

# Public Document Pack



## Executive Board

Thursday, 9 September 2010 2.00 p.m.  
Marketing Suite, Municipal Building

A handwritten signature in black ink, appearing to read 'David W R'.

**Chief Executive**

### **ITEMS TO BE DEALT WITH IN THE PRESENCE OF THE PRESS AND PUBLIC**

#### **PART 1**

<b>Item</b>	<b>Page No</b>
<b>1. MINUTES</b>	
<b>2. DECLARATION OF INTEREST</b>	
Members are reminded of their responsibility to declare any personal or personal and prejudicial interest which they have in any item of business on the agenda no later than when that item is reached and, with personal and prejudicial interests (subject to certain exceptions in the Code of Conduct for Members), to leave the meeting prior to discussion and voting on the item.	
<b>3. LEADER'S PORTFOLIO</b>	
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*Please contact Angela Scott on 0151 471 7529 or  
Angela.scott@halton.gov.uk for further information.  
The next meeting of the Committee is on Thursday, 23 September 2010*

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***In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.***

**REPORT TO:** Executive Board

**DATE:** 09 September 2010

**REPORTING OFFICER:** Chief Executive

**SUBJECT:** Request for funding for a contribution from the Area Forum

1.0 **PURPOSE OF REPORT**

1.1 For the Executive Board to consider the request for a funding contribution of £2,500 towards a study to examine health affects of industrial plants where incineration technology is used.

2.0 **RECOMMENDED**

That the request for funding is declined.

3.0 **REQUEST FOR FUNDING**

3.1 A request has been made for a contribution from Area Forum 4 towards a study examining the downwind health affects around industrial plants where incineration is used. The request from Mr Gorry on behalf of HAGATI is for a contribution of £2,500 towards the total cost of a study suggested as being in the region of £10,000.

3.2 The request for the funding to support an additional study follows on from the granting of planning approval by BERR for a Waste to Heat Plant at the Ineos Chlor complex in Runcorn.

3.3 Following discussions at the Area Forum, the lead officer agreed to take further advice on the request from officers and other relevant agencies.

3.4 Dr Alex Stewart at the HPA has indicated that in his view any study could not be applied in isolation to the proposed incinerator at Ineos but he could see some advantages in a broad Cheshire wide study, although he felt it would cost in excess of £10,000. To date no funding has been committed by the HPA.

3.5 Fiona Johnstone at the PCT has confirmed that Dr Stewart has concluded that there would be value in conducting some further studies which might be supported by the PCT. To date no funding has been committed by the PCT.

3.6 There are conflicting views as to the merits of the particular study proposed by Mr Gorry and whether committing the sum of £2500 at a time of tight budget constraints offers value for money.

3.7 The Council's constitution (page 275 paragraph iv) provides for the situation where an officer exercising delegated authority considers "after consulting the appropriate Strategic Director or Chief Executive, that reference should be made to Members the matter shall be referred to the appropriate panel, board or committee for consideration".

3.8 Given the conflicting views and sensitivity of this matter, the matter is now reported to this Board for determination.

#### 4.0 **SUPPORTING INFORMATION**

4.1 In August 2003 the University of Lancaster's report "Understanding the Factors affecting Health in Halton" was published. This study concluded that health in Halton is affected by the same factors that have been shown to be significant in numerous studies elsewhere; namely multiple deprivation and unhealthy lifestyles.

4.1.2 When the application for the energy from waste facility was submitted in 2007, it was accompanied by an environmental impact assessment. During the processing of the application questions about the effect of the proposed development on health were raised. In determining the application, the Secretary of State concluded that concerns over the impact on health in the locality could be addressed in the Environmental Permitting process.

4.1.3 Subsequently, an application under the Environmental Protection Act has been submitted to the Environment Agency. This application is, as yet undetermined but as part of the permitting process a Health Impact Assessment was prepared with guidance on the scope of matters to be covered provided by the Primary Care Trust (PCT). The PCT and Health Protection Agency (HPA) are both involved as consultees in the permitting process.

4.1.4 The Environment Agency has a duty and a right to require any additional information they require to enable them to process applications made to them for environmental permits.

4.1.5 A presentation was submitted to Members of the Health Policy and Performance Board, by Mr Gorry, in June 2010, requesting support for the funding request.- See Appendix A .

- 4.1.6 The advice given by the Strategic Director Environment and Economy in response to the request is contained in Appendix B.
- 4.1.7 Members from Heath Ward have expressed a view that they would wish to support the request for funding.
- 4.1.8 Since the approach was made to the Area Forum, a detailed scoping statement has been prepared (copy attached, Appendix C) which was submitted in August with a covering letter from Alan Gorry (attached as Appendix D). It can be seen from the Scoping document that the research will focus on 7 existing incinerators in the UK. None of these incinerators are in Cheshire or Merseyside.
- 4.1.9 The Director of Public Health, Fiona Johnstone, has responded to the scoping document and a copy of her response is attached (Appendix E). The PCT has said that it is not intending to provide any funding towards this research.

It will be noted from the response that the Director of Public Health has asked that a reference within the scoping document to the PCT having participated in producing the scoping document should be removed. Additionally, Dr Alex Stewart at the Health Protection Agency has asked that the introduction to the scoping document should be re-written and has asked that the phrase “that the HPA has confirmed that the proposed study does not conflict with this statement” should be removed from the scoping document. A copy of Dr Stewart’s email is also attached (Appendix F).

## 5.0 **CONCLUSION**

- 5.1 Whilst It is considered that the proposed study may have some merit as a piece of research, in its own right or, if properly commissioned, as part of a wider piece of research, it does not as currently proposed represent an effective use of the public’s limited resources. It is not thought appropriate to fund a study which would be commissioned by a non-independent organisation and in isolation from the PCT and HPA. If the PCT and HPA feel that it would be worthwhile to commission such a study, this should be taken forward by those agencies.

## 6.0 **POLICY IMPLICATIONS**

- 6.1 This request for funding cuts across all the Council’s priorities. In particular, it is relevant to the Health and Urban Renewal priorities. However, it is seen as more relevant to national rather than local

issues and does not, therefore, directly impact on the Council's priorities.

7.0 **FINANCIAL/RESOURCE IMPLICATIONS**

7.1 A contribution of £2,500 is requested from Area Forum funding (Heath Ward).

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 The proposed research would impact equally on all sectors of society.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

Correspondence and supporting documents attached as appendices.

# Proposed study of the downwind health effects of incinerators

Presentation for Halton Health  
Policy and Performance Board  
June 2010

# Introduction (1)

- Ineos Chlor have obtained planning permission to build Europe's largest Incinerator in Runcorn, Cheshire.
- Their application for an Environment Permit is currently under consideration by the Environment Agency.
- A team of local residents ( Halton Action Group Against The Incinerator - HAGATI ) have spent 3 years studying the planned Incinerator and have identified many flaws and discrepancies both in the plan and the permitting process.



# Introduction (2)

- There are many reasons why the Incinerator is considered inappropriate.
- This presentation considers a means of addressing one of the most important concerns – The health effects of Incinerator emissions
- We are seeking funding for a low cost ( circa £10,000 ) study intended to determine whether or not there are any negative health effects.
- Although this has arisen as a result of the Ineos Chlor proposal it is relevant to ALL large Incinerator proposals

# Public Perception of Incinerators

- Incinerators produce around 300 harmful chemicals and their compounds. Many of these are unregulated or inadequately regulated.
- Residents have an understandable perception that Incinerators close to their homes are harmful to their families health.
- Whether residents belief is unfounded is irrelevant to their concerns. They are entitled to be convinced that adequate measures are taken to protect them from harm.

# Suspect Re-assurances

- Re-assurances from Incinerator applicants with commercial interests are immediately suspect.
- Where data and theoretical models provided by applicants to permitting agencies are demonstrably flawed and / or not validated by those agencies then permissions granted and assurances given by agencies are also flawed.

# Conflicts of Interest

- In hard economic times it is feared that organisations may pursue commercial interests which may not be in the public interest.
- It's also feared that permitting and regulating authorities may be swayed by political policies addressed at other pressing issues.

# Subtle effects

- It is not claimed that the applicants or permitting authorities fail to act with integrity.
- However, where the harmful effect of decisions are not immediately apparent but may be subtle & only arise after many years it's possible that this, together with the likely absence of personal accountability may influence decisions.
- Also, decisions made in haste, under pressure, and / or made without adequate evidence are inherently dangerous.

# Planning & permitting regulations

- In order to have a degree of fairness, planning & permitting applications are treated individually & without reference to other similar & possibly competing proposals.
- Although this is fair to applicants it can result in a situation as in Cheshire where two extremely large Incinerators have planning permission and two more are proposed & may, under current regulations , be granted permission.

# Combined effect

- It may be considered quite safe to permit an Incinerator to operate with emissions within limits considered 'safe'
- It's unlikely to be safe to permit FOUR Incinerators to emit FOUR times the 'safe' limits in close proximity.
- It's also unlikely to be safe to allow even the 'safe' level of emissions in an area with an existing heavy burden of pollution, deprivation , and poor health.

