

BRIGHT FUTURES

Working Together because Every Child
Matters

TRAFFORD
CHILDREN AND YOUNG PEOPLE'S PLAN
2006 – 2011
(V 3.0)



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Welcome to Trafford's Children and Young People's Plan which sets out the vision and key priorities for improving the lives of every child and young person in the Borough and will ensure bright futures for all.

1. INTRODUCTION

Trafford is a place where most children and young people thrive, succeed and enjoy their childhood. There are, however, recognised social, health, educational and economic inequalities, and a significant number of vulnerable children and young people who need additional support. This group includes children and young people with disabilities; learning difficulties; mental health, emotional and behavioural needs; who are looked-after; and from Black and Minority Ethnic (BME) communities.

We recognise that Trafford's children and young people will shape and influence the future of the Borough and that we have a responsibility to ensure that all of them are given the best possible opportunity to succeed and to enjoy growing up in a safe, secure, healthy and economically prosperous environment. Effective services are needed, which will support children, young people and their families and prevent vulnerable children from becoming vulnerable adults and perpetuating the cycle of vulnerability.

The Children and Young People's Plan (CYPP), a fundamental part of the Children Act 2004, will be instrumental in reforming the way in which services are accessed and delivered to children and young people in Trafford. The CYPP provides a single, strategic, overarching plan for all services affecting children and young people and will:

- promote the good general health, psychological well-being and mental health of all children and young people through good quality health services focused on services closer to home;
- help children and young people to remain safe and well by building robust and integrated, local support services. No children should fall through the net: Where children and young people have complex needs, or are at risk, or have suffered harm; timely, proportionate and informed early intervention occurs;
- maximise the opportunities for Trafford's children and young people to be ready for school; enjoy learning; succeed in education and in developing skills; have fun; and achieve to their full personal, social and academic potential;
- enable children and young people to make a positive contribution to the well-being of neighbourhoods and communities in which they live; to participate in decisions that affect them; to contribute to the design and delivery of services; to act within the law and to refrain from anti-social, bullying and discriminatory behaviour; and
- provide the context in which Trafford's children and young people can achieve their optimum economic potential and be well educated; participate and succeed in ongoing training, further and higher education, and employment; and be able to sustain a good standard of living.

This CYPP, therefore, sets out a vision, strategy, priorities, structures and processes that have been informed by our ongoing dialogue with children, young people, families, stakeholders, and a comprehensive and thorough analysis of need. To deliver the CYPP and secure better outcomes for children and young people, the different statutory and non-statutory agencies and groups will work together in a way that focuses on the needs of children, young people and their families.

Significantly, therefore, we are committed to a future partnership that is bound by the common set of principles of *trust, inclusion, participation, equality and accountability*.

2. CONTEXT AND NEEDS ANALYSIS

International drivers for change

Our Children and Young People's Plan has the needs and rights and responsibilities of children and young people at its heart. We strongly believe, therefore, that a major driving force for change should be the United Nations Convention on the Rights of the Child¹, because it:

- promotes a positive self image for children and young people;
- is universal and non stigmatising;
- is relevant to all service provision;
- cuts across existing service boundaries;
- requires the participation and consultation of children and young people;
- can be used to provide a consistency of approach; and
- will ensure that children and young people remain at the centre our planning and delivery of services.

The articles of the Convention can be divided into three main parts: key principles, specific rights and ways in which the Convention will be monitored.

The key principles of the Convention are:

- the right to survival and development;
- respect for the best interests of the child as a primary consideration;
- the right of the child to express their views freely on all matters affecting them; and
- the right of all children to enjoy all the rights of the Convention without discrimination of any kind.

The Convention incorporates the whole spectrum of human rights - civil, political, economic, social and cultural - and sets out the specific ways in which these should be made available to children. The general definition of children for the purposes of the CYPP is all persons between 0-19 years of age, but some young people will receive support beyond this age.

The main elements of the Convention can be summarised as follows:

¹ The full list of the articles of the Convention can be accessed on <http://www.unhcr.ch/html/menu3/b/k2crc.htm>.

- Civil rights and freedoms, including the right to a name and nationality, to freedom of expression, thought and association, to access to information and to the right not to be subjected to torture. (Articles 7, 8, 13, 14, 15, 16, 17, 19 and 37).
- Family environment and alternative care, including the right to live with parents, to be reunited with parents if separated from them and to the provision of appropriate alternative care where necessary. (Articles 5, 9, 18, 20, 21 and 25).
- Basic health and welfare, including the rights of disabled children, the right to health and health care, social security, child care services and an adequate standard of living. (Articles 23, 24, 26 and 27).
- Education, leisure and cultural activities, including the right to education, the aims of education and the rights to play, leisure and participation in cultural life and the arts. (Articles 28, 29 and 31).
- Special protection measures covering the rights of refugee children, those caught up in armed conflicts, children in the juvenile justice system, children deprived of their liberty and children suffering economic, sexual or other exploitation. . (Articles 22, 32, 33, 34, 37, 39 and 40).

National drivers for change

The *Children Act 2004* and the Government's Green Paper, *Every Child Matters*, and its supplementary guidance, provide a clear national vision for improving support for children and young people. There are many recommendations and requirements outlined in these documents, but fundamental to them all is the development of an integrated service for children and young people at the local level.

The *National Service Framework for Children, Young People and Maternity Services* sets out a programme for improving services through standards for health and social care for children, young people and maternity services. The *Kennedy Report* set hospital standards to improve in-patient healthcare for children and young people. *Choosing Health*, the Public Health White Paper, identifies the health of children and young people as a key priority focused on action to ensure children and young people have a healthy start in life. Health services need to achieve NHS standards in hospital, community and primary care services for the benefit of children and young people.

The replacement of Local Education Authorities (LEAs) and Social Services Authorities with Children Services Authorities and Adult Social Services Authorities, and new duties on key statutory agencies to discharge their normal functions having regard to safeguarding children, will ensure increased accountability and integration. This will be enforced by Government powers to intervene where children social services are 'failing', and are complemented by the establishment of a Children's Commissioner, ensuring that the voice of children and young people is heard. The Children's Services Authority will be charged with delivering appropriate services, early identification of vulnerability, and effective intervention. This will be facilitated by increased sharing of information across agencies and a co-ordinated and consistent approach to child safety across those agencies by the statutory Local Safeguarding Children's Boards.

Trafford drivers for change

There needs to be robust and effective partnerships between statutory and non-statutory agencies in order to serve children and young people well, improve their outcomes and reduce health, educational, social and economic inequalities. The fragmented nature of service delivery causes too many children, young people and their families to undergo several referral and assessment processes to get the support and services they need. Research suggests a range of risk and protective factors that influence the incidence of children developing mental health problems. This provides a useful framework² for considering outcome-based service delivery with activity targeted at promoting protective factors and reducing risk factors.

Table 1: Risk and Protective Factors

Level	Resilience Factors	Risk Factors
Individual	Attachment to family Good school adjustment High self-esteem Good health Good social skills Intelligence	Insecure familial attachment Prematurity/poor health in infancy Physical/learning disability Difficult temperament Low self esteem/social skills Isolation Refugees or asylum- seekers
Family	Caring, secure, stable family Clear expectations Consistent discipline High warmth, low criticism Acceptance of change to family circumstance or loss	Teenage mother Single parent/absent father Parental discord/violence High criticism, low warmth Parental drug or alcohol abuse, criminality or mental illness Rejection by peers Inconsistent/harsh discipline Family Breakdown Disability, Learning Difficulty
School	Positive school climate School success/recognition	Bullying Peer rejection Discrimination Isolation School failure
Life Events	Economic security Sustained attachments Good health Support during periods of transition	Abuse/neglect Family breakdown/ admission to care Death of parent/family member Poverty

²adapted from Commonwealth Dept of Health and Aged Care. Promotion, Prevention and Early Intervention. Canberra, Australia. 2000

Level	Resilience Factors	Risk Factors
Community	<ul style="list-style-type: none"> Sense of belonging Community involvement Strong cultural identity Access to support 	<ul style="list-style-type: none"> Homelessness Socio/economic disadvantage Isolation Neighbourhood crime/violence Poor housing Discrimination Lack of support services Lack of access to leisure/recreation

The different statutory agencies in the Council, Learning Skills Council, Primary Care Trusts and Healthcare NHS Trust, working in partnership with young people, parents, schools, colleges, police and the voluntary sector have begun a radical re-configuration of services for children and young people focusing on reducing the impact of the risk factors and, through early intervention and preventative activities, promoting protective factors.

Trafford’s Children and Young People Service (CYPS) has brought together all of the Council’s children’s services, i.e. Early Years and Childcare, Education, Children Social Care Services, Youth Service, Connexions, Children’s Fund and the Youth Offending Team, supporting and ensuring a more joined-up approach to service delivery including Children Centres and Extended Schools. The CYPS working in partnership with local Health services are planning to further integrate children and young people’s services across Trafford.

The Council and Local Strategic Partnership (LSP), has identified in its Community Strategy, the vision for 2021, the importance of improving the quality of life for children and young people in Trafford.

The voluntary sector in Trafford is vibrant and dynamic providing highly valued support and services to children, young people and families. Building on this strength, statutory agencies and the voluntary sector need to develop existing partnerships, and create new ones for the benefit of children and young people.

