funding discussions are ongoing with NHS Trafford CCG and Greater Manchester Police regarding the relevant staff posts, and therefore are subject to agreement.</p>
Legal Implications:	<p>No direct implications. The project will require a change to the current Home's Ofsted registration, which is underway.</p>
Equality/Diversity Implications	<p>An assessment EIA was completed for this project at its inception.</p> <p>The project was regarded as having a neutral impact on quality target groups, with the exception of age groups, where it was felt to be positive, due to the expansion of the range of young people worked with.</p>
Sustainability Implications	<p>No direct implications</p>
Resource Implications e.g. Staffing / ICT / Assets	<p>Staffing levels in the new service will increase. Additional IT resources will need to be procured Physical changes to the building will be required, quotes for which are currently awaited.</p>
Risk Management Implications	<p>No direct implications</p>
Health & Wellbeing Implications	<p>This proposal relates to improving the health and wellbeing on Trafford's most vulnerable and complex young people</p>
Health and Safety Implications	<p>No direct implications</p>

## Background

### 1. Current services and situation

- 1.1 Trafford operate 2 Children's Homes, Kingsway Park and Old Hall Road, with a total of 11 beds, 1 of which is designated for emergency use. These homes are mixed in terms of age, currently home to ages 14-17; in gender; and in placement duration, with young people placed for between 1 night and over 3 years.
- 1.2 Trafford currently (all data as of Q4 18/19) has a cohort of Children in Care (CIC) that has risen to 77 per 10,000, up 26% since 2016 and 55% since 2012. Within this overall increase, our residential placements have risen by 23% since 2016. With static in-house residential capacity, this has been driven by use of external provision generally located outside of the Borough of Trafford. These placements are on average £1,050pw more expensive than our own provision. Further, whilst our in-house fostering capacity has risen, 29% of our foster placements are procured from the market. These placements are £470pw more expensive than our own carers. These external placement categories have been significant contributory factors in the Trafford Children's Services budgetary overspend.
- 1.3 There is significant turnaround within the homes, with longer term placements facing regular disruption from multiple short term admissions, with new admissions over the last year averaging 59 days in placement. Conversely, our homes have longer term residents for whom residential care has become a long term plan, and we know the likelihood of a return to family-based care such as fostering becomes harder as this length of time increases.
- 1.4 In Trafford we have seen 44 admissions into residential placements over the past 12 months, most of those from foster placements that became unsustainable, alongside 140 admissions into Care.
- 1.5 Our edge of care team 'Family Focus' support families at risk of breakdown. They also support foster placements where the young person is already in Care, to help prevent breakdown and further disruption to a young person's life. They work in the community and the family home, providing direct work with parents and whole family sessions.
- 1.6 Family Focus directly work with over 170 young people per annum who are at risk of entering care, with 71.8% helped to remain out of care 6 months after the intervention.
- 1.7 Our research shows a high level of cases of young people in residential care experience mental health issues, including developmental trauma, anxiety, and bereavement. Further, Poor Education Attainment was seen in 80% of young people placed in residential, while 60% exhibited Missing from Care behaviour, 40% exhibited violent behaviour, and 33% exhibited Speech and Language Communication Needs.
- 1.8 Our research of Family Focus showed that for the families they worked with, 43% had a history of domestic violence, 58% had parental mental health issues or learning needs, 78% had young people involvement with Healthy Young Minds (CAMHS), and 36% had seen Missing from Home behaviour.

- 1.9 These needs of our young people informed our planning for multi-agency wraparound support, building on the existing support provided in our Children's Homes at present and the collaboration with Healthy Young Minds (CAMHS), YOS, the Virtual School and other agencies.
- 1.10 Trafford Children's Social Care are working towards targets as part of our current transformation agenda, which seeks to both reduce demand for children to come into care as well as realigning our in-care cohort away particularly from externally provided fostering (IFA) and residential placements
- 1.11 Therefore, a change in service delivery is required to be able to offer an integrated service to adolescents with complex needs using closer integrated working and securing a wider range of accommodation options. Services are needed that will work with families to prevent young people coming into care, and when they do support them to return back with their families.
- 1.12 Trafford wish to adapt and adopt the No Wrong Door model into one of our Children's Homes (Kingsway Park) to create a No Wrong Door Hub, incorporate our existing edge of care services and the residential staff from the home, alongside new posts from a range of agencies.