# Consultation

- When planning applications or Environmental Permit applications are made various consultations take place.
- These consultations include local authorities, health authorities, and various other agencies.
- However ALL these agencies refer to the Health Protection Agency ( HPA ) for advice so the consultation is effectively with just ONE agency



# Health Protection Agency

- The HPA are effectively the single agency consulted.
- This agency is subject to Government policy decisions irrespective of the integrity of its officers.
- The HPA stated policy on Incinerators is provided to all consultees as follows

# HPA Policy

- Letter from McCracken HPA Chief executive 8/6/09 follows :
- “The HPA considers that modern *well run* incinerators are *likely* to pose only a very small and *probably* undetectable risk to health “
- Despite the use of ‘*well run*’ ‘*likely*’ and ‘*probably*’ this is taken by consultees as proof of the safety of all Incinerator proposals. It does not give residents the confidence they are entitled to expect.

# HPA – Further comments

- The HPA Chief Executive also states
- “ The reason we have not studied rates of .... illness or premature deaths .... around any Incinerator is that the number of people around an incinerator is too small to detect ..... an impact on health.”
- This seems akin saying that as the world is known to be flat there’s no point in checking if it’s not.

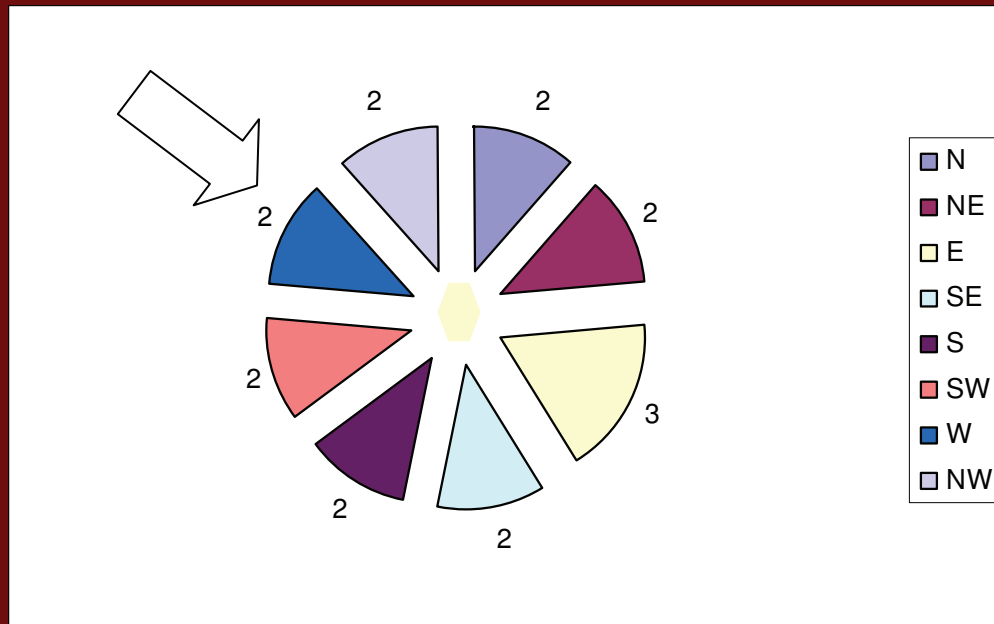
# Studies of Health effects

- There have been no adequate studies of health effects downwind of Incinerators
- Why have the responsible agencies not undertaken such a study ?
- Studies which have taken place are considered flawed
- These include
  - the basis used by 'official' studies
  - the basis used by Michael Ryan

# Official studies of Health around Incinerators

- These look at the health statistics in the 360 degree area around Incinerators so:

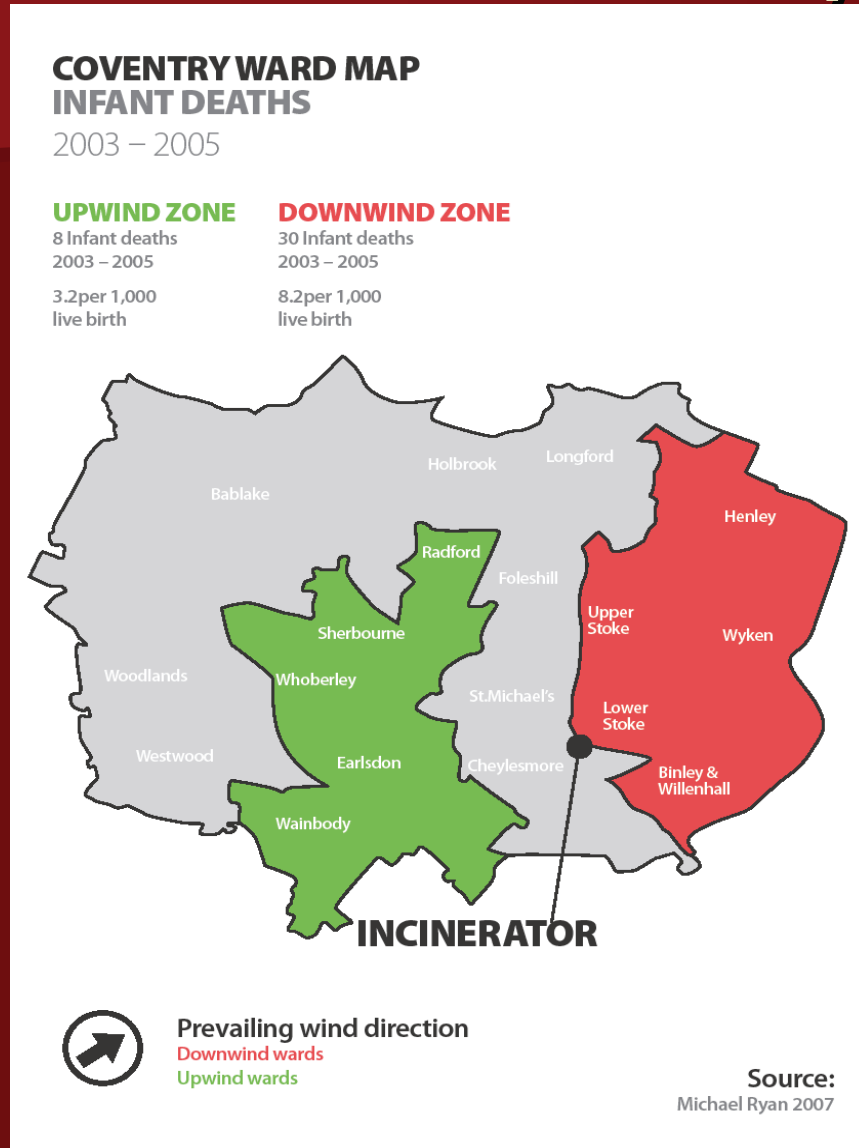
Wind direction



This produces say, 8 segments with total value of 17 effects producing an average of 2.13 against a national average of, say 2. – considered a ‘small’ effect.

BUT downwind value of 3 is 50% above national average and upwind value !!!!

# Michael Ryan's report



This is one of several illustrations Mr Ryan produced and appears to demonstrate that infant deaths downwind of this Incinerator amount to 8.2 per 1,000 live births against an upwind value of 3.2 per 1,000 live births

# Reasons permitting authorities give for not accepting Mr Ryan's reports

- No account was taken of socio-economic & other confounding factors
- The methodology & data used had not been subject to peer review
- No scientific journals had accepted the findings for publication
- The population samples used were too small to produce significant results

## Proposed Study (1 )

- After meeting with HPA & Lancaster University agreement was reached on the format of a study which would answer all the criticisms levelled at Michael Ryan's report
- The study will consider all Morbidity & Mortality & not just infant deaths and include a number of UK Incinerator locations to ensure sample sizes are sufficient to produce meaningful results



# Proposed Study (2)

- Distinguished Professor Peter Diggle of Lancaster University will produce the study to exacting professional standards
- His independence and credentials are undisputed. ( He has previously worked with the HPA on health issues and published numerous studies )
- The study will be low cost ( in the region of £10,000)
- The results, whatever they might be, will demonstrate either that there is a health issue with Incinerator emissions or will re-assure residents living downwind of Incinerators that they are safe.

A WIN / WIN Situation !

# Conclusion

- There is no doubt that the proposed study will be beneficial whatever its conclusion
- The cost involved is minimal
- Obtaining funding has stalled largely due to HPA influence who, despite initial support, have now reverted to their published policy
- We are seeking your assistance in obtaining all or part funding.
- We appreciate you may not be able to provide funding but your expression of support will assist us in obtaining funding from elsewhere.
- Please therefore indicate your support for commissioning this study.

## Appendix B

Dear Mr Gorry,

I refer to your e-mail of Sunday June 6<sup>th</sup> addressed to Members of the Health Policy and Performance Board and to the attached presentation.

Your presentation raises a number of points, which warrants a response.