Children’s health services across Greater Manchester are also changing, with services being developed closer to home, promoting information on self care for children and families, supported by the further development of children’s community health services, including children’s community nursing. *Making it Better*, a public consultation document, makes proposals for major re-configuration of children’s health services in the future.

Young people do many good things and we need to celebrate this. We are increasing access to, and promotion of personal development achievements through the Youth Service and other partners. We will be actively promoting through the CYPS and local media the positive contribution young people make. Increasingly, however, youth crime and nuisance is a cause for concern. Working with the Police and with young people we are promoting initiatives that reduce crime, address the needs of young offenders and provide positive activities for young people, which will support their communities and reduce the fear, extent and perception of youth crime.

Put simply, joining up services makes sense.

Trafford Context

Trafford, one of the ten metropolitan councils making up the Greater Manchester area, is a borough of considerable diversity. Industry, commerce, towns and villages blend together and affluence and deprivation sit side-by-side. There exist areas of significant social deprivation, which are linked to higher incidences of crime and disorder, health inequalities, barriers to higher education and employment opportunities.

Demographic Context

The demographic profile of the Borough varies from place to place with different proportions of young, elderly, and black and minority ethnic groups. Areas such as Clifford and Bucklow, for example, have a high proportion of young people, whereas Hale and Flixton are home to a more elderly population. The highest concentration of children and young people correlates with our most deprived wards (Figure 1 and Figure 2).

Figure 1. Percentage of resident population under 16

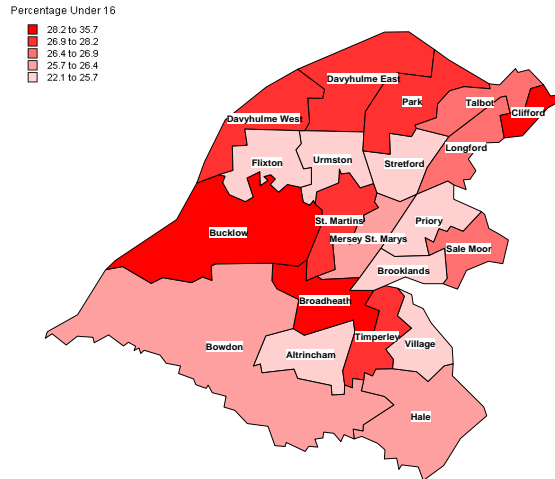
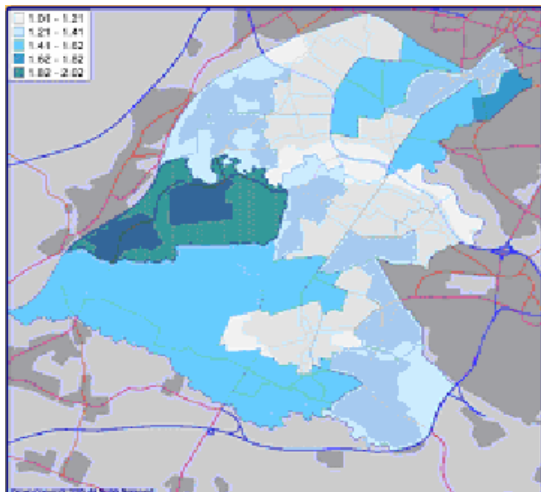


Figure 2. Multiple Deprivation Index by Ward



- The population of children and young people (aged 0 to 19) in Trafford is 52,548 having fallen by 8.6% from 1991, and is expected to continue to fall. The ratio of males to females is 51:49.
- The school population is approximately 34,500, of which 94% live in Trafford. Since 2000, there has been an approximate 3% reduction in the school population.
- There is a relatively diverse ethnic population with approximately 9% of the population from a minority ethnic background. This figure is similar to the national and Greater Manchester area, but is higher than the North West Region. The proportion of pupils from an ethnic background is greater than the total ethnic minority population at 13% with an increasing trend.
- The largest ethnic groups (excluding white) are Indian (1.8%), Pakistani (1.7%) and Black Caribbean (1.4%). The percentage of the population classified as Black-Caribbean in Trafford, with the exception of Manchester, is the highest in the North West and Greater Manchester area.

Socio-economic Context

Overall Trafford is seen as a generally affluent community and residents generally enjoy better quality of life than those residing elsewhere in Greater Manchester and the North West as a whole. There are, however, areas of significant deprivation leading to large inequalities in educational attainment, health, employment, housing and access to services.

- There are major differences between wards in Trafford. In Brooklands Ward, 83% of all households are owner-occupied and only 17% of properties are rented; whereas in Clifford Ward 46% of properties are owned with 54% being rented accommodation.
- Almost 30% of households contain dependent children with some 5,655 dependent children living in lone parent households. Whilst slightly below the England average overall, nine wards in the Borough have above average levels of lone parent households with dependent children.
- There is a diversity of academic performance in relation to the relative affluence of wards. The national average for people in the workforce holding no qualifications is only 16%: Trafford has five wards with double (or greater) than this national average.
- The majority of occupation types in the South of the Borough are professional, managerial and senior occupations. Whilst lower salaried jobs tend to be found in the North; over a third of employment in the North is in customer services, operatives and elementary occupations.
- In Clifford Ward of all people aged 16–74 there is an equal split between the numbers who are economically active/inactive, whereas in the other Wards identified the split is 70/30 active to inactive. The percentage of inactive adults is greatest in the Stretford area. In the Clifford Ward a further analysis of those unemployed (6.2%) shows that 11% were aged 50+, 10% had never worked and 35% were long-term unemployed. In the most deprived areas of Stretford the percentage of economically active students is relatively high. This contrasts sharply with Bucklow, identified as one the most deprived areas in England, where the percentage of economically active students is low. Our Traveller community is sited here.
- There is a high correlation between low educational achievement and those children and young people in receipt of free school meals. The proportion of pupils eligible for free school meals has fluctuated, but remains between 12-15% of the school population. The range of free school meals eligibility in schools is, however, large, from 0.8% to 72%. In a third of schools, the proportion of free school meals is significantly above the Trafford average.
- In Trafford, at any one point in time Children's Social Services will be actively supporting about 1,600 Children-in-Need, of whom about 210 will be 'looked after' and 120 will be on the Child Protection Register. The numbers of children and young people in all these categories has increased consistently from 2000 to 2005: The reasons for this may have resulted from improved services, earlier intervention and better recording.
- The location of children in need is consistent with levels of deprivation identified i.e. Altrincham, the most affluent area has the fewest Children-in-Need. Of these children, however, only three quarters are supported in families, lower than the less affluent area of Stretford. The reasons for this, however, may relate to housing costs and the affect on family members ability to reside in the area. Family support also appears low in Sale. The distribution of looked-after-children is closely linked to availability of local authority placements.

- In 2004-5 there were 11 children/young people (9.2%) on the child protection register with learning difficulties and/or disabilities.
- Overall, crime figures show a 16% reduction in the last 12 months and criminal damage fell by 13%.
- Incidents of anti-social behaviour by young people fell by 13%. Most youth nuisance incidents occur on Friday and Saturday nights.
- White males aged between 16 and 25 accounted for the highest percentage of offences. 36%, white males aged 10-15 accounted for 12% of the offences.
- The percentage of young people re-offending (59%) is well above the national average (48%).
- Re-offending rates for looked-after-children are higher with 72% of those committing a crime re-offending within a year.

Health Context

Trafford's health profile is good, with the majority of children and young people benefiting from good health and access to services. There are, however, inequalities, evidenced in the Child Health Audit, Child and Adolescent Mental Health Service Needs Assessment and Public Health Strategy. We need to focus on the health needs of children and young people as a discrete group with specific needs, which are different from those of adults.

- Deaths of children and young people below the age of 17 in Trafford has fluctuated from year to year but the clear trend (three year rolling average) is downwards, 25 (1995-97) to 18 (2002-04).
- The infant mortality rate has continued to decrease and is lower than the England figure. The 2001-03 figure is 4.2 per 1000 live births under 1 year. The perinatal mortality rate was also lower than the England figure and shows a downward trend.
- The percentage of babies with birth-weight below 1.5kg (very low birth-weight) and 2.5kg (low birth-weight) are well below the England average. The figure for 2003 was 7.6% for low birth weight compared to the national figure of 1.5%.
- The number of under 18 year-olds in Trafford admitted to hospital with asthma has declined significantly in recent years from 129 in 2000-01 to 59 in 2004-05.
- Emergency hospital admissions of under 16s in Trafford have declined significantly from 2740 in 2000-01 to 1884 in 2004-05.
- Elective (planned) hospital admissions of under 16s for Trafford children has declined significantly; from 2300 in 2000-01 to 1841 in 2004-05.
- Rates of immunisations – diphtheria, meningitis C, haemophilus I (HiB), whooping cough, polio, tetanus and MMR for young children were significantly higher than average for the UK. Cases of confirmed measles and whooping cough are now very rare in Trafford.
- The most recent surveys of oral health of children and young people in Trafford show that:
 - for 5 year olds (undertaken in 2001/02), tooth decay in the North of the Borough is far greater than the national average, while in the South of the Borough it is slightly below the national average;
 - for 14 year olds (2002/03), tooth decay in both the North and South of the Borough was above the national average, but to a greater degree in the North; and
 - for 12 year olds (2000/01) there was a wide disparity of tooth decay between the different Wards of the Borough ranging between 64% and 35%.