## 2. **Change Required**

- 2.1 There is a need for services that will be aimed particularly at adolescents with complex safeguarding and high risk issues. We need a therapeutic approach to reduce risky behaviours, substance misuse, criminal involvement, missing episodes; and to promote confidence and independence skills, family based care and integrated multidisciplinary working and information sharing.
- 2.2 We require effective co-location and integration with social care of key health and police professionals. For the former, to improve accessibility and take up of psychological and mental health services by the most vulnerable and hard to reach cohort, and improve detection and support for Speech and Language Needs (SLN) that are under-diagnosed in the cohort and therefore support has not been in place. For the latter, police intelligence will help safeguard young people open to criminal exploitation, prevent criminalisation of a vulnerable cohort, and tackle criminal activity exploiting young people and blighting communities.
- 2.3 We want to bring together the operating models of Family Focus and the Children's Home, to enable whole family approach working across a greater age range, upskilling staff and learning from the best practice and training of both teams.
- 2.4 We recognise the need to fully involve our Foster Carers in the development and delivery of this project as the goal is that all children can live in a family, if not their own then a foster family, so the support of our foster carers is vital to the success of this project. The knowledge and experience of our foster carers will be vital in helping us shape a sustainable and successful model.

## 3. **Proposed New Model**

- 3.1 No Wrong Door is an integrated service for adolescents with complex needs that brings together a team of specialists working together through a shared practice framework. The No Wrong Door model centres around a Hub with residential

options, designed to provide intensive short term interventions for young people to prevent entry into care, escalation to long term care, prevent placement breakdown, or facilitate placement step downs. The model employs staffing and support from foster carers, social care, education, police, housing and health professionals.

- 3.2 This model was originally developed by North Yorkshire County Council, implemented with DfE innovation funding, which over the last few years has produced positive outcomes and savings for the authority and stakeholders. It has since been adopted by other LAs including Wigan, Bradford and Sheffield, and is now being rolled out to participating LAs in Greater Manchester with the support of the GMCA.
- 3.3 Trafford wish to adapt and adopt the No Wrong Door model into one of our Children's Homes to create a No Wrong Door Hub, incorporating existing edge of care services and the residential staff from the home, alongside new posts.
- 3.4 The Trafford NWD Model will comprise the Children's Home staff, the Edge of Care Family Focus team, and support from short break Fostering Plus carers and new specialist Hub Foster carers. New staffing including a clinical psychologist and a speech and language therapist, as well as a police intelligence liaison, will all work together forming the team of staff based at the Hub and in the community.
- 3.5 This will allow us to provide wraparound multi-agency support to help stabilise and step young people down to either the new specialist fostering element or to existing pathways (including those able to return home). This will create a Hub to offer emergency respite and intensive short term support, and a new partnership with the outreach element (Family Focus) to work with those in residential care, placements at risk of breakdown, and those on the edge of care outside of the Hub.
- 3.6 Through working in their homes and the community with those on the edge of care, and those in care in non-residential placements, we can best support them in a holistic wraparound service and prevent escalation to more intensive forms of care.
- 3.7 This approach will fit in with the current rollout of a Restorative Practice model of working in Trafford, which seeks to work with young people and families in an asset-based way, utilising their strengths and their family and wider networks, focusing on resilience and goals – what the young person can do rather what they cannot. It also is an empowering and collaborative way of working, which seeks to work with families and young people, rather than for them or to them, in order to engender sustainable change.
- 3.8 We recognise the need to fully involve our Foster Carers in the development and delivery of this project as the goal is that all children can live in a family, if not their own then a foster family, so the support of our foster carers is vital to the success of this project. The knowledge and experience of our foster carers will be vital in helping us shape a sustainable and successful No Wrong Door model.
- 3.9 NWD is an opportunity to embed this further, to really focus on the child's wishes and goals, and work in an innovative environment to allow new solutions to be found.

- 3.10 A key tenet of restorative practice is to amplify the voice of the child, what many young people are telling us is they want to be closer to home and their local communities – this project will support the realisation of this.
- 3.11 No Wrong Door will be implemented alongside ACT, a complex safeguarding team sited with GMP to support young people at risk of Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE). The target cohort of that project will be largely comprised of adolescents. Therefore, as we have established those in residential care or those with escalating needs in crisis are more vulnerable to exploitation and exhibit risk behaviour such as going missing from care, there will likely be a crossover in terms of eligible cohort and working practices. This provides an opportunity to collaborate, share best practice and learning, and support each other. This could be the utilisation of short break support by ACT, or the intensive support of anti-exploitation staff for a young person in the NWD hub. These projects complement each other in the shared goal of supporting adolescents with complex needs.
- 3.12 The aim of this new system is that young people and their needs, no matter how diverse, will be addressed within a single team of trusted and skilled workers. These workers would stay with the young person throughout their journey; be it to prevent care, in care, across care or out of the care system. This integrated approach would ensure that young people are not passed from service to service (door to door); and that they have a dedicated, highly trained team around them.
- 3.13 The aim is for the project to be rolled out in 19/20 with full implementation by October 2019.

