



Trafford CYPS brings together council and health services to improve outcomes for children, young people, their families and schools.

# BRIGHT FUTURES FOR ALL CHILDREN AND YOUNG PEOPLE

# THE TRAFFORD WAY



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## INTRODUCTION

1. In Trafford we have created a multi-agency service for children and young people in the Borough, *Trafford Children and Young People's Service* (CYPS). CYPS is a service jointly governed and managed by the Council, PCT and Healthcare NHS Trust. It aims to improve quality of life outcomes through bringing different agencies and services together to provide a more 'joined up' service for children, young people and their families, through:
  - joint commissioning arrangements
  - the operation of a single integrated service delivery process (IIRAT: Integrated Information, Referral, Assessment and Tracking)
  - the setting up of a number of multi-agency services and teams and
  - joint governance and management, including the joint appointments of senior managers and managers
2. CYPS has responsibility for:
  - all the main education (including schools), health and social care services for the 53,000 children and young people in the borough
  - a gross revenue budget of over £220m
  - a capital programme of £36m
  - 1,700 directly managed staff and 3,700 school-based staff
3. The establishment of the CYPS represents major change and we have managed this over a period of time with full consultation with managers and staff at each stage. The Council and Health staff coming together as part of this new service includes those who:
  - ensure the best start in life for our youngest children - including health visitors, children centres, childcare and play staff
  - promote and look after children's physical health - including several nursing teams, paediatricians, services for children with disabilities and a range of therapy services (speech and language, physiotherapy, occupational therapy and orthoptics)
  - work with young people with mental health needs (psychiatrists, psychologists and other professionals)
  - provide a wide range of services to children, young people, schools and early years settings to enable high education outcomes. These cover school organisation (determining the number and size of schools), admissions, education welfare

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(tackling non-attendance), school improvement services, study centres and extended school services, business support for schools and special educational needs

- have lead responsibility for children and young people's safety and protection from physical, sexual and emotional abuse and harm - including staff in the multi agency referral and assessment team (formerly CDAT), social work family support teams, council and health safeguarding teams and
- prepare young people for work and adult life including youth service, Connexions and youth offending service staff

This includes all support, administrative and clerical staff that are part of and/or provide support to the above service teams.

4. Several multi agency services have been established including:

- Multi-Agency Referral and Assessment Service (MARAS);
- Three area-based Multi-Agency Family Support Services;
- Multi-Agency Service for Children with Complex and Additional Needs (Disabilities);
- Multi-Agency Children-in-Care Service;
- Integrated Council/Health Information Service;
- 14 Children's Centres;
- Youth Offending Service; and
- Child and Adolescent Mental Health Service.

## **WHY WE ARE DELIVERING SERVICES DIFFERENTLY**

5. Trafford's children and young people will shape and influence the future of the borough and 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.

6. We asked three key questions:

- How do we improve quality of life outcomes for children and young people, particularly for those who are vulnerable and with poor outcomes?
- How do we stop the transfer of vulnerability and poor quality of life outcomes from one generation to the next?
- How do we bridge the equalities gap?

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7. We sought to develop a different approach that was:
- *Strategic and Systemic* – looking at all children’s needs and the whole system that seeks to meet these needs;
  - *Preventative* - how we prevent children developing serious problems;
  - *Child/Young Person Focused* - looking at the child/young person as a whole; not in professional compartments or as a label. Identifying and meeting their full needs in a holistic way;
  - *Family Focused* – seeking to positively influence children’s experience within their family environment; and
  - *Integrated Multi-Agency* – services organised around the child/young person/family; and breaking down silos, whether based around professional groupings, age, need, labels or geography
8. Historically a fragmented and disjointed service had been provided for children and young people. This has not served children, young people and their families, particularly those with complex needs, well. The fragmentation of services in many cases acted as a major barrier to providing the coherent service required to effectively meet the needs of children, young people and their families. This is particularly the case for those children and young people who have complex and multiple needs where several agencies are involved. There are many examples of up to 20 separate agencies being involved with one family. Experience shows that seeking to co-ordinate the efforts of these agencies consumes substantial resources, particularly staff time involved in meetings and planning, often with little value being added for the service user(s). These experiences have convinced us that a full integration of the different services is essential to achieve significant improvements in the service and support for children, young people and their families, particularly those who are vulnerable. The feedback from our extensive consultation over the last nine years overwhelmingly supports the view that the current fragmentation of services does not serve children, young people and their families well, and that a far more integrated approach is needed.