Firstly, I must emphasise that the planning process was carried out properly with a decision made by the Secretary of State having considered all the relevant information, including that related to health issues. I should remind you that whilst the Council raised no objections to the proposal, it sought the imposition of a number of conditions if planning permission was to be granted. The Council also asked that "the Secretary of State is fully satisfied that the proposal will not have any adverse impacts upon the health of the Borough's residents before authorising the proposal. Particular attention is drawn to the observations of the Director of Public Health and the request for further information made therein. Unless the matters raised are satisfactorily addressed by the Secretary of State, the Council would wish to object to the granting of permission". I attach a copy of the minutes of the meeting of the Development Control Committee of 31<sup>st</sup> July 2007 for information. The planning process and decision of the Secretary of State found that the development of an incinerator at Ineos in Runcorn was appropriate.

You are presently seeking funding for a study "intended to determine whether or not there are any negative health effects" and say that residents need reassurance regarding their families health. The Director of Public Health, Fiona Johnstone has commented as follows:-

"It is impossible for me to comment on the value of the proposed research study, since I have not received a copy of the research proposal, and are therefore unable to assess its scope, methods or usefulness.

"It is important to have some assurance that the research proposal, including the proposed methods, is designed and carried out to answer the question being raised whatever that might be. I cannot provide the PPB with that assurance without having seen the defined research question and proposed methods. Certainly no research funding body that I am aware of would support or fund research without seeing some detail of what will be carried out".

You will recall that the Director of Public Health produced an independent report which was considered by the Development Control Committee before reaching its decision and which was then forwarded to the Secretary of State for his consideration. The Director of Public Health has affirmed that an updated review of the evidence, which has been published since then, does not alter the views contained in that independent report.

You have also selectively quoted the Health Protection Agency's Chief Executive. You will, of course, be aware that in September 2009 the HPA published a paper "The Impact on Health of Emissions to Air from Municipal Waste Incinerators". I attach a copy for information. You will know that this report concludes that "modern, well managed incinerators make only a small contribution to local concentrations of pollutants. It is possible that such small additions would have an impact on health but such effects, if they exist, are likely to be very small and not detectable. The Agency, not least through its role in advising Primary Care Trusts and Local Health Boards, will continue to work with regulators to ensure that incinerators do not contribute significantly to ill-health". In the summary to this paper the HPA states that "since any possible health effects are likely to be very small, if detectable, studies of public health around modern, well managed municipal waste incinerators are not recommended".

In February 2010, the HPA published a further report having reviewed research undertaken to examine the suggested links between emissions from Municipal Waste incinerators and effects on Health, re-affirming its position. A copy is attached for information.

You make reference to three other incinerators in Cheshire. These are presumably the proposed incinerator at Ince, for which planning permission and the environmental permit have been granted and those at Middlewich, for which planning permission has been refused and at Northwich. Given their wide geographic spread, it is hard to see how these could have a cumulative impact.

The proposed energy from waste facility at Ineos is large and has a capacity of 850,000 tonnes per annum. It is, of course, designed to deal with waste that has previously been treated and should not be confused with mass burn incinerators where this waste is not previously treated. At present, the proposed incinerator is subject to the permitting process by the Environment Agency. You say that it is feared that permitting and regulating authorities may be swayed by political policies addressed at other pressing issues. I have to say that it is my considerable experience that neither the EA nor the HPA will be swayed by any external influences and neither organisation will entertain "data or theoretical models that are "demonstrably flawed and/or not validated by those agencies".

I would hope that HAGATI would be satisfied that the impartial assessment of the proposal by the Environment Agency based upon advice from the Director of Public Health and the Health Protection Agency gives the public ample reassurance that any new incinerator will be constructed and operated so that there is no adverse impact on the health of local residents.

I hope that you will find my response to be helpful. I have copied it for information to those Councillors to whom you originally sent your presentation.

Yours sincerely,

Richard G Tregear  
Strategic Director – Environment & Economy

## Scope Statement

A study of health in the vicinity of large scale waste incinerators in the U.K. taking into account distance, orientation & confounding factors, and comparison with health in areas without such incinerators.

Sponsored by:

HAGATI ( Halton Action Group Against The Incinerators)

To be undertaken by:

Professor Peter Diggle, Lancaster University

*The scope statement is an agreement among the project team, the project sponsor and key stakeholders. It represents a common understanding of the project for the purpose of facilitating communication among the stakeholders and for setting authorities and limits for the project manager and team. The scope statement includes relating the project to business objectives, and defining the boundaries of the project in multiple dimensions including approach, deliverables, milestones, and budget.*

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## A. Executive Summary

Public perception is that there will be adverse health effects from the proposed large incinerator to be built by Ineos Chlor in Runcorn, Cheshire and similar existing and proposed Incinerators. There are no independent studies acceptable to Runcorn residents which demonstrate that such Incinerators will have no adverse health effects but regulatory authorities have deemed such Incinerators have no significant health effects despite acknowledging that there are some indications of adverse effects.

This scope statement describes a study to be undertaken by Professor Peter Diggle which will examine the health of residents living in the vicinity of existing large U.K. Incinerators to identify, and quantify, any adverse health effects which may exist in these areas compared to areas without large scale Incinerators. It will also compare health of residents living upwind and downwind of large Incinerators as there is a perception that harm is more likely to be inflicted on residents living downwind. This will inform residents and regulatory authorities so that concerns are either dismissed or justified.

No regulatory authorities have commissioned or funded a report such as this and so the study is to be commissioned by HAGATI on behalf of affected residents and will be funded independently. However, both the Health Protection Agency ( HPA) , together with Halton & St Helens Primary Care Trust ( Halton PCT ) have provided assistance in preparing this document.

## B. Objectives

### 1. Objectives

Over a 3 year period HAGATI have investigated and reviewed information submitted in support of Incinerator Planning and Environmental permit applications. This has identified a number of obvious errors, omissions, and misstatements made by applicants and their advisers. Further research indicated that regulatory authorities did not have the resources or mandate to validate all aspects of submissions but referred to a great extent to existing policies & conceptions. For example the Health Protection Agency (HPA) published policy is:

*"The Health Protection Agency has reviewed research undertaken to examine the suggested links between emissions from municipal waste incinerators and effects on health. While it is not possible to rule out adverse health effects from modern, well regulated municipal waste incinerators with complete certainty, any potential damage to the health of those living close-by is likely to be very small, if detectable. This view is based on detailed assessments of the effects of air pollutants on health and on the fact that modern and well managed municipal waste incinerators make only a very small contribution to local concentrations of air pollutants. The Committee on Carcinogenicity of Chemicals in Food, Consumer Products and the Environment has reviewed recent data and has concluded that there is no need to change its previous advice, namely that any potential risk of cancer due to residency near to municipal waste incinerators is exceedingly low and probably not measurable by the most modern techniques. Since any possible health effects are likely to be very small, if*

*detectable, studies of public health around modern, well managed municipal waste incinerators are not recommended.”*

[Source: [http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1251473372218](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1251473372218)]

It should be noted that the HPA have confirmed that the proposed study does not conflict with the last sentence in above policy as it will cover 7 of the existing large waste Incinerators in the UK capable of burning between 200,000 & 750,000 tpa of waste and will consider a wider range of health effects other than just cancer. This will provide sufficient data to provide meaningful results.

The HPA policy was renewed in 2009 but dates from 2005 & the studies reviewed were from periods such as 1974 -1987 (The Small Area Health Statistics Unit (SAHSU) relating only to cancer from what were then small local authority Incinerators. & Elliott *et al* (1996) ( again covering cancer only )

Note that organisations consulted in the application process, such as Local authorities and PCTs, rely significantly on advice from the HPA. Such referrals are answered with the policy statement above. Thus what appears to be multiple opinions on health risk by several organisations is in fact from one agency, namely the HPA.

Public perception of Health risks has not been adequately addressed and whether or not there is a health risk, the perception of risk itself is a valid reason for the proposed study as stress created by such a perception is, as acknowledged by the HPA itself, harmful to the public.

- The magnitude of the issue addressed by the study is significant and increasing. Waste Incineration is considered to be a solution to the major problem of diminishing landfill capacity in the UK. 12 large ( 150k to 750k tpa ) Incinerators already exist, 2 more ( In Cheshire ) have planning permission and it's believed there are around 59 other proposals in progress for England
- The study is constrained by lack of public funding and can only be undertaken within the limits of funding available. There will no doubt be areas where further study will be advisable. However, relatively modest funding will produce results which will satisfy the academic and technical requirements of regulatory agencies and the clarity required by the public.
- A suggestion has been made that a study which covered all EU sites rather than just U.K. sites would be more beneficial. However, as U.K. agencies have failed to commission or fund even a U.K. study or investigate the concerns raised in the few reports that do exist it seems unlikely that such a study would ever be undertaken – unless perhaps the study proposed here produced evidence that unacceptable health risks do exist.
- If the study proposed here does not take place then in view of the increasing number of Incinerators in the U.K. there will be an increasing number of people stressed by concerns



over the health effects and maybe increasing harm done. There will also be repeated conflict between operators & residents throughout the U.K. As the number of Incinerators increases and the U.K. becomes more dependent on waste Incineration then any health effects which do become apparent will be increasingly difficult to mitigate.