#### 4. Principles

4.1 No Wrong Door is more than an operating model; it is a shift in culture, systems and relationships. To enable this, there are principles that underpin and inform the model, 8 ‘non-negotiables’ - the essential values, principles and ways of working without which a model ceases to be faithful to the No Wrong Door approach, and 10 ‘distinguishing features’ – practical elements that define the operating model and set it apart from traditional services, ensuring that No Wrong Door stays true to its vision and aims.

#### 4.2 No Wrong Door ‘Non-Negotiables’

<b>High standards and ambitions for all young people</b> <i>Would this be good enough for my child?</i>
<b>Residential care as a short-term intervention, not a long-term solution</b> <i>‘No heads on beds’</i>
<b>A commitment to do whatever it takes to support young people within their community</b> <i>No out-of-area placements</i>
<b>Forward-looking and aspirational</b> <i>What kind of adult do we want them to be at 20? 35? 50?</i>
<b>A belief in young people and their right to a family, whatever shape or form it takes</b> <i>No young person is unfosterable</i>
<b>A commitment and investment in staff support, and being rigorous about holding them to account</b> <i>High support, high challenge</i>
<b>Employing a flexible workforce</b>

*The right support in the right place at the right time*

**Bring young people into No Wrong Door quickly but move them on slowly**

*No move until it's the right move*

#### 4.3 No Wrong Door Distinguishing Features

<p><b>Always 'progressing to permanence'</b></p> <ul style="list-style-type: none"> <li>• Managed transitions to Hub Community Families (fostering) and high needs supported lodgings</li> <li>• Strong work with the birth family</li> <li>• Supported transition to independence</li> </ul>	<p><b>'No appointment assessments'</b></p> <ul style="list-style-type: none"> <li>• Rolling assessment/care &amp; progression plan</li> <li>• More time with/input from young person</li> <li>• Timeliness in assessment</li> </ul>
<p><b>High 'stickability' of the key worker</b></p> <ul style="list-style-type: none"> <li>• Care leavers can 'stay close' and access support</li> <li>• Same key worker across accommodation moves</li> <li>• Low staffing turnover</li> </ul>	<p><b>Close partnership working</b></p> <ul style="list-style-type: none"> <li>• Strong Police and NHS commitment</li> <li>• Strategic/Operational Boards with all partners</li> <li>• Sponsorship from DCS and elected members</li> </ul>
<p><b>A 'core offer' to all young people</b></p> <ul style="list-style-type: none"> <li>• Risk management, rebuilding relationships, life-stage transitions, education, activities, wellbeing</li> <li>• NWD training plan</li> <li>• NWD culture &amp; interventions practice model</li> </ul>	<p><b>A 'No heads on beds' culture</b></p> <ul style="list-style-type: none"> <li>• Happy if the home is empty</li> <li>• Supporting young people where they need to be</li> <li>• Plan for permanence</li> <li>• Fluid/dynamic and responsive placements</li> </ul>
<p><b>Multi-agency intelligence led approach to reduce risk</b></p> <ul style="list-style-type: none"> <li>• Specialist roles in post</li> <li>• Central police intelligence analyst support</li> <li>• Embed culture and practice events</li> <li>• Effective data sharing resources and documents</li> </ul>	<p><b>A robust training strategy in therapeutic support</b></p> <ul style="list-style-type: none"> <li>• Universal training for Restorative Practice</li> <li>• Whole staff training approach</li> </ul>
<p><b>Practice driven by young people's aspirations</b></p> <ul style="list-style-type: none"> <li>• Identify innovative opportunities to develop young people's self-esteem and resilience</li> <li>• Engaging with community and businesses to promote social capital</li> </ul>	<p><b>Fewer referrals, less stigma</b></p> <ul style="list-style-type: none"> <li>• Speech &amp; Language specialist in team</li> <li>• Clinical Psychologist in team</li> <li>• Police Intelligence Professional in team</li> <li>• Portfolio Leads on 'Core Offer'</li> </ul>

#### 5. Research/Evidence and Pre-Planning

5.1 A series of meetings and workshops with senior leadership took place in Q2-Q3 2018, where a small range of GMCA interventions and projects available were discussed. No Wrong Door was chosen as a good fit with Trafford's objectives going forwards, and a project that links with current on-going work including the move to a Restorative Practice model of working, and the implementation of a Transformation Programme designed to deliver a shift towards permanence and in-house care.