- Death rates of children and young people in Trafford from suicide and undetermined injury in each year between 1993 and 2003 have been between 15 and 26. There is no discernable trend.
- There has been a major growth in sexually transmitted infections in recent years in Greater Manchester of which Trafford is part.
- The regularity with which looked-after-children receive health and dental checks in Trafford has improved significantly from 2002 (68%) to 2005 (97.5%). Trafford's performance is also significantly better than that of similar authorities 82.5% in 2005 and the national average (80.1% in 2005).
- All looked-after-children are registered with a GP.
- Currently 22% of looked-after-children access Tier 3 (specialist) Child Adolescent Mental Health Services (CAMHS). These include 4 (0-5 years), 14 (6-10 years), 28 (10-17 years). At April 2005 97.5% of looked-after-children had an up-to-date health assessment, part of which relates to emotional well being.
- In a recent survey of looked-after-children, 85% indicated that they knew where to get advice on drugs and alcohol. 94% knew where to get advice regarding sexual health.
- Under 16 conceptions rates in Trafford were consistently and significantly below the national average in each of the three years 2000-02. The rate of under-16 conceptions in 2002 was less than in 2000 and 2001. The rate of under-18 conceptions has, however, fluctuated with a fairly static underlying trend compared with the downward trend nationally. Wards with the highest levels of deprivation show the highest teenage pregnancy rates.
- The proportion of expectant mothers smoking during their pregnancy in 2004/05 in the North of the Borough (33.3%) was greater than in the South (15.7%). Data collected so far in 2005/06 (up to June 2005) indicates that the situation is improving with 17.5% in the North and 13.3% in the South.
- In Trafford admissions to hospital of those under 20 with poisoning by narcotics and psychodysleptics is below the England average. Trafford has a significantly lower number of young people under 20 admitted to hospital with mental and behavioural disorders due to substance misuse: 71 young people admitted 2001 to 04 compared with the England average of 100.

Educational Context

The quality of early years provision is good and our schools and colleges are among the best in the country both in terms of achievement and attainment. They are well led and managed and provide a broad and balanced education which prepares young people well. From entry into school through to leaving and beyond we see year-on-year improvements and consistently better outcomes for children and young people. There are, however, pockets of underachievement.

- Pre school settings in Trafford are, on the whole, good with most children achieving the early learning goals by the end of the Foundation stage.
- Early years childcare provision is good, but access and choice is varied across the borough.
- Educational attainment in Trafford is high and significantly above the national average.
- Results in the core subjects of English, Mathematics and Science at all ages are consistently in the top quartile of performance nationally and the highest in the North West and Greater Manchester area.

- Although, as a whole, educational achievement is high there is underachievement and poor attainment across the borough. The key underachieving groups include looked-after-children, some pupils from black and ethnic minority groups, children with disabilities and learning difficulties. They significantly include pupils from poorer backgrounds. There is relatively slow educational progress of Indian and Black Caribbean pupils, especially between the age of 14 to 16, and this group compared with white pupils leave school with on average of two good GCSEs fewer. A boy on free school meals is three times less likely to achieve five good GCSE grades.
- Attendance at Trafford schools is good at 94%, 1% higher than the national figure. There is, however, some variation across Trafford, with attendance rates in Stretford 2% lower than in Altrincham, equating to an additional 266 days lost.
- In 2004 and 2005, Trafford's pupils achieved the highest A-level average score per pupil based on all authorities nationally. The nearest North West authority is almost 30 points below the Trafford average.
- The performance of looked-after-children is poor, latest figures show that only 51% of looked-after-children leave compulsory schooling with a qualification. In Trafford, up to 2004, outcomes have often been significantly below that figure at 45% or less. In 2005, there has been considerable improvement and indications are that 70% of looked-after-children will achieve a qualification. Compared with the year-on-year increases for all children, and with the 2004 national figure at 96% and for Trafford at 98%, it is clear that there are significant issues to address if the disparity is to be reduced and improvements sustained.
- Educational attainment of children and young people with statements is understandably variable between years and subjects. At Key Stage 2 average performance at level 4 over the last three years in English is 19%, but performance in Science over the same period is 43%.
- Pupils with a statement for SEN educated out-of-borough is relatively high at 12 %, but 2.4% of these are educated at a more cost effective school at the Borough's boundary.
- Post-16 participation rates are above the national average with 90% of 2004 school leavers progressing to education, training or employment at the end of their compulsory education.
- Further education achievement and success rates for 16-18 year olds in Trafford's Further Education Colleges have shown an overall upward trend between 2001/02 and 2003/04. Success rates for Level 1 and 2 courses at Trafford colleges in 2003/04 were above the national rate. Achievement rates for all courses were above the national rate, significantly so for Level 1 and 2 courses.
- The proportion of young people not in education, employment or training is low overall and has reduced significantly from 12.9% in 2002, to 5.9% in 2004.

3. **BRIGHT FUTURES**

The vision is simple:

To continue to improve the quality of life outcomes for all children and young people and as a priority improve outcomes for the most vulnerable and at risk, we need to:

- continue to raise service standards and performance;
- replace the fragmented ‘compartmentalised’ set of services that children, young people and their families have historically received, with a holistic, child and family centred integrated multi-agency service, with earlier intervention, prevention and support at its heart.

We want every child to achieve his or her potential and become the adult that they want to be by being healthy, feeling safe, enjoying what life has to offer and achieving, making a positive contribution to themselves, their family, their community and their society whilst having an appropriate place to live and opportunity to prosper.

Measuring Progress

Measuring performance is fundamental to evaluating if services are improving outcomes. The success of any service is often described in relation to a set of key performance indicators and associated targets. Consequently, selecting the right indicators is critical. Each traditional service is rich in performance indicators. Selecting the right mix of indicators that inform and drive policy and process and help understand if the quality of life is improving is complex. It is expected that indicators may be added, lost or changed. The performance measures and targets chosen now and in the future will:

- reflect the impact of the new Service on the lives of children, young people and their families;
- help services become recognised as being in the top quartile of similar services; and
- ensure that services focus on areas requiring improvement whilst monitoring that which is considered to be good.

Each service grouping will, however, maintain its own suite of performance measures to ensure compliance with national, funding and professional requirements.

The performance measures are categorised according to the five outcome areas, but it is recognised that they are often cross-cutting and could be grouped in one or more of the outcome areas.

All baseline figures relate to 2004-2005 unless stated otherwise. All targets relate to 2011 unless otherwise stated. The following sections set out the key strategic priorities for the key five outcomes.

Be Healthy:

Promoting the good general health, psychological well-being and mental health of all Children and Young People

The vast majority of children and young people in Trafford enjoy good health. Mortality, serious illnesses and admissions to hospital are relatively low and decreasing. Tooth decay amongst

children and young people in Trafford is around the national average, but there is wide disparity across the Borough. There are a growing number of children and young people with mental health, emotional and behavioural needs, and there is a major growth in the number of young people contracting sexually transmitted infections. Teenage conceptions are significantly below the national average in Trafford, but this has not generally reduced over the last few years. However, teenage pregnancies have reduced a little. Good progress is being made in encouraging mothers to breast feed and reducing the number of mothers smoking during pregnancy. The number of children and young people participating extensively in school PE and sport is increasing. A significant number of drug users complete treatment successfully and numbers of young people in Trafford who have seriously harmed by drug use is below the national average. Health provision for looked-after-children and young people in Trafford is good.

Strategic Priorities

H/1: Mental Health, Emotional and Behavioural Needs			
Need	There is a growing population of children and young people within the Borough, whose outcomes are poor and who have a major disruptive effect on other young people (e.g. bullying in and out of school) and local community (e.g. youth nuisance and anti-social behaviour and crime). The Greater Manchester Strategic Health Authority rated the CAMHS service as 1 out of 5 and under resourced, with the exception of Looked-After-Children and Young People and Young Offenders, waiting times were excessively long. Evidence from schools and the relatively high number of statements for EBD suggest that this is an area of considerable need.		
Objectives	Improve mental health and the long-term behaviour of those with social and emotional needs. Develop CAMHS and other services to support children and young people with severe learning disabilities.		
Performance Indicators	Indicator	Baseline	Target
	Percentage of permanent exclusions in relation to the number of pupils in primary phase	0.03	0.02
	Percentage of permanent exclusions in relation to the number pupils in secondary phase	0.16	0.1
	Recidivism of Young Offenders	58.7	30
	Percentage of pupils with a statement for emotional behaviour needs as a primary need as a percentage of all statements.	17	20
	Average waiting time for CAMHS service	4 months	3 months
	Number of DSH cases	TBC	TBC
Number of recognised Parenting programmes delivered in Trafford	TBC	TBC	
Strategy	Develop and deliver a co-ordinated strategic multi-agency approach to mental health and emotional and behavioural difficulties. Increase access to preventative services and the implementation of the CAMHS Strategy, including support and development of Tier 2 and Tier 3 mental health services. Implement the YOT Prevention Strategy. Implement the Parenting Strategy. Develop an effective Behaviour Support Strategy that focusses on preventative support and training and increases schools' capacity to develop behaviour for		

H/1: Mental Health, Emotional and Behavioural Needs	
	learning programmes. Implement the Play Strategy and SEN Strategy and reduce the social isolation of children with disability, especially those with special needs that affect their social skills.