- The study will utilize the considerable resources and ability of a team led by Professor Diggle within Lancaster University. Data will be extracted from existing National statistics and analysed using techniques already developed by Professor Diggle. No external costs will be incurred and costs will be exclusively that of suitably qualified and trained individuals working part time over a period of 3 to 6 months.

- The ultimate objectives of the study are:

1. To establish and quantify if there is any adverse effect on health in areas with large scale Incineration compared to areas without large scale Incineration.

2. To establish and quantify if there is a varying effect on health between orientation and distance in areas with large scale Incinerators.

This will either:

- a) Inform the general public whether they may be exposed to a health risk from large waste Incinerators

- b) Inform Government agencies on any Health risks posed by large scale waste Incinerators so that decisions on restricting, permitting, financing, promoting, and monitoring such Incinerators can be made accordingly.

- c) Indicate whether alternatives to large scale waste incineration should be prioritized to address the issue of diminishing landfill capacity.

Or,

- d) Address the general public's perception that there is a health risk in vicinity of Incinerators & provide them with re-assurance.

- e) Reduce the stress of living near to existing or proposed Incinerators

- f) Remove a major element of conflict between the general public, regulatory agencies, and Incinerator operators.

## C. Project Description

### 1. Methodology

As described in Appendix A ( prepared by Professor Diggle )

### 2. Does not include:

- a) Health effects known to be caused by factors other than Incinerator operation and known not to be affected in any way by Incinerator operation.

- b) Health effects where no, or insufficient, reliable data is available to the study team.

### **3 Completion Criteria**

- i) A non technical summary of the study which includes:
  - a) Sponsors / Funders
  - b) Study team
  - c) Objectives
  - d) Incinerator sites studied and why chosen
  - e) Non Incinerator sites studied and why chosen
  - f) Health Parameters included
  - g) Sources and type of Data used
  - h) Exclusions & reason for exclusion
  - i) Methodology used and reason
  - j) An overall summary of results
  - k) Tabular & Graphical representation of results
  - l) A summary of conclusion
  - m) Any recommendations
  - l) Any unavoidable omissions / constraints
- ii) Provision to Project Sponsor of all raw data extracted from publicly available sources in Excel format
- iii) A technical document in a form suitable for publication by a peer reviewed Scientific Journal
- iv) Publication of the technical document by Lancaster University
- v) Submission of the technical document for publication in appropriate peer reviewed Scientific Journals

### **4. Constraints**

Lack of or inadequate funding .  
Availability of Peter Diggle  
Availability of Data

### **5. Measures of Project Success**

Acceptance for publication by a peer reviewed Scientific Journal  
Clear conclusions understandable by Sponsors

### **6. Assumptions**

HAGATI will support by providing any relevant information it has accumulated  
HPA will assist by providing any relevant information they have available or can access.

**D. Project Approach**

**Planned Approach**

1. Discussion between HAGATI, HPA to identify & confirm need ( completed Nov 09 )
2. Discussion between HAGATI, HPA, and Peter Diggle to consider if & how need can be met at what approximate cost, and whether study is viable ( Jan 10 )
3. HAGATI, HPA to discuss with PCT to confirm need & indicate parameters ( completed 16/6/10)
4. HAGATI to prepare draft scope statement together with basic data ( completed 4/8/10)
5. HAGATI to discuss Scope statement with HPA ( 9/8/10:agreement pending )
6. HAGATI to discuss amended draft scope statement with Peter Diggle & amend as necessary (Completed & agreed 20/8/10)
7. HPA & HAGATI to verify availability of appropriate ONS Data (by 16/8/10)
8. HAGATI, Peter Diggle, and HPA, to agree final scope statement.
9. Peter Diggle to provide Formal quote, Project Milestones and payment staging required.
10. HAGATI & HPA to discuss & agree scope statement with Halton & St Helens PCT ( Fiona Johnstone )
11. HAGATI to obtain Funding & formally commission Peter Diggle
12. Peter Diggle to confirm timescales & commence Project
13. HAGATI to make payments according to staging agreed.
14. Peter Diggle to provide HAGATI with completed study documentation
15. Peter Diggle to arrange publication by Lancaster University.
16. Peter Diggle to submit study for publication in appropriate Scientific Journal.
17. HAGATI to act as repository for all publicly available data obtained together with study documentation and distribute, as considered appropriate, to interested parties.

**E. Project Estimates**

**1. Estimated Schedule**

Key Project milestones relative to project start are as follows:

<b>Project Milestones</b>	<b>Target Date</b>
Project Start TBA & subject to Funding but team will be available on part time basis from 6/9/10	MM/DD/YY

## **F. Project Controls**

*Project controls are Steering Committee Meetings, Monthly Status Reports, Risk Management assessment and mitigation planning and monitoring, Issue Management, Change Management, and Communication Management.*

### **1. Steering Committee Meetings**

Will be held at least monthly to address any issues arising, to monitor progress, and to review monthly status reports.

### **2. Monthly Status Reports**

The Project manager will provide monthly status reports to the project owner

### **3. Risk Management**

The programme manager will ensure the project risks and associated mitigation actions are monitored and controlled

### **4. Issue Management**

Project-related issues will be tracked, prioritized, assigned, resolved, and communicated in accordance with the Project Management Procedures:

Issue descriptions, owners, resolution and status will be recorded & maintained in a standard format.

Issues will be addressed with the Project Owner and communicated in the project status report and, if urgent, communicated by e-mail.

### **5. Change Management**

The change control procedures to be followed will be consistent with Project Management Procedures and consist of the following processes:

A Change Control record will be established by the project manager to track all changes associated with the project effort.

All Change Requests will be assessed to determine possible alternatives and costs.

Change Requests will be reviewed and approved by the project owner.

The effects of approved Change Requests on the scope and schedule of the project will be reflected in updates to the project plan.

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## 6. **Communication Management**

The following strategies have been established to promote effective communication within and about this project:

The Project Manager presents the project status to the Project Owner on a monthly basis; however, ad hoc meetings will be established at the Project Manager's discretion as issues or change control items arise. The Project Manager provides a written status report to the Project Owner on a monthly basis and distributes the project team meeting minutes. The Project Owner will be notified via email on all urgent issues. Issue notification will include time constraints, and impacts, which will identify the urgency of the request for service.

The project team will have weekly update/status meetings to review completed tasks and determine current work priorities. Minutes will be produced from all meetings.

The Project Owner will provide the project sponsors with project team minutes and steering committee status reports.

On completion of the study interested parties will be provided with access to the study report

**G. Roles**

The following role definitions are being applied to the resources assigned to this project:

<b>Project Sponsor</b>	Provides executive team approval and sponsorship for the project. Has budget ownership for the project and is the major stakeholder and recipient for the project deliverables.
<b>Project Owner</b>	Provides policy definition to the Project team. Resolves all policy issues with the appropriate policy owners in order to provide a clear, decisive definition. Makes final decisions and resolves conflicts or issues regarding project expectations across organizational and functional areas. The project owner and the project manager have a direct link for all communication. The project manager will work directly with the project owner on all policy clarification.
<b>Project Manager</b>	Provides overall management to the project. Accountable for establishing Project Methodology, developing and managing the work plan, securing appropriate resources and delegating the work and ensuring successful completion of the project. All project team members report to the project manager. Handles all project administrative duties, interfaces to project sponsors and owners and has overall accountability for the project including preparing reports including conclusions & recommendations.
<b>Steering Committee</b>	Provide assistance in resolving issues that arise beyond the project manager's jurisdiction. Monitor project progress and provide necessary tools and support when milestones are in jeopardy.
<b>Stakeholder</b>	Key provider of requirements and recipient of project deliverable and associated benefits. Deliverables will directly enhance the stakeholders' interests. Stakeholders for this project will be senior management of their organisation
<b>Team Member</b>	Working project team member who collects, collates, tabulates and (if necessary) converts data, and prepares in a form suitable for analysis. Assists the Project Manager in applying statistical techniques, and, after review by Programme Manager, formats the resulting analysis in a form suitable for distribution. This includes collaborating with team members to develop high level process designs and models, understanding best practices and partnering with team members to identify deficiencies, and appropriate opportunities, challenging existing practices and stimulating creating thinking..