- 5.2 No Wrong Door, as discussed, is a model developed by North Yorkshire County Council, externally evaluated by Loughborough University. They found that:
- There was a reduction in Strengths and Difficulties Questionnaire scores over time; the more involvement from specialist roles, the better the outcome
  - Evidence of improvements in mental wellbeing from an interview sample, including in a reporting of mental health issues
  - Staff able to use an increased range of strategies with the young people
  - Resilience and self-esteem increased, including the use of bespoke activities which were viewed positively by the young people and raised their self-esteem
  - No Wrong Door workers were a key support to the young people in time of a crisis
- 5.3 Findings from the No Wrong Door implementation in North Yorkshire identified substantial progress towards achieving the project aims:
- Compared to a matched cohort during the first two years the majority (86%) 191 of the 290 people referred to NWD remained out of the care system
  - There was a decrease in placement moves
  - Out of area placements were lower compared with the National average. Only 1 young person under NWD has been placed out of area
  - The majority (76%) of young people that entered No Wrong Door were in EET and remained involved in EET. For those not engaged NEET when they entered 25% engaged and became EET
  - There was evidence of a reduction in criminal activity with a reduction in the number of arrests of young people
  - Nearly a third of the young people either ceased or reduced their substance misuse
  - Incidents of going missing halved
  - The average SDQ score improved from 19.5 to 16.8 indicating an improvement in mental wellbeing
- 5.4 The above findings show evidence of improved outcomes for young people and a reduction in demand for services from the Police and Health Service. This reduction in demand generates savings that then make the case for on-going investment by Police and Health.
- 5.5 NYCC's two Hubs were inspected by Ofsted, achieving Good and Outstanding, and North Yorkshire Children's Service were inspected and achieved outstanding.

## 6. **Aims, Outcomes, Benefits**

- 6.1 The aims of the project are to improve young people's safety and stability; reduce vulnerabilities; engage in education, training and work readiness; improve emotional wellbeing, reduce criminal activity, raise levels of engagement and reduce costs within the NHS, Social Care and Police.
- 6.2 The benefits for the cohort of young people include:
- A reduction in the number coming into care, the length of time spent in care, and the number of re-entries to care
  - Reduction in the number of young people placed away from their families, friends and communities
  - More young people in permanent, family-based care
  - Building on the assets in their life and their aspirations

- Improved outcomes for young people across education, employment, health and wellbeing
- Greater face-to-face time with professionals they would currently only see in a 'formal' appointment-based session, this will personalise those relationships and provide greater two-way understanding
- Fewer referrals and waiting times to other professionals
- A stable key worker approach and reduction the level of 'hand-offs' and multiple changing of workers
- A therapeutic approach to reduce risky behaviours, including substance abuse, gang involvement, missing episodes, and criminal behaviour, and to prevent CSE

6.3 The benefits of the work undertaken with parents and carers is to build their confidence and ability to provide (and ask for) support, provide greater outreach support that will work with their strengths to increase empowerment and resilience, and a range of multi-disciplinary professionals to get the most relevant support with minimal delay.

6.4 Benefits to stakeholders include a reduction in A&E attendances, reduced referrals and appointments through CAHMS, a direct cashable savings to the NHS; a reduction in arrests, charges and missing episodes, a direct cashable saving for Greater Manchester Police.

6.5 Benefits to the Authority include helping to tackle the high spend and ongoing overreliance on external residential and external fostering provision, and costs associated with placement change/instability. 72% of the overspend in Children Services is attributed to external residential placements.

6.6 This provides the financial basis on which to support and invest in schemes that will address this. This will be supported by the upcoming GM CBA work on the project to help us identify the targets and metrics required.

6.7 Benefits to staff include a new, dynamic way of working particularly for those specialist positions not usually based in a day-to-day environment of young people and those used only to working with one element of the family, greater flexible working, increased autonomy in decision making, building direct key relationships with young people and significant shared learning, training and support with other professionals and agencies.

6.8 The new co-location and closer collaboration between edge of care residential teams, and for the health and police professionals, will require embedding and the working relationships will build over time. These will require greater integration into the working practice of Trafford Social Care, to work effectively with other staff in the Hub, as well as a new way of working with young people that would arise from greater close working and increased contact.