H/2: General Health			
Need	Poor health as a result of poor lifestyles		
Objective	Reduce poor physical health including that caused through smoking, alcohol, substance misuse, poor diet and obesity, poor oral health, sexually transmitted infections and lack of physical exercise.		
Performance Indicators	Indicator	Baseline	Target
	Number of young people accessing treatment for substance misuse	205	310
	Percentage Obese Year 6 children as measured by BMI	TBD	To halt the rise in obesity
	Percentage 5 year olds number of teeth affected by decay per child (2001-02)	North Trafford	2.0
		South Trafford	1.5
	Percentage 5 year olds who have had dental decay (2001-02)	North Trafford	49
		South Trafford	37
	Percentage 14 year olds number of teeth affected by decay per child (2001-02)	North Trafford	1.9
		South Trafford	1.4
	Percentage 14 year olds who have had dental decay (2001-02)	North Trafford	55
		South Trafford	52
	Number of new cases of chlamydia diagnosed per 100, 000 (Greater Manchester)	1097	
	Access to GUM clinics – people seen within 48 hours (%)	THT	29
		TN	31.7
		TS	35
	Breast feeding initiation rates (%)	North	58.3
		South	64.2
	Proportion of expectant mothers smoking during pregnancy	North	33.9
		South	17.1
	Percentage of pupils aged 5-16 receiving 2 hours high quality PE and school sport	60	75 (by 2006) 85 (by 2008) 90 (by 2011)
	Number of early years settings and schools achieving Healthy Eating Award	TBC	All
	Access to and success of substance misuse programmes	TBC	TBC

H/2: General Health	
Strategy	Implement and support the delivery of the National Service Framework. and Choosing Health agenda with a focus on schools. Building on the successes at the Partington and Carrington Healthy Living Centre and Children's Centre, increase access to health services through the development of healthy living centres and a network of children centres. Promote and support the development of Brook clinics in Trafford, including existing clinics at Old Trafford and the Talk Shop in Sale. Improve service provision and access through the better commissioning of services for alcohol and substance misuse. Continue to improve breast feeding initiation rates; encourage a healthier diet and uptake of physical activity. Support the School Sport Partnership and improve availability of leisure facilities for children and young people e.g. access to gymnasium facilities and football pitches. Maintain immunisation rates; promote a sexual health strategy for young people. Implement the Oral Health Strategy. Develop systemic and managed disease prevention and health promotion programmes with particular regard to reducing obesity, smoking, substance misuse and sexually transmitted infections. Promote physical exercise through school physical education and sport including School Sport Partnerships; out-of-school clubs and recreational activities. Support the development of local informal support groups e.g. young parents. Continue to implement the Healthy Schools Initiative.

H/3: Teenage Pregnancy			
Need	Teenage conception rates vary across the Borough, but the trend appears to be static compared with a national downward trend.		
Objective	Reducing Teenage pregnancy rates		
Performance Indicators	Indicator	Baseline	Target
	Participation of teenage mothers (13-18) in education, training or employment	24.4	60
	Percentage decline in teenage pregnancy	-13.6 (2004-2003)	-50 (2010)
Strategy	Implement Trafford's multi-agency Teenage Pregnancy Strategy and action plan and continue to promote the Healthy Schools initiative and support schools in delivering PSHE programmes. Continue the engagement work of Connexions and the Youth Service with young people		

Stay Safe:

Help children to remain safe and well by building robust, integrated, local, support service infrastructures, such that no children fall through the net, and ensuring timely, proportionate, informed intervention where children have complex needs or are at risk of, or have suffered, harm

Agencies work well together to ensure the safety and welfare of children and young people across Trafford. Professionals on a multi-agency basis only de-register a child or young person when they are confident that the risk of harm has been minimised to an extent where a child protection plan is no longer warranted. We have a range of initiatives to ensure low levels of injury to children from environmental risks e.g. Traffic Calming, Fire Prevention and Safety, Walking Bus Schemes and Cycling initiatives.

Strategic Priorities

S/1: Looked-After-Children and Young People			
Need	There has been a substantial reduction in the numbers of Looked-After-Children and Young People in out-of-Borough placements. This has enabled a significant transfer of resources from residential fees to frontline preventative services and family placements. There are, however, an increasing number of children and young people coming into care. To continue to improve local services, further investment in frontline, early intervention strategies and preventative services is required.		
Objective	Improve the life chances and outcomes of looked-after-children and young people		
Performance Indicators	Indicator	Baseline	Target
	Children Looked After per 10,000 under 18	45.7	40
	The percentage of children looked after with three or more placements during the year	10.1	7
	Percentage of children who had been looked after continuously for at least four years, who had been in their foster placement for at least two years.	48.3	75
	Percentage of children looked after in residential accommodation	16.8	10
	Percentage of children looked after who were in foster placements	80	85
	Percentage of looked-after-children fostered by relatives or friends	30.3	30
	The percentage of looked-after-children placed for adoption	3.7	8
	User Experience Survey indicator: Are you offered choices about the type of care and support you need?	40.1	80
	User Experience Survey indicator: Overall how satisfied are you about the type of care and support you need?	50.5	80
Strategy	Implement the Looked-After-Children Strategy to continue to reduce the number and proportion of Looked-After-Children and Young People placed out of Trafford and increasing the number of local foster placements. Identify an increasing number of private fostering arrangements and provide effective monitoring and support.		

S/2: Child Protection	
Need	Over the last two years, the number of children on the child protection register has remained constant. Approximately 10% of children on the register have a disability or learning difficulty. Earlier identification and recognition of child protection issues can be achieved through better awareness. Initial and Core assessment timescales have significantly improved. This improvement needs to be improved and sustained. Although, OFSTED reports are positive the monitoring of incidents of bullying and children and young people's perceptions are less developed than other areas e.g. racial incidents.

S/2: Child Protection			
Objective	Protect children and young people from abuse and harm through strengthening child protection procedures and practice.		
Performance Indicators	Indicator	Baseline	Target
	Number on the child protection register per 10,000 under 18	24.9	20
	Numbers on the child protection register that have previously been registered per 10,000 under 18	11	9
	Child protection cases which should have been reviewed during the year that were reviewed	96.4	100
	Child Protection Register: De-registrations per 10,000 under 18	24.7	20
	Percentage Initial Assessments completed in 7 days (2005)	84	95
	Percentage Core Assessments completed in 35 days (2005)	96	100
	Number of bullying incidents reported in early years settings and schools	TBD	TBD
Strategy	Increase the numbers of staff who work with children, including the voluntary sector and improve access to child protection training. Improve timescales for referral and assessment. The CYPS will share and develop anti-bullying policies across Trafford, and monitor the number of incidents of bullying. Target support and resources to increase children and young people's confidence in dealing with and reporting bullying. Improve the support and services available to children and young people who are affected by Domestic Violence, including sibling bullying and the particular needs of children with disabilities and learning difficulties. Improve and promote access to confidential support/counselling and help lines for children and young people.		

Enjoy and Achieve:

Maximise the opportunities for Trafford's children and young people to be ready for school, to enjoy learning, to succeed in education and in developing skills, to have fun and to achieve to their full personal, social and academic potential

Trafford is rightly proud of the quality of early years provision and our schools and colleges are among the best in the country both in terms of achievement and attainment. They are well led and managed and provide a broad and balanced education which prepares young people well for future success. The challenge for schools and the CYPS is to enable the small minority of disadvantaged children and young people to have the same opportunities and make the same progress as their peers.

Strategic Priorities

E/1: Early Years	
Need	There is a diverse range of good quality education and childcare provision for children of pre-school in Trafford. Outcomes for children in the early years are generally good. The focus now is the development of integrated provision particularly through the establishment of Children's Centres and the

E/1: Early Years			
	development of play opportunities throughout the Borough.		
Objective	Improve access to integrated services for local communities and specifically increase the availability and quality of childcare and play provision to help address education and health inequalities in the Borough.		
Performance Indicators	Indicator	Baseline	Target
	Number of children centres in the borough	2	10
	Percentage change of childcare settings	-1.6	TBC
	Percentage change of registered places	6.7	TBC
	Standards at the end of the Foundation Stage are good, and the difference between the most deprived areas and the Trafford average is reduced	TBD	TBD
	Ratio of childcare settings in the most deprived wards and Trafford as a whole.	TBD	TBD
Strategy	Develop integrated early years provision through implementing the next phase of the Sure Start Strategic Plan, including the opening of eight new Children's Centres and implementation of the Extended Schools Strategy. Prepare and implement a comprehensive Play Strategy. Implement the Parenting Strategy.		