## JOINT COMMISSIONING

9. Commissioning of education, health and social care services is the responsibility of a Joint Commissioning Board and a Joint Commissioning Team (managed within CYPS).
10. Full service specifications for 28 service areas have been prepared.

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## INTEGRATED SERVICE DELIVERY PROCESS

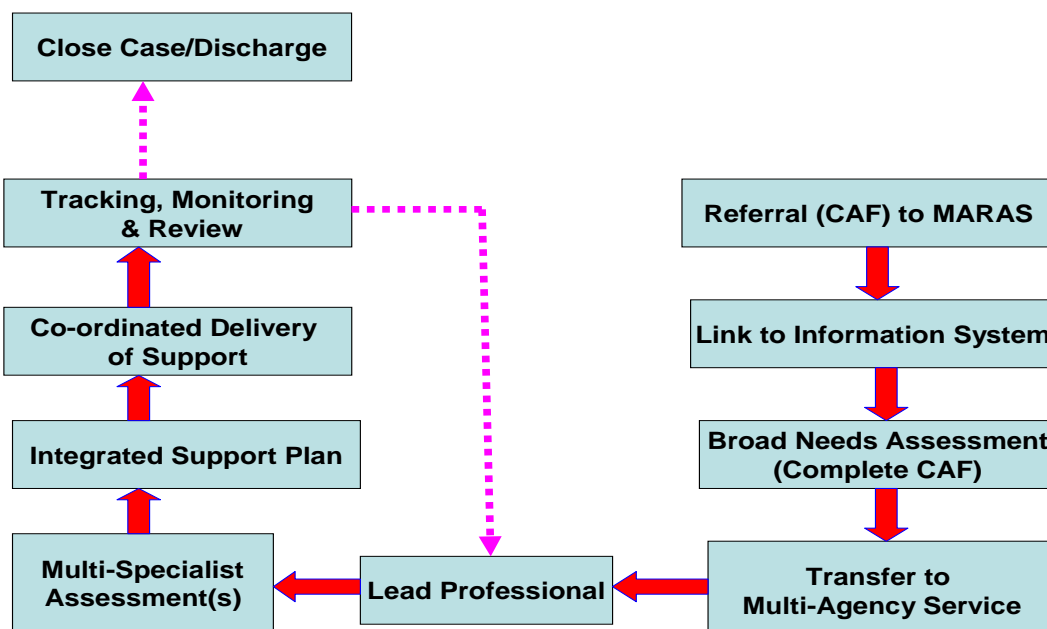
11. Each of the separate services currently has its own way of providing services to children, young people and their families. These can be broken down into a number of different steps or procedures for accessing and receiving services including the collection, recording and use of information; referral; 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, have been supported by several agencies. This resulted in un-coordinated fragmented services to children, young people and families. To deliver more coherent and integrated services it is necessary to bring together the different service delivery processes operated separately by each agency into a single integrated process.
12. In the future, therefore, support and services for children and young people and their families will be organised through a single integrated process - Integrated, Information, Referral, Assessment and Tracking (IIRAT). This brings together the plethora of referral and assessment systems currently in place and be in in-line with the Government's Common Assessment Framework (CAF). The IIRAT will develop easier and co-ordinated access to services through a single referral point; multi-agency collection, 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).
13. We have developed a model for developing the integrated multi-disciplinary service. This involves replacing the several separate processes that exist at the moment for assessing, planning for and meeting the needs of individual children and young people, with a single integrated process - Integrated Information, Referral, Assessment and Tracking (IIRAT). Procedures for how the IIRAT will work have been drawn up. The IIRAT process can only work effectively if it is managed through Multi-Agency Services and Teams.
14. Since late 2000 a range of partners have been working together to develop an integrated multi-agency service for children and young people. From the outset it was recognised that the multiplicity of processes for referral, assessment and service delivery resulted in:
  - un-coordinated and fragmented services for children, young people and their families;
  - no single professional or service having a comprehensive picture of a child/young person's needs;