**H. Stakeholders**

<b>Name</b>	<b>Role</b>
HAGATI	Project Sponsor
Alan Gorry	Project Owner
Peter Diggle	Project Manager
Jeff Meehan	Steering Committee Chairman
Simon La Frenais	Steering Committee Member
John Dearden	Steering Committee Member
Mike Stackpool	Steering Committee Member

**I. Timescales**

<b>Project Completion estimate:</b> Expected 3 months & no later than 6 months from Commissioning	

**J. Resource Requirements – Team and Support Resources**

The following personnel resources are required to complete this project:

<b>Personnel Resource Types</b>	<b>Quantity</b>
TBA by Programme Manager	
<b>Total Personnel Resources</b>	

*resource assumptions:*

**K. Estimated Costs**

<b>Expense</b>	<b>Original Budget</b>	<b>Current Budget</b>	<b>Spent to Date</b>	<b>Est. to Complete</b>	<b>Current Forecast</b>	<b>Variance</b>
<b>Labour</b>	10,000	11,000	0	11,000	11,000	0
Internal						
External						
<b>Hardware</b>						
<b>Software</b>						
<b>Other</b>						
<b>Total</b>	10,000	11,000	0	11,000	11,000	0

**Budget assumptions:**

All required data is sourced at no external cost.

**L. Checkpoint/ Funding Schedule**

Funding will provided no later than 30 days after provision of study documentation or otherwise in stages as agreed between Project Owner and Project Manager.



## **M. Authorizations**

*This section sets out who has authority to approve scope statement, authorize project changes, approve and accept project deliverables.*

**The Scope Statement will be approved by:**

- The Project Manager
- The Project Owner
- The Project Sponsor

**Project Changes will be approved by:**

- The Project Owner

**Project milestone completion will be approved / accepted by**

- The Project Owner
- The Project Sponsor
- The key Stakeholders

**Project completion will be approved/accepted by:**

- The Project Owner
- The Project Sponsor

.

**N. Scope Statement Approval Form/Signatures**

**Scope Statement Approval Form**

**Project Name:** Incinerator Health Study

**Project Manager:** Peter Diggle

The purpose of this document is to provide a vehicle for documenting the initial planning efforts for the project. It is used to reach a satisfactory level of mutual agreement between the project manager and the project sponsors on the objectives and scope of the project before significant resources are committed and expenses incurred.

I have reviewed the information contained in this Scope Statement and agree.

Name	Signature	Date
Peter Diggle		
Alan Gorry		
Jeff Meehan		

*The signatures of the people above relay an understanding in the purpose and content of this document by those signing it. By signing this document you agree to this as the formal Project Scope Statement.*



### Appendix A: Methodology

The study will include all incinerators with capacity in excess of 150,000tpa of waste material that were operational on or before 31/12/1998 and continued in operation for a period of 5 or more years subsequently. The study team has identified 7 such incinerators:

	Site ID	Postcode	Capacity (TPA)	Long	Lat	Local Authority
1	Edmonton	N183AG	750,000	-0.04040	51.61626	Enfield
2	Lewisham	SE145RS	488,000	-0.04609	51.48553	Lewisham
3	Tyseley, Birmingham	B112BA	400,000	-1.83995	52.46100	Birmingham
4	Coventry	CV34AN	315,000	-1.49146	53.39624	Coventry
5	Eastcroft, Nottingham	NG23JH	260,000	-1.13532	52.94636	Nottingham
6	Billingham	TS231PY	250,000	-1.25918	54.59466	Stockton-on-Tees
7	Stoke	ST44DX	210,000	-2.18675	52.99166	Stoke-on-Trent

Around each incinerator, a case-region will be defined as the set of all LSOA's [or Wards if LSOA data are not available] that are wholly or partially contained in a circular area centred on the incinerator location, and of radius 10km

Each case-region will be paired with a control-region, defined as a circular area of radius 10km with total population within +/-50% of the total population of its matched case region, and with no incinerator of capacity more than 50,000 tpa either within the circle or within 10km of its boundary.

Within each LSOA in each case or control region, data on potential risk-factors and selected health outcomes will be extracted from available sources as follows.

1. Population count
2. Deprivation, as measured by each domain of the Index of Multiple Deprivation
3. Dominant land-use classification (urban/rural)
4. Annual incidence of each of the following health outcomes, 1998 – 2008 inclusive.
  - a) Infant mortality (up to 1 year of age)
  - b) Terminations due to foetal anomalies
  - c) Childhood cancers
  - d) COPD morbidity/mortality
  - e) All-cause mortality
  - f) Soft-tissue sarcomas
5. Average birth-weight

Items 1 and 2 will be extracted by Lancaster University from the 2001 census, item 3 will be extracted by Lancaster University from existing ONS data, items 4 and 5 will be extracted by HPA from existing ONS, PCT or Health Observatory data.

Two statistical analyses will be performed, as follows:

1. Time-trends in annual health outcome data at the whole-circle level will be analysed using a Poisson log-linear model for incidence outcomes and a Gaussian linear model for average birth weight. The analysis of each health outcome will treat matched pairs as a factor and average deprivation score as a measured covariate, both potentially interacting with time-trend. This analysis will investigate whether whole area time-trends in health outcomes differ over the ten-year follow-up period between case and control areas.
2. Spatial trends in health outcomes within each circle will be analysed using the point-source methodology described in Diggle et al (1997) adapted to allow for directional effects using the model described in Dunn et al (2006). The analysis of each outcome will treat urban/rural classification of each LSOA as a factor and deprivation as a measured covariate. This analysis will investigate whether there is an association between incidence and proximity (distance and orientation) to an incinerator.

The results of the analyses will be written up and submitted for publication in a peer-reviewed journal.

Diggle, P. Elliott, P., Morris, S. and Shaddick, G. (1997). Regression modelling of disease risk in relation to point sources. *Journal of the Royal Statistical Society, A* **160**, 491-505.

Dunn, C.E., Bhopal, R.S., Cockings, S., Walker, D., Rowlingson, B. and Diggle, P. (2006). Advancing insights into environment-health relationships: a multidisciplinary approach to understanding Legionnaires' disease. *Health and Place*, **13**, 677-690.

Peter J Diggle, 19 August 2010  
Distinguished University Professor  
School of Health and Medicine  
Lancaster University  
Lancaster, UK  
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Adjunct Professor  
Johns Hopkins University School of Public Health  
Baltimore, USA

Adjunct Senior Research Scientist,  
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01928 572298  
[alangorry@supanet.com](mailto:alangorry@supanet.com)

23<sup>rd</sup> August 2010

To: Sue Wallace – Bonner  
Lead Officer  
Local Area Forum  
Mersey, Heath, Grange and Halton Brook

Dear Sue,

**Incinerator Health Study – LAF £2,500 funding**  
**Executive Board meeting September 2010**

I understand, from a David Parr e-mail to Councillor Mike Hodgkinson, that you are preparing a report to the Executive Board for them to consider at their September meeting and decide whether or not to ratify the £2,500 funding for the above study agreed by the Heath LAF.

To inform this process I'm enclosing the study scoping statement for you to make available, with this letter, to the Executive Board meeting of 9/9/10

David Parr indicated in his e-mail to Councillor Mike Hodgkinson dated 20/7/10 that following issues are causing concern so I will answer them in turn below:

- 1 "As yet there is no other funding identified to meet the full cost of such a Study – costs have been estimated at between £10,000 and £100,000 depending on the scale of any such Study"

*Professor Diggle has estimated costs at a maximum of £11,000 and after completion of the scoping statement has reduced this back to £10,000. I expect to have his formal quotation available before the meeting.*

*Since applying to the LAF a further £2,500 funding has been secured from private sources and another organisation has advised that, subject to sight and approval of the scope statement, it is likely that their grant committee will look favourably on an application for another £2,500. This, with the LAF funding, Totals £7,500. We have indications that, assuming this £7,500 prior funding is available, funding would be available from another organisation. We're confident that should the Executive Board agree to provide the agreed £2,500 we will be able to reach the required total.*

- 2 “The methodology etc and extent of the proposed Study remains unclear”

*The scope statement fully details the study and its methodology ( produced by Professor Diggle with assistance from myself & Alex Stewart of the Health Protection Agency ( HPA ) is detailed in Appendix A of the document*

- 3 “Some members do not support your position, although others do”

*It's understood that the funding available to the Forum is allocated between each Ward and the Councillors for the Heath Ward fully support the proposed study. No communication has been received indicating any opposition, queries or reason for any opposition. It is acknowledged that the Forum members did not have such detailed information which is provided here for the Executive Board*

- 4 “The Director of Public Health has not committed one way or the other as she has insufficient information on which to offer an unequivocal view on whether such a Study is beneficial or appropriate”

*Fiona Johnson wrote on 14/6/10:*

*“As a matter of principle, I am of the opinion that any research which furthers our understanding of the impact of incinerators on the health of local populations would be of interest to people such as myself and indeed all interested parties. It is difficult for me to comment specifically on the proposed study, since I have not seen the research proposal and so cannot assess the likelihood of its potential to answer the question of upwind and downwind effects”*

*She has also received a copy of the scope statement attached and will be advised by Alex Stewart of the HPA. It's expected her comments will be available before the September Executive Board meeting.*

- 5 “The HPA have produced two papers (in Sept 2009 and Feb 2010) both advising against such studies.”