E/2 Education Attainment			
Need	Educational attainment is very high across Trafford, but continued targeted support is required to improve the overall effectiveness of some schools; assist schools who are facing significant challenges; and contribute to improved outcomes for vulnerable groups. Performance in completing statutory SEN assessments is poor, in the national lower quartile. Trafford has historically placed children out-of-Borough because of a lack of appropriate provision. These placements are generally expensive, involve extended travel times and do not necessarily provide better outcomes. Trafford retains centrally a high proportion of funds compared with other authorities. Schools are better placed to meet the needs of children with SEN and improve their outcomes. Educational attainment of looked-after-children is improving but educational attainment still lags behind their peers.		
Objective	Raise the educational attainment of vulnerable groups and those who under-achieve and those who have special educational needs.		
Performance Indicators	Indicator	Baseline	Target
	Percentage of full day care providers judged to be good or better in delivering the early learning goals	84.6	TBC
	Percentage KS2 English L4+	86.6	90
	Percentage KS2 Mathematics L4+	82.6	90
	Percentage KS2 Science L4+	91.7	92
	Percentage KS4/GCSE 5+A*-Cs	69.5	80
	Percentage KS4/GCSE 5+A*-Cs including English and Mathematics	TBC	TBC
	Percentage KS4/GCSE 1+A*-G	99	100
	Percentage pupils who received alternative tuition for other than medical reasons who were reintegrated into school	5.7	TBC

E/2 Education Attainment			
	Schools in Special Measures	1	0
	Statutory SEN Assessments completed in 18 weeks	33.5	95
	Percentage of pupils with Statements of SEN educated outside Trafford	12	8
	Percentage of Young offenders in Full-time Education, Training or Employment	45	90
	Percentage of care leavers obtaining at least 1 A*-G GCSE	25	75
	Percentage of care leavers obtaining a 5 A*-C GCSE	0	50
Strategy	Support schools in challenging circumstances; improving the performance of all schools on the concern list; and remove any school from Special Measures as soon as possible. Delegate a larger proportion of SEN responsibilities and funding to schools and ensure its effectiveness and improve the timescales for delivering statements of SEN and reduce the number of SEN pupils who are educated outside Trafford. Improve the educational attainment of Looked-After-Children and Young People. Increase the number of young offenders engaged in full time education, training or employment. Increase the opportunities for young offenders to participate and succeed in a range of academic and non academic activities, including RAP, PAYP and YISP initiatives. Secure the commitment of all schools to implement race equality and inclusion strategies. Improving the quality and range of alternative education provision and develop a multi-agency approach to engaging, maintaining and enabling the achievement of vulnerable young people in education and other activities. Working with schools to develop curricula and extra curricular experiences for children and young people that are more creative, broad and balanced.		

Making a Positive Contribution:

Enabling children and young people to make a positive contribution to the well-being of neighbourhoods and communities in which they live – to participate in decisions that affect them; to contribute to the design and delivery of services; to act within the law and to refrain from anti-social, bullying and discriminatory behaviour.

Young people are important members of our community, their voice needs not only to be heard, but listened to. The CYPS actively seeks their views and promotes involvement to assist us in planning and designing the delivery of services. In Trafford we celebrate the achievements of children and young people and encourage the engagement of young people in positive activities enabling them to active member of their communities.

Strategic Priorities

P/1: Inclusion	
Need	Trafford has a diverse community with a wide range of needs, which needs to be reflected in the delivery and design of services including the role played by members of our ethnic minorities and by people who have a disability.
Objective	To promote communities that are inclusive, which respect and value all members of our culturally diverse society. Combat discrimination in all forms and provide equal opportunity to be well educated, develop knowledge,

P/1: Inclusion			
	understanding and skills irrespective of background.		
Performance Indicators	Indicator	Baseline	Target
	Percentage of staff from an ethnic minority background that work in the CYPS.	TBD	TBD
	Percentage of staff with a disability that work in the CYPS	TBD	TBD
	Percentage of pupils with a statement of SEN as proportion of all pupils with a SEN statement educated in mainstream schools.	50	30
	Percentage of Schools that have achieved the PSD Bronze Race Equality Standard	33	100
	Final warnings and convictions of looked after children	4.9	2
Strategy	Develop and implement coherent equality, diversity and inclusion strategies. Implement the SEN Strategy. Promote the Personal Social Development framework in all schools. Implement the 14-19 Strategy. Implement the Youth Justice Plan. Develop play and leisure opportunities for children and young people with disabilities that are accessible, flexible and fun. Continue to develop of the flexible short break support service for children and young people with disabilities.		
P/2: Engaging Children and Young People			
Need	To understand and meet the needs of children and young people, their families and communities we need to establish a culture of participation, to become a child and young person focussed organisation where they are listened to and take an active involvement in decisions that affect their lives, families and communities.		
Objective	To have a clear and visible commitment to involving children and young people in identifying their needs and designing services. Value their involvement. Monitor and evaluate the degree to which children and young people's participation occurs across the CYPS.		
Performance Indicators	Indicator	Baseline	Target
	Increase the percentage of looked-after-children participating in statutory reviews	64	95
	Participants gaining an accredited outcome (evidence of personal achievement/learning)	1329	1600 (2010)
	Participants gaining an accredited outcome (nationally recognised award with currency outside of youth work and linked to education, employment or training)	485	800 (2010)
	Percentage of 13-19 population participating in youth work	11.4	15 (2010)
	The number of play schemes/leisure activities that meet the needs of children and young people with disabilities and learning difficulties.	Measure TBD	TBD
Strategy	Prepare and implement the Youth Service Development Plan. Implement the Participation Strategy and increase opportunities for children and young people		

P/1: Inclusion	
	to be consulted and actively involving in decision making about services and how their needs can best be met, including meeting the needs of children from vulnerable groups.

Achieve Economic Well-Being:

Provide the context in which Trafford's children and young people can achieve their optimum economic potential – be well educated, participate and succeed in ongoing training/higher education/employment and able to sustain a good standard of living.

Trafford is a generally buoyant and affluent Borough, but with some significant areas of deprivation. This is influenced by the Council and its partners who work together to ensure that the Borough has a unique and supportive infrastructure to attract inward investment. The majority of young people go on to post-16/further education or employment. Within Trafford there are, however, neighbourhoods and communities where there is significant deprivation. The Council and its partners are working towards closing socio-economic, education and health inequalities.

Strategic Priorities

W/1: Prepare young people for post 16 education, employment and training			
Need	Trafford has high rates of employment and is a net importer of workers. There are also high and improving numbers of 16-18 year olds in employment, education and training. However, there is a small minority of young people for whom outcomes at 16 are poor and who are not in employment, education or training. We need to support 14 to 19 year olds prepare for the world of further education (post-16), higher education and work so that they can realise their full potential		
Objective	Deliver a strategy for 14 to 19 year olds and beyond, which will realise the potential of all our young people, and especially those most vulnerable, through flexible educational provision, employment opportunities and training opportunities innovative schemes creating the workforce, managers, leaders and entrepreneurs for tomorrow.		
Performance Indicators	Indicator	Baseline	Target
	Schools with sixth forms: average point scores of students entered for GCE/VCE A/AS	87.8	92
	Percentage Curriculum programmes for students aged 14-19 in schools and colleges judged satisfactory or better	75	85
	Percentage of young people aged 16-19 who are not in education, employment and training	5.9	2
	Percentage of looked-after-children in education, employment or training	55	90
	Work based learning success rates for Trafford 16-18 year olds	54	TBC
Percentage of Apprenticeships framework completions	36	TBC	

W/1: Prepare young people for post 16 education, employment and training			
	Percentage of 19 year olds achieving a Level 2 qualification	71	TBC
Strategy	Develop, implement and monitor the 14-19 Strategy, ensuring our commitment to young people through the delivery of national developments and policies, e.g. 4-19 Implementation Plan. Undertake annual reviews of the 14-19 curriculum which include views of young people. Ensure our commitment to the delivery of the learner entitlement, focusing, in particular, on the needs of vulnerable and minority groups. Commission provision to fill gaps identified by 14-19 curriculum reviews. Target the recruitment of groups under-represented in education and training post 16. Establish a robust quality assurance framework to support the 14-19 Strategy.		

W/2: Transition to adult life			
Need	The majority of young people make the transition to adulthood supported by their friends and families. For a smaller group additional support is needed, these include care leavers and young people with learning difficulties and disabled young people. Semi-independent support for teenage parents is in-place but the housing needs of 16-17 year olds and care leavers pose specific problems in Trafford where a buoyant market has led to high house prices. There are areas of the Borough (e.g. Partington) where the availability of public transport is limited and this restricts access to services for young people and families.		
Objective	Provide appropriate transitional support and arrangements for vulnerable groups. Increase the take up of direct payments. Improve access to suitable housing for homeless young people, young mothers and care leavers. Improve access to and availability of public transport for young people.		
Performance Indicators	Indicator	Baseline	Target 2011
	Young people and families with disabilities receiving direct payments	11	TBC
	Percentage of young people requiring emergency accommodation placed in supported accommodation	TBD	TBD
	Percentage of children and young people living in Trafford in unfit homes or in overcrowded housing	6.7	4
	The percentage of young people with a disability or learning difficulty that have a person centred plan	TBD	100
	Number of unfit properties in Trafford	5, 193	TBC-meet decent home standards 2010
	The percentage of young people with a disability or learning difficulty that have accessed work-based learning	TBD	TBD

W/2: Transition to adult life	
Strategy	Develop a multi-agency transition service for children with disabilities and learning difficulties with joint planning and commissioning. Continue to promote the direct payments scheme. Support and monitor the progress made by the Supporting People and Homelessness Strategy and Black and Minority Ethnic Communities Housing Policy. Work with other council services, local partners, including Residential Social Landlords to promote the accommodation needs of children and young people and families. Advocate the needs of children and young people in relation to key services and resources (housing, transport, benefits, and community regeneration). Analyse the transport needs of young people in the Borough. Work with partners, including the Greater Manchester Transport Executive to improve access to and availability of public transport. Engage actively involvement with LSC, colleges, local and regional businesses to support and deliver on the Economic Development Plan, LSC priorities and Greater Manchester Skills priorities increasing thereby the opportunities for Young People to gain access to work and set up their own businesses.