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- parents (often single and/or very vulnerable) having to try and manage and make sense of a relationship with several professional agencies;
  - the inefficient use of resources with replication of work particularly in relation to assessment and case management;
  - assessments used often to 'gate-keep' children and young people's access to services rather than to aid better understanding of their needs;
  - re-active rather than preventative interventions;
  - limited or no information sharing between services;
  - a disproportionate level of resource used for assessment and case management and too few resources available for delivering services to support the assessed need of children and young people; and
  - substantial management and staff time being used attempting to get professionals from different services working in a co-ordinated way in respect of individual children or families, with little added value being achieved.
15. This has led us to conclude that a fully integrated multi-agency service for children, young people and their families was needed, and that this could only be achieved through bringing together all the service processes used by the different services into a single integrated process – IIRAT (Integrated Information, Referral, Assessment and Tracking).
16. The overall aim of the IIRAT is to ensure that every child/young person who may be vulnerable, in need, or at risk is identified early and assessed in a timely and coherent way and provided with co-ordinated package of services and support to meet their needs and improve outcomes. The IIRAT incorporates the Government's requirements in respect of the Common Assessment Framework (CAF), ContactPoint, Lead Professional, Information Sharing and Electronic Social/Health Care Record, and includes:
- all professionals who identify children and young people as vulnerable, in need or at risk, to log their concern via a shared system and contact with the Multi Agency Referral and Assessment Service (MARAS) and Team (MARAT);
  - a single assessment process incorporating the assessment requirements of all services with common threshold criteria;

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- staff working with an individual child or young person accessing all relevant information stored on that child or young person, through processes which are compliant with data protection legislation;
  - the identification of the various services which are or should be working with a child, young person or family, or are known to other agencies, and whether existing support services need to be enhanced or better co-ordinated;
  - timely referrals made to appropriate agencies and service providers;
  - gaps in provision to be identified and fed into the commissioning process; and
  - lead professionals and key workers to track children and young people to monitor progress and outcomes.
17. The IIRAT is a single process, replacing several separate processes that existed previously with a single integrated process. It is a means by which the previous fragmented approach is rationalised for the benefit of children, young people, their families and staff. This is represented in diagrammatic form below:



18. Detailed operating procedures prepared and are have been piloted in the West Area from 1 February and then across Borough from April 2010.

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## MULTI-AGENCY SERVICES

19. The following services from the Council, PCT and Healthcare Trust are now part of the multi agency service Trafford Children and Young People's Service:

- *Council*  
Children with Disabilities (Social Care) Team; Children's Duty and Assessment Team; Children's/Family Centres; Connexions; Education Psychology Service; Education Welfare Service; Looked-After-Children (Social Care) Services; School Improvement; SEN Assessment Team; Sensory Impairment Service; Social Work Teams; Youth Offending Service; Youth Service
- *Primary Care Trust/Healthcare NHS Trust*  
Allied Health Professions; CAMHS; Child Health Information Service; Children with Disabilities Service, Children with Challenging Behaviour and Home Support; Community Children's Nursing Team; Community Paediatric Medical Services; Community Paediatric Equipment Service; Health Visitors; Health Safeguarding Service; Neonatal Hearing Screening Service; School Nurses

20. Several multi agency services have been established as follows:

- *Multi-Agency Referral and Assessment Service (MARAS)* includes Multi Agency Referral and Assessment Team (MARAT) with social work, police and health visiting staff; integrated education/health/social care safeguarding including the Designated Nurse; paediatricians; independent reviewing officers; and special education needs assessment;
- *3 area based Family Support Services* – North, West and South, includes family social work services, education welfare service, health visitors, school nurses, children's centres; connexions; and youth service;
- *Complex and Additional Needs Service* includes children with disabilities (social care); allied health professions; education sensory impairment service; children with challenging Behaviour and home support; community children's nursing; community paediatric equipment; and neonatal hearing screening;
- *Children in Care Service* includes looked-after-children (social care) services including fostering, adoption, residential provision and after care; housing; school improvement; paediatricians; community nursing and clinical psychologists;
- *Child and Adolescent Mental Health Service (CAMHS)*;