*At a meeting held on 22/1/10 with Alex Stewart and George Kowalczyk ( both of the HPA) the HPA papers & policy statement were discussed. The HPA representatives confirmed that the proposed study involving up to 10 Incinerator sites would not contradict HPA advice or policy which related to studies around single Incinerator sites where it was considered that insufficient data would be available to produce meaningful results. The study proposed will include areas around 7 existing U.K Incinerators operating under the U.K. standard emission control regime. It was subsequently agreed and minuted that:*

*“ No study has properly examined wind direction in relation to possible effects from incineration.*

*\* Scope of study: Following discussion it was agreed that a study of possible health effects from incinerators similar to the proposed Ineos incinerator was worthwhile and achievable and could be of use not just in Halton, but nationally and possibly in Europe. Studies of local health before and after an incinerator came into use are desirable but may not be feasible within the constraints of the project.*

*\* It was agreed that the development of the study proposal should be undertaken iteratively by HAGATI and HPA. Peter Diggle agreed to support the HPA”*

I trust the above will provide you with sufficient information to prepare a positive report to the Executive Board but please contact me if you have any queries or wish to have any further information. I would be happy to be present and answer any queries at the Executive Board meeting if this would be helpful. The additional information mentioned above will be sent to you as soon as available.

I look forward to hearing that the agreed LAF funding has been ratified and would point out that no money will be drawn down until the balance of the required funding has been committed by the other parties.

Yours Sincerely,

Alan Gorry

**From:** Fiona Johnstone [mailto:Fiona.Johnstone@hsthpcct.nhs.uk]  
**Sent:** 25 August 2010 13:58  
**To:** alangorry@supanet.com  
**Cc:** Alex Stewart; Tregae, Dick - Environment & Economy; Dympna Edwards  
**Subject:** RE: Incinerator Health study: Scope Statement

Dear Alan,

Thank you for sending me the scoping statement for your proposed health study. I have two particular comments to make in feeding back to you, and to ensure all parties are clear on my views I have copied this response to both Alex Stewart at the HPA and to Dick Tregae at the local authority.

My comments are as follows:

On page 3 of the scoping document you make reference to the PCT having participated in producing the scoping document. I would appreciate you removing that statement, as the only contribution that we have made to my knowledge is to agree to review the methodology once the proposed study approach had been written. I feel the sentence as it stands could be misleading to the Executive Board. Clearly the HPA have had involvement through Alex Stewart, and I would expect them to want to confirm statements which are ascribed to them within the body of the document as they are a separate organisation to the PCT,

In respect of the methodology, my view is that the study design is satisfactorily designed to answer the questions posed under your objectives, and that Appendix A describes a properly designed research study using appropriate methods. The rest of the document describes HAGATI's position/view of the need for the study.

Yours sincerely,

Fiona Johnstone

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**From:** Alan Gorry [mailto:alangorry@supanet.com]  
**Sent:** 23 August 2010 14:19  
**To:** Fiona Johnstone  
**Cc:** 'Alex Stewart'  
**Subject:** Incinerator Health study: Scope Statement

Fiona,

Further our discussions, Please find enclosed scope statement for the proposed Health Study prepared in co-operation between myself, Peter Diggle, and Alex Stewart. Appendix 'A' detailing the methodology planned by Peter will, I think, be of most interest to you.

I spoke to Alex this morning and he will be e-mailing his comments to you shortly.



Please note that although we have secured £2,500 towards the expected £10,000 cost we are waiting for HBC Executive Board to ratify a further £2,500 funding at their meeting of 9/9/10. Your comments on the Scoping Statement will be a critical factor in the decision of the Executive Board so we would be very grateful if you would make your comments in good time for that meeting. We are sending the scoping document to other potential funders, one of whom has indicated firm interest in providing a further £2,500 making £7,500 in total. We are confidential that if we have £7,500 available we will find the remaining £2,500.

If you would like any further information or discussion I would be happy to meet with you & Alex whenever convenient.

Hope to hear from you soon.

Regards

Alan

01928 572298

**From:** Alex Stewart [mailto:Alex.Stewart@hpa.org.uk]  
**Sent:** 25 August 2010 16:05  
**To:** alangorry@supanet.com  
**Cc:** fiona.johnstone@hsthpc.nhs.uk; dympna.edwards@hsthpc.nhs.uk; Tregear, Dick - Environment & Economy; Sam Ghebrehewet  
**Subject:** RE: Incinerator Health study: Scope Statement

Dear Alan,

Further to our discussions on the scope of this study I would like to ask that the introduction to the study is rewritten. It is not enough to distribute the email below to the PCT and HBC since the inclusion of the Ryan work was the starting point for the discussions I had with my HPA colleague George Kowalczyk, Prof Peter Diggle of Lancaster University and yourselves from HAGATI. The introduction to your scoping statement is rather negative to the HPA, and given the support I have offered to the development of this study, I am uncomfortable with a simple email attachment.

I would like you to rewrite the introduction to focus on the upwind-downwind situation at several incinerators sites, which is where we started and which we agreed need to be addressed and which is the focus of both parts of the study. This has not been done before and will be a useful addition to the literature.

The HPA position statement "*Since any possible health effects are likely to be very small, if detectable, studies of public health around modern, well managed municipal waste incinerators are not recommended*" is still the HPA position ("The Impact on Health of Emissions to Air from Municipal Waste Incinerators" September 2009, [http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1251473372218](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1251473372218)) and I personally have no reason to disagree with it, as you will be aware. The HPA has not issued a position statement in which it has stated that it has confirmed that the proposed study does not conflict with the last sentence in above policy. I would be grateful if you would remove the statement that the HPA has confirmed that the proposed study does not conflict with this statement.

The reason George and I met with you and I have continued to offer support to the development of the study is to be found elsewhere in the HPA statement: paragraph 18a states "When carrying out studies which investigate health effects around point sources of pollution such as incinerators, or when mapping health effects around such sources, it is important to control for other factors which can influence the health outcomes under investigation before drawing any conclusions. So when investigating the effect of a source of PM2.5 emissions on infant mortality rates, it would be important to control for other sources of PM2.5 emissions, and for factors which are known to influence infant mortality rates, for example, socio-economic factors or ethnicity. Maps showing death rates or levels of morbidity are useful in raising hypotheses, but they do not supply evidence of cause and effect." Ryan's maps do not address these issues.

There is also the issue of looking at more than one incinerator at one time and assessing a possible gradient effect on health with increasing distance, which again has not been done.

The study Professor Diggle has outlined in your appendix responds to these points. There is still a lot of anxiety around incinerators and for this reason, the Ryan maps and the originality of the approach, Prof Diggle's study is to be welcomed as it directly addresses community issues from a scientific standpoint. As you rightly point out, the perception of risk can be a valid reason for a study. I have worked with you and Prof Diggle on this proposal to strengthen the science in the study to ensure that your study does not raise the criticisms that Ryan's maps have raised, that relevant influences have been ignored.

While you may feel that the health advice that is given by agencies is limited since the HPA is often the original source for several agencies, making this point as the main reason for the study is not wise.

I trust that you will be able to redraft the introduction to address these issues and re-circulate the document.

Thanks,  
Alex

Dr Alex G Stewart  
Consultant in Health Protection

Cheshire & Merseyside Health Protection Unit  
Suite 6, Moorgate Point  
Moorgate Road  
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Kirby, Merseyside  
L33 7XW  
England, UK

+44 (0)151 290 8360

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**From:** Alan Gorry [mailto:alangorry@supanet.com]  
**Sent:** 23 August 2010 18:04  
**To:** Alex Stewart  
**Subject:** RE: proposed study

Thanks Alex.

My attempts to be objective have obviously failed a little but only Fiona & Halton B.C. have the document so I'll see HBC have a copy of your e-mail & will amend document before it's sent elsewhere.

Good news on the data sourcing & I've managed to find another £1,000 funding today.

Regards

Alan Gorry

Home Office: 01928 572298

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**From:** Alex Stewart [mailto:Alex.Stewart@hpa.org.uk]  
**Sent:** 23 August 2010 17:44  
**To:** alangorry@supanet.com  
**Cc:** Fiona Johnstone  
**Subject:** proposed study

Dear Alan

I have reviewed your draft 4 of your scoping statement for the 'upwind-downwind' study around known, large, modern incinerators in England and have thought a bit more since we met last over a previous version.

I continue to agree that such a study is needed, as we have discussed a number of times and am much more comfortable with the current draft: I think that basically the study as proposed in the appendix will help answer the questions the study proposes.

However, I must take issue with the point that the HPA work is largely based on reviews from 1974-1987. In the 2009 HPA statement there are many references from 2000 to 2009, some reviews, some original papers.

I also think you should refer to the internet maps of Michael Ryan and their deficiencies as part of the background to the study.

With regard to my contribution:

I have made good progress today on sourcing the health data and hope to have an answer soon.