## 7. **Staffing, Investment and Cost**

7.1 The staffing for No Wrong Door will be comprised of the two existing teams being brought together, a residential team from a children's home, and Family Focus. In addition there will be new social work posts, and specialist posts from Health and Police.

- 7.2 Staff Job Descriptions will not be affected and staff will remain on their current JDs and terms and conditions.
- 7.3 A selection process will take place to appointment a Registered Manager and the residential staff for the Hub, expressions of interest will be invited from existing staff based at the two Trafford children's homes.
- 7.4 There will be no redundancies as a result of this new service.
- 7.5 There will be two temporary new social work Key Worker posts, and 1 temporary Supervising Social Worker, totalling 3FTE. These new posts will support the fusion of the two teams and will operate in all areas of the service; residential shifts and edge of care outreach.
- 7.6 All Hub staff will co-locate in the Hub. The residential Registered Manager and Family Focus Manager will retain their same management arrangements but co-locate and report to the Service Manager for Placements.
- 7.7 Two new health posts will be recruited, 1 temporary FTE Clinical Psychologist and 0.5FTE Speech and Language Therapist. The funding for the SALT has been requested from NHS Trafford CCG.
- 7.8 A police intelligence professional has been requested in kind from Greater Manchester Police. Discussions have been ongoing and a business case has been submitted.
- 7.9 The existing budgets from one children's home and the Family Focus team totals c.£1,248,143 pa. The GMCA Targeted Innovation and Reform Programme funding is £215,399 for 1 year.  
The cost of the new temporary staffing, excluding those requested from the NHS and GMP, is estimated at £195,029. The remainder of the grant funding will go towards the activity and short break fund for the young people, and towards the set up costs for the project. Going forward the project will generate demand savings on all services and this forms the sustainability plan for the NWD model.
- 7.10 The costs and funding availability of these temporary posts will be reviewed in 20/21 and subject to a further update to Executive.

### **Other Options**

1. The primary alternative to implementing this new model and service is to leave the services in their current form. This would leave the service affected by the issues illustrated in section 1 without mitigation, namely the increasing numbers of children into care, particularly high cost provision, and with a lack of support to help those step down to family based care.
2. The secondary alternative would be to explore new models of working and integration. This will not carry the additional funding from the DfE, not the operational support from the GMCA. Further, any new initiatives may not have received NWD's academic review and professional endorsement from bodies such as Ofsted, which is instrumental in gaining buy-in and support from agency partners. No such models have been found that justify this additional risk and increased cost.

## **Engagement**

- A staff information and engagement document has been produced providing information on:
  - The theory of change – why we are doing this
  - The new model
  - The expected outcomes
  - The structure of the new hub
  - Implications on working practices, i.e. staff co-location within the Hub
  - Proposed timeline
- This has been distributed to Residential Staff at both Children’s Homes and with Family Focus staff. A full consultation has been deemed not necessary by HR as there are no changes to existing Job Descriptions, Terms & Conditions or Pay proposed.
- Feedback from staff who attended two engagement events held at the Town Hall was positive and they spoke about the strengths of the new model for children and families, particularly our offer to children on the edge of care, increasing our resources in maintaining and stabilising placements, and using residential care as a short term option.
- Expressions of interest for current staff members working at Old Hall Road and Kingsway Park wishing to work in the new Hub have been solicited and received. Staff have been informed of the outcome.
- The additional Hub social care posts created will be advertised internally and externally as per current practice.
- Union representatives have been consulted.
- Young people will be consulted throughout the project design for their views
- There has been foster carer representation and involvement during the process including foster carer membership of the Implementation Group. Foster carers have been invited to an information sharing event about the model and types of fostering households that Trafford’s No Wrong Door needs to recruit.
- An Implementation Group has been established to oversee the design and development of the model in Trafford and how this will impact staff, partners, carers and young people

## **Reasons for Recommendation**

That the proposal, as detailed above, represents an opportunity to implement an acclaimed model of practice that safeguards and supports vulnerable young people in Trafford. No Wrong Door will help to prevent young people entering into care, prevent placement breakdown, improve access and uptake of health services, and assist the police with intelligence and tackling criminal exploitation. It will deliver value for money and future savings for Health, Police and Trafford Social Care.

**Key Decision** (as defined in the Constitution): **Yes**

**If Key Decision, has 28-day notice been given?** **Yes**

**Finance Officer Clearance** (type in initials).....HZ.....

**Legal Officer Clearance** (type in initials).....JLeF.....



**CORPORATE DIRECTOR'S SIGNATURE** *(electronic)*

To confirm that the Financial and Legal Implications have been considered and the Executive Member has cleared the report.