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- *Youth Offending Service* includes youth justice, police, social work, nursing and mental health;
  - *Information Service* education, child health and children's social care information and performance teams;
  - *Joint Commissioning Service* includes Council and PCT commissioning staff, school organisation and admissions.
21. Staff are managed within the multi-agency services and continue to be employed by Council, PCT or Healthcare Trust. Detailed multi agency management and staffing are in place for each of the multi agency services.
22. Joint Appointments have been made to all management posts – Corporate Director, 4 Directors, 6 Heads of Service and 16 Operations Managers. Staff have been deployed into CYPS.
23. A Joint Accommodation Strategy Plan has been agreed and is being implemented. All the multi agency services are to be co-located. The following have already been co-located:
- Multi Agency Referral and Assessment Service;
  - Children in Care;
  - Information Service;
  - Youth Offending Service;
  - Children's Centres.
24. The remaining multi agency services will operate from:
- April 2010 - West Area Family Support Service and Complex and Additional Needs Service; and
  - January 2011 - North and South Area Family Support Services.
25. In addition there are key services within Trafford CYPS such as Education and Early Services and the finance and human resources business support services.

## **JOINT GOVERNANCE AND MANAGEMENT**

26. Comprehensive governance arrangements for the multi agency Trafford CYPS were approved by the Council's Executive in February 2009; the PCT Board in March 2009 and the Healthcare Trust Board in May 2009.

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27. Corporate Governance includes:
- a number of joint governance bodies including:
    - Joint Commissioning Board;
    - Joint Provider Board;
    - Integrated Governance Committee;
    - Management Committee (responsible for the performance management of the Corporate Director);
    - linked and working with the Children and Young People's Strategic Partnership (Children's Trust) Board and the Trafford Safeguarding Children Board;
  - the joint management appointments including Corporate Director, Directors, Heads of Service and Operations Managers.
28. Detailed professional and clinical governance arrangements have been agreed and are operating covering 24 different professional groups of staff. These provide clarity in regard to the professional and clinical leadership and supervision for each professional staff group including for each member of staff who their line manager, professional supervisor and safeguarding lead are.

## **BENEFITS**

29. There are major benefits of multi-agency working for children, young people and their families. The main features of the new service we have established and are developing are that it is:
- organised and delivered around the holistic needs of individual children and young people, through a single integrated service delivery process (IIRAT) and multi-professional, rather than mono-professional teams;
  - more preventative; identifying and meeting children's needs at the earliest opportunity to prevent serious problems developing at a later stage; and
  - more focused on supporting parents, families and other carers so that children grow up in loving, stable and supportive family situations.
30. This 'joined-up' approach provides children, young people and their families with a more positive experience of the service they receive. We aim to achieve fundamental improvements for those children and young people who are most vulnerable and have the poorest quality of life experiences and outcomes. This will result from a greater preventative and family focus aimed at breaking the generational cycle of low outcomes and vulnerability.

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31. As a result of the multi agency service we have already seen:
- improved health outcomes for children in care particularly in regard to access to mental health and community nursing services, and vaccinations and immunisations;
  - improved education outcomes for children in care including moving Trafford moving from the bottom to top quartile for GCSEs for children in care nationally and being best in the country in 2008;
  - improved safeguarding for children and young people. The report on Trafford's Unannounced Safeguarding Inspection by Ofsted on 15 and 16 September 2009 judged the multi agency service as a 'Strength':  
*The MARAT, created earlier this year, greatly benefits from the inclusion of team members from the police, health and housing services (as well as social services). This arrangement is enabling effective information sharing and robust multi agency working in both child protection and children in need cases;*
  - effective partnership work in tackling gun and gang crime, which the multi agency CYPS playing an active part in reducing incidents and safeguarding children, young people and families associated with gangs, This was awarded a green flag in Trafford comprehensive area assessment (CAA) of 2009;improved information sharing; and
  - a comprehensive multi agency approach to promoting children and young people's emotional well being through the family engagement and think family strategy,
32. Childhood obesity and the poor mental health of young people are two of the major issues facing the health service currently and in the future. Unless effectively tackled, these two issues will be the cause of serious health concerns including mental health problems, diabetes, cancer, heart and stroke diseases. Mental health problems and obesity stem largely from social and not medical causes and will only be effectively managed through good multi agency services. Trafford with its multi agency CYPS is well placed to do this.