4. DELIVERY AND ORGANISATIONAL CHANGE

To deliver bright futures for children and young people in Trafford we need to have as a priority the introduction of new ways of working that focus on the needs of children and young people and their families; facilitate and ensure services are accessible, inclusive, participative, equitable and accountable. They need to be organised in such a way that there is maximum vertical and horizontal integration across traditional professional boundaries.

In December 2004, Sinead Brophy Consulting Limited was commissioned jointly by the Council and Primary Care Trusts to bring forward proposals for establishing integrated multi-agency teams and the commissioning, governance and management arrangements to support these. The key recommendations of Sinead Brophy's Report, which was published in April 2005, have been agreed by the Council's Executive; and the Boards of the Primary Care Trusts, Healthcare NHS Trust and Trafford CYPS Limited. There is, therefore, clear multi-agency agreement to:

- an *integrated service delivery process*, which combines the information, referral, assessment and tracking systems and procedures of all the different agencies and services. We call this the IIRAT (Integrated Information, Referral, Assessment and Tracking);
- establishing the following integrated *multi-agency teams*:
 - Referral and Initial Assessment;
 - Family Support (three teams);
 - Children with Disabilities; and
 - Looked-After-Children and Young People.
- setting up the following multi-agency groups to oversee the *commissioning, governance and management* of these teams and other services for children and young people (Figure 3):
 - Strategic Partnership Board;

- Executive Group;
 - Local Safeguarding Children's Board;
 - Stakeholder Forum; and
 - Cluster (area) Conferences.
- a *Performance Management* framework to assure quality and continuous improvement of services.
 - a *Workforce Development* Plan to ensure we recruit and retain the best staff and improve their knowledge and skills through training and professional development.

A Project Board of Council and Health senior managers has been established to co-ordinate the implementation of the above arrangements. A detailed project plan with timescales has been put together. In addition, work is being conducted to develop an accommodation plan that will help determine what opportunities exist to locate services in the Borough so that they are accessible and provide suitable accommodation for multi-agency teams. The Project Board is preparing detailed proposals for establishing the multi-agency teams (roles, professional areas to be covered, current services that will be part of the teams, functions, management and staffing structures) and the multi-agency groups that will provide commissioning, governance and management (role, membership, reporting arrangements, frequency of meetings, chairing arrangements).

Strategic Partnership Agreement

The strategies and plans to move to integrated multi-agency services for children and young people will be underpinned by a Strategic Partnership Agreement across the main agencies. This will provide a unified direction and agreed strategic agenda for change – with integrated services being commissioned, provided and performance managed.

The Strategic Partnership Agreement will be supported by specific protocols agreed by the partners to ensure robust and systematic corporate, professional and clinical governance in line with local government and NHS requirements. . This will provide accountability and ensure competent and safe professional practice. All services will be subject to comprehensive specification, service level agreement or contract, and will be monitored and reviewed systematically.

Integrated Service Delivery Process

Each of the separate services currently has its own way of providing services to children, young people and their families. These can be broken down into a number of different steps or procedures for accessing and receiving services, including the collection, recording and use of information; referral; assessment; case management; support planning; delivery of services and support; tracking, monitoring and review. Children and young people and their families, particularly those with complex needs, are often supported by several agencies. This results in un-coordinated, fragmented services to children, young people and families. If we are to deliver more coherent and integrated services it is necessary to bring together the different service delivery processes operated separately by each agency/service into a single integrated process.

In the future, therefore, support and services for children and young people and their families will be organised through a single integrated process (IIRAT). This will bring together the plethora of referral and assessment systems currently in place and be in in-line with the Government initiatives e.g. Common Assessment Framework (CAF), Integrated Children System (ICS) and Electronic Social Care and Patient Record. The IIRAT will provide easier access to services through co-ordinated referral points; multi-agency services, sharing and use of information; and single case management for each child/young person and family with complex needs (including a lead professional, single assessment and support plan, and co-ordinated support and services).

Multi-Agency Teams

Referral and Initial Assessment Team

This team will provide a whole-Borough fully integrated, multi-agency service, providing access to the full range of children and young people's services. The usual access routes to universal services, schools, colleges, GPs etc. will remain in place, but where concerns are raised or additional needs are identified access to services will be simple, directed at the and co-ordinated. The team will provide information, advice and guidance; initial assessment; signposting and referral to other services and multi-agency teams.

It is proposed that the Multi-Agency Referral and Initial Assessment Team (MARIAT) will be formed from enhancing the current Children's (Social Care) Duty and Assessment Team (CDAT) with professionals from other agencies and services.

We intend to establish this multi-agency team by 31 December 2006.

Family Support Teams

A fully integrated, multi-agency, area-based Family Support Team will coordinate and deliver support services to meet the full range of needs of those children and young people and their families assessed as 'in need'. This will involve providing the lead professional role for individual children, young people and families; undertaking and coordinating specialist assessments; co-ordinating Integrated Support Plans; and co-ordinating the delivery of services. Analysis of need and staffing resources has led us to believe that three teams covering three distinct areas of the Borough would be the most appropriate. These teams will be linked to the 'Managed Networks of Local Services' and Cluster Conferences.

We plan to establish the Family Support Teams in three phases. Phase 1 will be to organise existing services organised around the agreed geographical areas by 31 December 2006. Service teams not being incorporated into the Family Support Teams will also work towards co-terminosity with these geographical areas. Phase 2 will be to co-locate agreed staff into service area teams with: each area led by a single manager. The target date for phase 2 is 31 March 2007. Phase 3 will be the establishment of fully integrated area-based Family Support Teams.

We intend to establish complete this process by 31 July 2007.

Children with Disabilities Network and Team

The Children with Disabilities Services Network will bring together the different service providers in education, social care, health, voluntary sector and parents. The Network will support the establishment and development of an integrated multi-agency service for children and young people with disabilities and learning difficulties to replace the existing set of fragmented services. The Network will focus on a number of issues to improve services including co-ordination across agency boundaries; eliminating duplication and inefficiencies; creating common access/threshold criteria and assessments; equality of access; under-provision for children with autistic spectrum disorders; transition to adult services; respite care provision/‘short break’ service; and increasing take-up of Direct Payments. The approach will focus on the development of a co-located integrated multi-agency Children and Young People’s with Disabilities Team, at the core of a managed network of providers.

We intend to establish this Network by 30 September 2006.

A fully integrated, Borough-wide Integrated Multi-agency Children and Young People with Disabilities and Learning Difficulties Team will coordinate family support services in order to meet the full range of identified need and ensure the safeguarding, participation and opportunity for this vulnerable group. The Team will provide general advice, advocacy and information to children and young people with disabilities and learning difficulties and their families alongside individual support for those children and young people with complex needs. Their main role will be to act as Lead Professionals.

We intend to establish this multi-agency team by 31 March 2007.

Looked-After-Children’s Team

A fully integrated multi-agency service will co-ordinate support services to meet the full range of needs of those children and young people looked-after. It will ensure that all children and young people looked-after are appropriately supported with first class services and placements so that they achieve high quality outcomes. Their main role will be to act as Lead Professionals for individual Looked-After-children and young people, manage the Adoption and Fostering Agencies, Care Leavers Service, and in-Borough residential provision.

We intend to establish this multi-agency team by 31 March 2007.

Commissioning, Governance and Management

In order to ensure that the multi-agency teams provide high quality services and are properly accountable there is a need to set up effective commissioning governance and management arrangements. The commissioning, governance and management functions are thought to be best exercised through a number of groups all reporting to a Strategic Partnership Board, which will have overall responsibility for the multi-agency services (Figure 3). The proposed role, membership and how these new groups will work are described below.