The reference for the spatial difficulties of asthma data and the spatial robustness of COPD (chronic obstructive pulmonary disease = chronic bronchitis and emphysema et al) is:

<http://www.laia.ac.uk/COLLATE/respdata.htm> I quote from page 3 of the executive summary:

“Asthma showed inconsistent disease patterns and weak geographical correlations across data sources, but COPD and tuberculosis were fully consistent.”

Alex

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\*\*\*\*\*  
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**REPORT TO:** Executive Board

**DATE:** 9<sup>th</sup> September 2010

**REPORTING OFFICER:** Strategic Director – Children & Young People

**SUBJECT:** Children & Young People’s Plan Review 2010

**WARD(S)** Borough-wide

### **1.0 PURPOSE OF THE REPORT**

1.1 To provide an overview of the review that has been undertaken of Halton’s Children & Young People’s Plan 2009-11

### **2.0 RECOMMENDATION: That Executive Board:**

- i) **Endorses the Children & Young People’s Plan Review 2010; and**
- ii) **Approves the actions detailed in Section 11 of the Children & Young People’s Plan Review 2010, and summarised in 3.9 of this report to be taken into consideration in terms of meeting the Children & Young People’s Plan 2009-11.**

### **3.0 SUPPORTING INFORMATION**

- 3.1 Halton’s second Children & Young People’s Plan (CYPP) was published in 2009, to provide strategic direction for all services within the Children’s Trust in Halton. The Plan runs until 2011.
- 3.2 The CYPP is the agreed joint strategy of the partners in the Children’s Trust, detailing how they will co-operate to improve children’s wellbeing over the five Every Child Matters Outcomes. It represents Halton’s local vision and aspirations for children and young people in the borough. It determines how the Children’s Trust Board will work together to commission services to address locally identified needs and better integrate provision.
- 3.3 The CYPP is a core element within the overall vision for the borough, which is contained in the Sustainable Community Strategy.
- 3.4 The CYPP must be reviewed in each year that a new Plan is not published. The annual review should consider progress towards all targets and priorities set out in the Plan along with the implications of future action.

- 3.5 The guidance sets out that the review should:
- Highlight the progress in delivering the Plan including reasons for non-delivery
  - Present relevant data
  - Identify barriers to success
  - Outline what actions will be taken to achieve the improvements
  - Set out future tasks for the Plan and how and when these tasks will be completed
- 3.6 A multi agency task and finish group was established in April 2010 to produce the Review. This group will be re-established and widened in order to develop the new Children & Young People's Plan to be in place from April 2011, subject to the Coalition Government's emerging policy framework.
- 3.7 The review sets out developments in a number of key areas over the past 12 months, including:
- The views of children and young people that have been gathered through a broad range of consultation.
  - The strengthened Children's Trust partnership arrangements.
  - A performance update for all indicators within the Plan's overarching priorities.
  - The work done so far to meet the 14 promises in the Plan and how we will work to meet the outstanding promises in the months ahead.
  - And perhaps most importantly, the review provides an opportunity to celebrate some of the successes achieved by our young people, as well as the barriers that have been encountered by children, young people and professionals over the last 12 months.
- 3.8 Section 11 of the review highlights many achievements over the last 12 months, including:
- Agreement of a joint protocol between the Children's Trust and Halton Safeguarding Children Board (HSCB) that outlines the complementary roles and responsibilities of the two bodies. These links are also reinforced by the HSCB Annual Report that will be published shortly.
  - The launch of locality working for children & young people's services across Halton.
  - The provision of a broader range of accommodation for young people leaving care
  - A review of Common Assessment Framework provision
  - The development of a Children's Trust Business Plan that

formalises governance arrangements in light of the latest statutory guidance.

- A significant reduction in the number of young people who are Not in Education, Employment or Training (NEET).

3.9 Similarly, Section 11 of the review also provides an overview of a number of areas where more work is needed in order to achieve our objectives by March 2011. These include:

- The development of a number of additional Children's Trust documents, including a Compact, Resource Strategy, Integrated Children's Workforce Strategy and Equality & Diversity Strategy.
- Continuing work on establishing a Joint Commissioning Unit for Halton between the local authority and PCT.
- Establishing a Young People's Travel Forum for Halton.
- Fully embedding locality working across all agencies and working practices.

#### **4.0 POLICY IMPLICATIONS**

4.1 The Apprenticeships, Skills, Children and Learning (ASCL) Act received Royal Assent in November 2009. The ASCL Act strengthened Children's Trusts by:

- Requiring every local area to have a Children's Trust Board;
- Giving the Children's Trust Board (rather than the local authority) responsibility for jointly producing, implementing and reviewing the Children & Young People's Plan (CYPP);
- Extending the number of statutory 'relevant partners' to include maintained schools, Academies, non-maintained special schools, Further Education and sixth-form colleges, Short Stay Schools / Pupil Referral Units and Jobcentre Plus.

4.2 At the same time, the Department for Children, Schools and Families (DCSF) published draft new statutory guidance on Children's Trust and draft new Children and Young People's Plan regulations. This statutory guidance replaced *Children's Trusts: statutory guidance on inter-agency co-operation* (2008), and also the non-statutory guidance on the Children and Young People's Plan released in 2008.

4.3 Many of the requirements of the Act and guidance were already present in Halton but formalised by these developments.

4.4 The Act ensures that all partners within the Children's Trust are individually responsible for implementing the CYPP. Partners must have regard to the CYPP and the commitments they have made to it, showing a good reason for departing from their commitment. Each partner is required to co-operate with the local authority in its role of

'making' the co-operation arrangements.

4.5 The Coalition Government is currently reviewing the policy framework for Children's Services and has announced its intention to remove the statutory regulations in place for Children's Trusts and CYPPs from autumn 2010. Although the Government has made it clear that it sees strong local partnerships as crucial to meeting the needs of all children, it does not need to be through a one-size-fits-all approach. Each local authority area will be free to address local issues with effective solutions. The basic duty to co-operate will continue but the list of statutory partners will be reviewed.

4.6 The intention in Halton is to continue to drive forward work to improve outcomes for children and young people through the current Children's Trust arrangements, with a new CYPP developed by April 2011 to provide strategic direction.

4.7 The Children's Trust will hold a development day in November to look to agree the overarching priorities for the Trust's work from 2011 onwards. These will shape the new CYPP and be informed by the evolving framework for working to improve outcomes for children and young people in Halton.

## **5.0 OTHER IMPLICATIONS**

5.1 The review was completed by the end of June, in line with requirements for it to be in place within 12 months of the publication of the Plan.

5.2 The document has been submitted to Ofsted as part of the evidence base for the 2010 annual Children's Services Rating that will be published in December 2010.

## **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### **6.1 Children & Young People in Halton**

The review provides an update to the Children & Young People's Plan for Halton 2009-11. This is the key strategic document for the Children's Trust, outlining the main priorities for the Trust within the framework of the Every Child Matters agenda in order to improve outcomes for children, young people and their families in Halton.

### **6.2 Employment, Learning & Skills in Halton**

The Plan and the review document has a strong focus on ensuring that young people are successful when they leave school and do well wherever they live and whatever their needs. Both of these overarching priorities of the Plan link closely to the Not in Education, Employment and Training (NEET) agenda that links with the work of Employment, Learning & Skills.



**6.3 A Healthy Halton**

Children's physical, sexual and emotional health is an overarching priority within the Plan and for the Trust.

**6.4 A Safer Halton**

The Plan looks at work being done around alcohol, anti-social behaviour and youth offending. In each of these areas the Trust works closely with the Safer Halton Partnership.

**6.5 Halton's Urban Renewal**

The review highlights the development of further provision in Halton, including the MyPlace site in Widnes and additional secure accommodation across Halton.

**7.0 RISK ANALYSIS**

7.1 The review meets the statutory guidance that was released from the previous government to undertake an annual review in each year that a full Plan is not produced. The review covers the requirements of the guidance, provides a supplementary update to the Plan itself and will inform this year's Children's Services Rating.

7.2 The Coalition Government is currently reviewing all policy areas and so the future budgetary framework is currently being determined.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality Impact Assessment undertaken on the document showed that there are no negative impacts on any individuals and groups within Halton as a result of the Plan and review. The Children & Young People's Plan facilitates positive action for children and young people overall in Halton and for particular groups of children and young people as appropriate.

**9.0 REASON(S) FOR DECISION**

9.1 The Review was undertaken in order to comply with the updated Statutory Children's Trust Guidance to review the Children & Young People's Plan in each year that a new Plan is not produced. The Review also provides an update on progress that has been submitted to Ofsted to inform this year's Children's Services Rating.

**10.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

10.1 N/A

**11.0 IMPLEMENTATION DATE**

11.1 The existing Children & Young People’s Plan remains the overarching strategy that Halton’s Children’s Trust is working towards meeting. The Review provides a supplement that updates progress so far on the two year (2009-11) Plan. The Review was published in July in time to be submitted to Ofsted by its deadline of July 16<sup>th</sup> for consideration for the Children’s Services Rating for 2010.