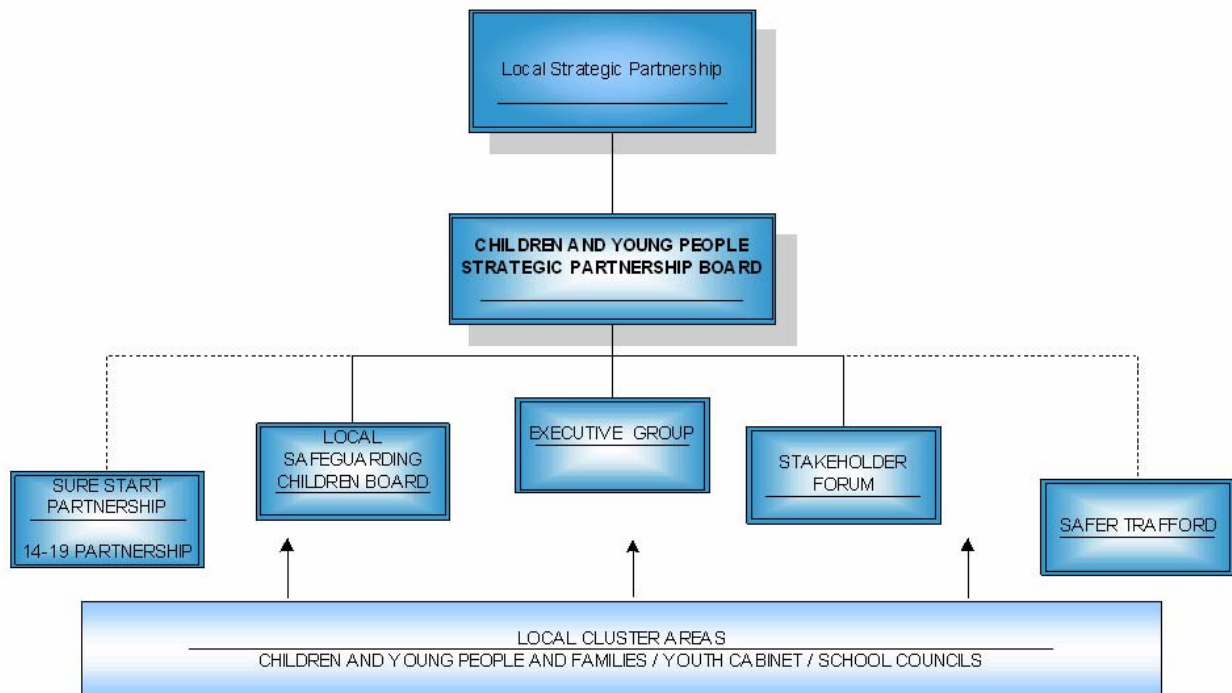
Strategic Partnership Board

The independently chaired Local Strategic Partnership (LSP) and the Community Strategy act as the key coordinating and 'direction setting' vehicles across the Borough and the work of children and young people's services will be both guided and be influenced by this group. Our commissioning framework, therefore, complements the LSP development through a long established and well developed Children and Young People's Strategic Board to drive improvements in service delivery.

The Children and Young People's Strategic Partnership Board (CYPPSPB) will drive implementation of integrated multi-agency services and teams, the planning and commissioning of children services, and the active engagement of children and young people in Trafford. The CYPPSPB will determine commissioning priorities, commit resources and funding at the strategic level, set local priorities, oversee performance of the integrated multi-agency services and teams that have been commissioned.

It is being proposed that the membership of the Strategic Partnership Board include an Independent Chair, and representatives from the Council, Primary Care Trusts, Healthcare NHS Trust, young people, parents and carers, voluntary and community sector, schools, colleges, police, Learning and Skills Council, and the chairs of the groups linked to the Board

Figure 3: Governance Framework



The Strategic Partnership Board will report to the Executive of the Council, and the Boards of the PCTs and Healthcare NHS Trust. The Board will also send reports for information and work actively as part of the Local Strategic Partnership

It is being proposed to have an Independent Chair to ensure due impartiality, scrutiny and rigor of decision-making. The Independent Chair for the Strategic Partnership Board would sit on the LSP Board. The Chair will be appointed jointly by the Council, PCTs and Trafford Healthcare Trust following consultation with the other members of the CYPSPB through an open and transparent recruitment process.

Executive Group

The Strategic Partnership Board will be supported by an Executive Group responsible for executive decision-making on behalf of the Partnership; day-to-management of the services as commissioned; committing operational resources/funding including human resources; and performance management.

It is being proposed that the membership be the existing senior management team of Trafford Children and Young People's Service and senior managers from Health. There is also scope, subject to discussions with the voluntary sector, for (a) voluntary sector senior manager(s) to be on the Executive Group.

The Executive Group will report to the Children and Young People's Strategic Partnership Board and the Chief Executives of the Council, PCTs and Trafford Healthcare NHS Trust.

It is proposed that the Executive Group be chaired by the Executive Director Trafford Children and Young People's Service.

Local Safeguarding Children's Board

Trafford's Local Safeguarding Children's Board (LSCB) has been established in accordance with statutory requirements³. This operates from April 2006 and takes over from the Area Child Protection Committee. The primary role of the LSCB is to ensure the effectiveness of work to safeguard and promote the welfare of children, both in multi-agency work, and in the work of individual agencies. The Trafford LSCB is an independent body and is part of the overall multi-agency commissioning, governance and management arrangements for children and young people's services in the Borough. To ensure linkage between the LSCB and the main Strategic Partnership Board the Chair of the LSCB will serve as a member of the main Strategic Partnership Board.

Stakeholder Forum

The Stakeholder Forum will act as a vehicle for the participation of all stakeholders. The Forum will be able to make recommendations to the CYP Strategic Partnership Board.

³ Section 14.1 of the Children Act 2004

Membership of the Forum will include representatives of service users (children, young people, parents and carers), the voluntary and community sector, early years settings, schools, colleges, police, health and Council.

The Stakeholder Forum will report to the Strategic Partnership Board.

It is being proposed that the Stakeholder Forum will be chaired by a member of the Strategic Partnership Board nominated by the Board.

Cluster Conferences

The 'Managed Networks of Local Services' and Cluster Conferences will be organised around the same geographical areas as the Multi-Agency Family Support Teams. The 'Managed Network of Local Services' enables a wider representation of statutory bodies and the voluntary sector to engage with and enable local residents, including children and young people, to identify their own needs and priorities and to influence the design and delivery of local services. It also provides the vehicle for better co-ordinating the delivery of services at a community and neighbourhood level.

Cluster conferences will involve representatives of local children and young people; parents, carers and families; ward councillors; voluntary sector and community services and groups; statutory services including schools; early years settings; primary care providers; youth centres and street-based teams; and police. The Cluster Conferences will develop plans for local networks of services in each of the geographical areas to meet the specific needs of the local population.

The Cluster Conferences will report to the Children and Young People's Strategic Partnership Board.

It is proposed that each of the Cluster Conferences will be funded and chaired by a person nominated by the Strategic Partnership Board. Accountability will also be met by direct contact with children, young people and families, the Youth Cabinet and School Councils.

5. WORKING IN PARTNERSHIP

The agenda for change is radical, complex and it will take time. Significantly, no single agency can deliver it alone. Existing partnerships need to be further developed and new partnership will need to be established.

Partnership with Children Young People and Families

Enabling children, young people and their families to have a direct influence on the planning, commissioning and delivery of services is essential but is often difficult to achieve.

We aim to ensure that partnership with children and their families is 'locked in' at the strategic level e.g. there will be children and young people represented on the Strategic Partnership Board and representation of young people, including the Youth Cabinet, on the Stakeholder Group and

at local Cluster Conferences. We will seek the advice of children and families in relation to specific issues at particular times rather than establishing a network of 'standing groups', which tend to lose momentum and lack impact. Consideration will be given to compensating children and families for the time they contribute.

All service plans will be required to explicitly incorporate evidence of the views of children, young people and their families.

We will identify and support a group of children and young people to form an editorial board, to produce an accessible, 'child and young person friendly' version of the Children and Young Person's Plan.

Partnership with the Voluntary and Independent Sector

We view the voluntary and independent sector as important and equal partners, bringing added value to the statutory agencies through their advice, expertise, skills and innovation across child care services. Trafford's voluntary organisations have particular skills in the development of preventative services and identifying local need. They are often especially well placed to reach marginalised children, young people and families and advocate for their needs.

To ensure that the relationships between the voluntary sector and statutory agencies are embedded and represent a true partnership, rather than an add-on to consultative exercises, a range of opportunities for dialogue and participation need to be fostered and embedded in working practices.

The voluntary sector's contribution at the strategic level will be welcomed and enabled through inclusion of the appropriate voluntary sector representation on the Strategic Partnership Board and its sub-groups. Voluntary and independent organisations will have an important contribution to make to commissioning via the Board and sub-groups. At the local level, the Cluster Conferences will provide a clear route in to planning and commissioning local services. In addition, statutory agency representatives will link, visit and meet more frequently with voluntary groups

We are committed to developing a mixed economy of services, based on principles of mutuality, respect and trust – with no presumption that in-house services are necessarily either superior or inferior, or that external services are to be used only where there is no choice or to supplement under-provision.

We will look to develop partnership working that is characterised by open and transparent arrangements including, service level agreements and contracting practices which specify the outcomes to be achieved; arrangements for and information on funding opportunities; monitoring and performance review; dispute resolution and contract review processes and we would wish to support and promote the activities and positive contribution of the voluntary sector.

Partnership with Local Communities

Local communities need to have a greater say in determining their needs and support to identify local solutions. Cluster conferences will contribute to local planning and commissioning and will

include representation from community groups and ward councillors, in their role as leading advocates for their communities and representatives of the local democratic process.

The Local Strategic Partnership plans will be particularly important here to link children and young people into the wider arena of neighbourhood regeneration, job creation and expanded local leisure facilities. This will include issues related to the local environment including housing, crime and safety and transport.

Partnership with staff

We recognise the need to protect and sustain individual professional identities whilst at the same time promoting the development of a more flexible and integrated work force.

We will develop a joint training function across children and young people's services to promote understanding across the agencies and break down professional and organisational barriers. Key common training needs are likely to include:

- child protection;
- early identification and prevention;
- referral and information sharing processes;
- multi-agency working;
- behaviour management;
- equality and diversity;
- working with hard to engage families;
- dealing with violence and aggression;
- performance management;
- business Planning; and
- health and safety.

We will work across statutory and non-statutory agencies to put in place a Children's Workforce Development Strategy.

6. PERFORMANCE MANAGEMENT

An inter-agency, outcome-focused, simple performance management process will be developed and agreed between the Council, PCTs, Healthcare NHS Trust, voluntary sector and other partners. A significant feature of any development will be the ability to regularly and easily provide accessible information to stakeholders and the public on how we are doing

The framework will comprise of a hierarchy of performance and management information, which meets the needs of the different stakeholders and external audiences, including external inspection and performance reporting processes of the Department for Education and Skills (DfES), Department of Health (DoH) and Youth Justice Board (YJB). Through a wide range of consultative and participative work with children and young people combined with performance data and comprehensive monitoring and evaluation of services an extensive array of information will be available to the Partnership. This information will enable a comprehensive reporting

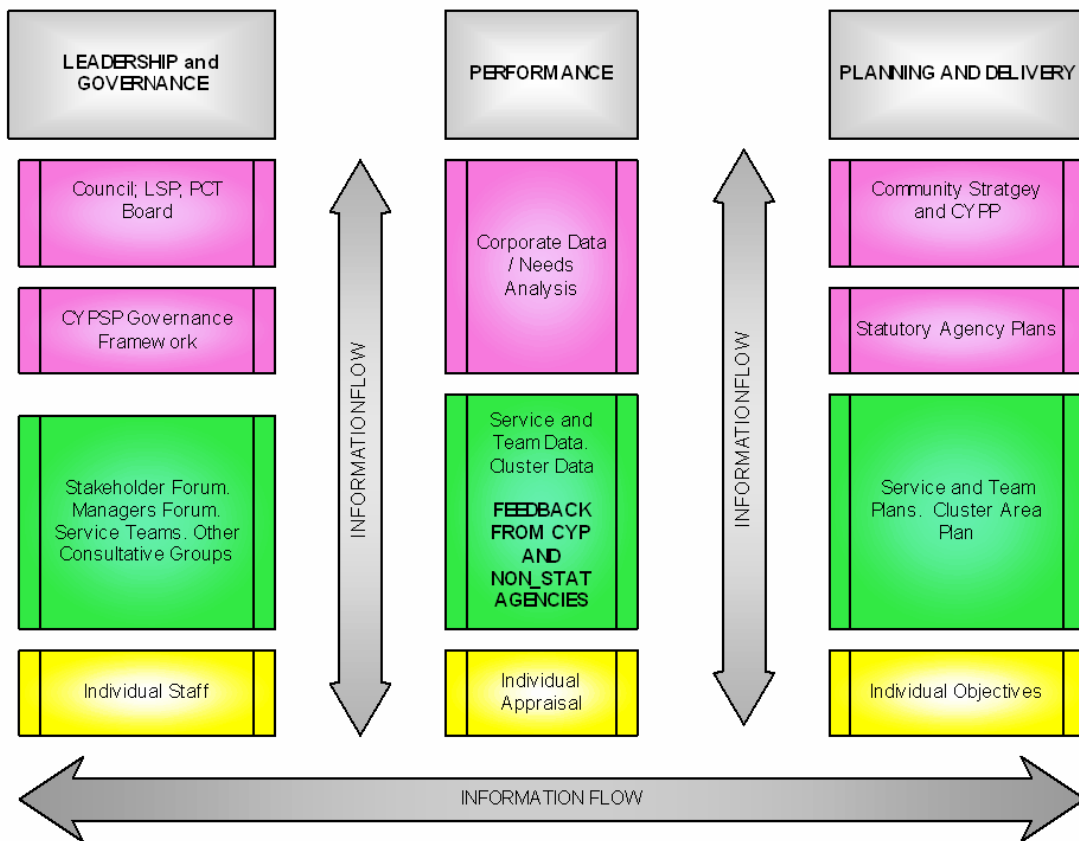
framework that will not only meet the needs of the different agencies but also facilitate the commissioning and planning process.

Service and team business plans and cluster plans will link to the priorities set out in the CYPP and the commissioning arrangements will set out the purpose of the service with clear performance objectives and performance measures, detailing the contribution they will make to improving outcomes across the five Every Child Matters outcome areas, national and local priorities. In turn, these plans will inform the management and development of individual staff, through the annual performance and appraisal process.

This performance management process will be supported by an integrated information management processes across the agencies. It is suggested that Trafford’s Children and Young People’s Service and corresponding Health information management are integrated, building on the successful merging of the Children’s Social Services and Education information units already accomplished, to develop shared information management processes for children and young people to underpin the delivery of integrated services within the constraints imposed by national direction. This unit will maintain the security and integrity of the information, maintain the Client Index, ensure no children are lost in the system and monitor performance. In addition, it will continue to support schools and other agencies in the use of performance data to improve outcomes and working practices. Quality assurance mechanisms will be developed in partnership with other agencies supported by the Service Improvement and Safeguarding team.

The expected constituent parts of a simple performance management process are illustrated in Figure 5 below.

Figure 5: Simplified Model for Performance Management



7. HOW WILL WE KNOW WE ARE MAKING A DIFFERENCE?

Within the Children and Young People's Plan detailed performance measures are listed but simply we will be making progress when:

- the general health, psychological well-being and mental health of all children and young people is good and inequalities have reduced;
- there is a reduction in the number of vulnerable children, young people and families
- educational standards rise for all;
- there is a reduction in the actual crime and fear of youth crime and nuisance and we recognise and give credence to the non-academic achievement of children and young people; and
- there is improved and easier access to a range of services within each local community.

And most importantly we will know we are making progress when children and young people **TELL US** that they are healthier; that they feel safer; are enjoying and achieving to their potential; making a positive contribution; live in economically prosperous environment; and look forward to a bright future.

We will not achieve these improvements alone and all involved in or interested in the development of services for children and young people can play a part.

We are committed to maintaining the dialogue with you on our progress and hearing your views. We are looking forward to hear from you.

Any feedback on this plan *or* if you have *any other comments* on services for children and young people please send them to:

Brightfutures@Trafford.gov.uk

APPENDIX 1: SUMMARY OF PRIORITIES

1. Improving mental health, behaviour, social and emotional needs
2. Reducing poor physical health particularly that caused by obesity, misuse of drugs and alcohol, and sexually transmitted infections
3. Reducing teenage pregnancy rates
4. Improving life chances of looked-after-children and young people
5. Protecting children and young people from abuse and harm
6. Improving access to and the quality of integrated early years services
7. Raising educational attainment of those who under-achieve and with special educational needs
8. Promoting equality for those from Black and Minority Ethnic communities and with disabilities
9. Engaging children and young people in identifying their needs and designing services
10. Helping 14 to 19 year olds prepare for the world of further education (post-16), higher education and work so that they can realise their full potential
11. Providing support for young people moving into adult life particularly those who are most vulnerable
12. Delivery and organisational change: the setting up of integrated multi-agency services and teams to increase and improve the support to children, young people and their families; preventing children and young people from developing serious problems.

APPENDIX 2: GLOSSARY of GENERAL TERMS

Term	Definition
ABCs	Acceptable Behaviour Contract
ACPC	Area Child Protection Committee
ADSS	Association of Directors of Social Services
ALI	Adult Learning Inspectorate
APIR	Assessment Planning Implementation and Review
ASBO	Anti-Social Behaviour Order
BEST	Behaviour, Education Support Teams
BME	Black and Minority Ethnic
CAFCASS	Children and Families Court Advisory and Support Service
CAMHS	Child & Adolescent Mental Health Service
CHAI	The Commission for Healthcare Audit and Inspection
CLA	Child Looked After (includes Children In Care)
CME	Children Missing from Education
CAF	Common Assessment Framework
CSCI	Commission for Social Inspection
CYPP	Children and Young People Plan
CYPSP	Children & Young Peoples Strategic Partnership
DCS	Director of Children's Services
DfES	Department for Education and Skills
ECM	Every Child Matters
ESCR	Electronic Social Care Record
EPR	Electronic Patient Record
EYDCPs	Early Years Development and Childcare Partnerships
HM CPSI	HM Crown Prosecution Service Inspectorate
HMIC	HM Inspectors of Constabulary
ICS	Integrated Children System
IDeA	Improvement and Development Agency
IICS	Integrated Inspection of Children's Services
IIRAT	Integrated Information Referral Assessment and Tracking
ISP	Integrated Support Plan
JAR	Joint Area Review
LAC	Looked After Children
LSC	Learning and Skills Council
LSP	Local Strategic Partnership
LSCB	Local Safeguarding Children Board
MARIAT	Multi-agency Referral and Initial Assessment Team
MDS	Multi-disciplinary Service
MCSI	HM Magistrates' Court Service Inspectorate
NatPaCT	National Primary and Care Trust Development Programme
NSF	National Service Framework for Children, Young People and Maternity Services
PCT	Primary Care Trusts
PSD	Personal Social Development
PSHE	Personal Social Health Education
PSP	Pastoral Support Plans
RSL	Registered Social Landlord
SEN	Special Educational Needs
SSC	Sector Skills Council

Term	Definition
SSDA	Sector Skills Development Agency
SHA	Strategic Health Authority
TBD	To be determined
TBC	To be confirmed
YJB	Youth Justice Board (England and Wales)
YJS	Youth Justice System
YOTs	Youth Offending Teams