**12.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
Children Act 2004	2 <sup>nd</sup> Floor, Runcorn Town Hall	Mark Grady
Children’s Trust Statutory Guidance 2010	2 <sup>nd</sup> Floor, Runcorn Town Hall	Mark Grady
Apprenticeships, Skills, Children and Learning (ASCL) Act 2009	2 <sup>nd</sup> Floor, Runcorn Town Hall	Mark Grady

# Halton Children & Young People's Plan 2009 - 2011



## Annual Review of Progress 2010





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**This review has been subject to an Equality Impact Assessment. This can be viewed online at [www.halton.gov.uk/childrenstrust](http://www.halton.gov.uk/childrenstrust).**

**You can request a paper copy of this document, and all other supporting information referred to within this review by telephoning 01928 704546, or via email at [childrenstrust@halton.gov.uk](mailto:childrenstrust@halton.gov.uk)**

## 1. Introduction

Welcome to the annual review of Halton's second Children & Young People's Plan. At the Plan's halfway point, this provides an opportunity to reflect on the progress made by Halton's Children's Trust in the last 12 months, and refocus our multi agency partnership working to ensure that we meet all the challenges set out for us by the Plan within the next year. This review ensures that our Plan will continue to be useful and relevant through to 2011.

The review sets out developments in a number of key areas over the past 12 months, including:

- The views of children and young people that have been gathered through a broad range of consultation.
- The strengthened Children's Trust partnership arrangements.
- A performance update for all indicators within the Plan's overarching priorities.
- The work done so far to meet the 14 promises in the Plan and how we will work to meet the outstanding promises in the months ahead.
- And perhaps most importantly, this review gives us a chance to celebrate some of the successes achieved by our young people, as well as the barriers that have been encountered by children, young people and professionals over the last 12 months.

The Children's Trust is now firmly embedded in Halton and became a statutory body in April. The strong foundations and progress made over recent years in developing partnership working across all Children's Services ensured that many of the requirements of the Apprenticeships, Skills, Children and Learning (ASCL) Act 2009 were already in place in Halton. The Act merely reinforces these arrangements.

We have moved towards establishing real and lasting benefits from working as 'one organisation', both virtual and real, to meet the objectives contained within our Plan. This has been shown in the development and rollout of Team Around the Family (Locality Working) across Halton and in laying the foundations of a Joint Commissioning Unit between Halton Borough Council and NHS Halton and St Helens. These are just two examples of how we are working together towards the common goal of improving outcomes for children, young people and their families.

The vision that we set out in our Plan last year was:

"Halton's ambition is to build stronger, safer communities which are able to support the development and learning of children and young people so they grow up feeling safe, secure, happy, healthy and ready to be Halton's present and become Halton's future."

I remain confident that the progress we have seen in the last 12 months will continue and we will be able to meet all the challenges that the Plan sets out for us in order to realise this vision within a changing political landscape.

**Gerald Meehan**  
**Strategic Director, Children & Young People**  
**Co-chair, Children Trust Executive Group**

## 2. Children's Trust Partnership Arrangements

Halton's Children's Trust was established in 2008 in line with national requirements that became statutory on April 1<sup>st</sup> 2010. The Apprenticeships, Skills, Children and Learning (ASCL) Act 2009, together with the updated Children's Trust Statutory Guidance 2010, has increased the Trust's responsibilities in the following ways:

- The Children's Trust Board (rather than the local authority) will now jointly produce, publish, review and sign off the Children & Young People's Plan;
- Implementing the Plan is a responsibility of partners on the Trust as a collective;
- The number of statutory 'relevant partners' has been extended to include maintained schools, Academies, non-maintained special schools, Further Education and Sixth-Form Colleges, Short Stay Schools / Pupil Referral Units and Job Centre Plus.

The purpose of the Children's Trust is to bring all partners who work with and for children and young people together to agree a common strategy, the Children & Young People's Plan, for co-operating to improve children and young people's wellbeing, and to ensure that partners work together towards the strategy.

Halton's Children's Trust has identified three key 'partnership intractables'. These are issues where a strong partnership approach is needed to improve outcomes for children and young people. These form the basis for the Children and Young People's Plan. These 'intractables', under which the key outcomes can be clustered, are:

- A. Children and young people do well wherever they live and whatever their needs
- B. Children and young people are physically, emotionally and sexually healthy
- C. Young people are successful when they leave school

These form the basis of the three sub groups of the Trust, known as Service Delivery Partnerships (SDPs). Safeguarding plays a significant role in each of these areas and will be a consistent factor as each priority is addressed. In order to continue embedding the message that safeguarding is everybody's business we have identified a fourth priority area. This is:

- D. Children and young people will feel safe at home, in school and in their communities.

The Children's Trust works closely with the Halton Safeguarding Children Board (HSCB) to ensure all work within the Trust helps to meet this priority. The HSCB is the key body in Halton which ensures that the various strategic plans for children and young people, and the services that are provided for them, embrace effective safeguarding practice. A joint protocol has been established to formalise the relationship between the Trust and HSCB, informed by the new 'Working Together to Safeguard Children 2010' guidance. The protocol can be found in Appendix A of this review.

The Children's Trust Board oversees the work of the Trust, with the Executive Group feeding directly into it. The Executive Group's role is to advise, support and be accountable to the Children's Trust Board. It has responsibility for managing the business processes of the Children's Trust, and monitoring and supporting the work of the Service Delivery Partnerships, while modelling an innovative, outcomes-focussed approach to service planning and delivery. The Executive Group also acts as the Specialist Strategic Partnership for Children & Young People, feeding into the Halton Strategic Partnership. As part of this function, the Group has responsibility for the Children & Young People allocation of Working Neighbourhood Funding in Halton.

The overall Trust structures and how the Trust links to other bodies such as the Halton Strategic Partnership and Halton Safeguarding Children Board are outlined in Appendix B.



### 3. Children's Trust Priorities

During the last 12 months the Service Delivery Partnership (SDP) sub groups of the Children's Trust have been working towards bringing real improvements for children and young people in Halton within their priority. The table below summarises the areas of focus for each SDP, and the achievable goals that each have been agreed to implement within the timeframe of this Plan in order to make the greatest difference to their priority. More detailed information on the business plans of each SDP can be found at [www.halton.gov.uk/childrenstrust](http://www.halton.gov.uk/childrenstrust). The table also outlines the areas of focus and achievable goals for our overarching safeguarding priority in the year ahead. More detailed information on the safeguarding agenda over the next 12 months, as well as a reflection of the achievements in the last year can be found in the Halton Safeguarding Children Board Annual Report ([www.halton.gov.uk/childrenstrust](http://www.halton.gov.uk/childrenstrust)).

	<b>Areas of Focus</b>	<b>Achievable Goals by March 2011</b>
<b>SDP 1 – Children and young people are physically, emotionally and sexually healthy</b>	<ul style="list-style-type: none"> <li>• Tackling the high rate of under 18 conceptions and supporting teenage parents in developing their skills and realising their ambitions</li> <li>• Developing an action plan that will reduce infant mortality rates in Halton</li> <li>• Improving the emotional health of our children and young people</li> <li>• Improving breastfeeding rates in Halton</li> <li>• Reducing the percentage of young people who consume alcohol</li> <li>• Tackling the rise in overweight and obese children and young people with a healthy lifestyle programme for children and young people and their families</li> </ul>	<ul style="list-style-type: none"> <li>• Reducing levels of co-sleeping</li> <li>• Improving the teenage pregnancy communication strategy</li> <li>• Reviewing and enhancing the multi-agency anti-bullying strategy</li> <li>• Improving the capacity of parents and carers to discuss and guide/advise young people in terms of sex and relationships</li> <li>• Improving information sharing between professionals about vulnerable families</li> <li>• Improving education for children and young people on the demands having a baby can place on parents/carers and siblings</li> <li>• Improving communication within the healthy lifestyle programme for children, young people and families</li> </ul>
<b>SDP 2 – Every young person is successful when they leave school</b>	<ul style="list-style-type: none"> <li>• Increasing the percentage of young people achieving beyond their estimated level at GCSE</li> <li>• Reducing the number of young people worried about their future</li> <li>• Increasing the percentage of young people achieving Level 3 by 19</li> <li>• Increasing the number of young people participating in positive activities</li> <li>• Increasing the number of young people volunteering</li> <li>• Reducing the percentage of 16-18 year olds who are not in employment, education or training.</li> </ul>	<ul style="list-style-type: none"> <li>• Improving marketing and advertising of 16+ opportunities in Halton</li> <li>• Increasing awareness of vocational qualifications</li> <li>• Improving access routes to higher education</li> <li>• Ensuring carers receive training and support to assist in their education and vocational/positive activities</li> <li>• Working with parents to enable them to support their child in achieving their aspirations</li> </ul>



	<b>Areas of Focus</b>	<b>Achievable Goals by March 2011</b>
<b>SDP 3 – Children and young people do well wherever they live and whatever their needs</b>	<ul style="list-style-type: none"> <li>• Reducing the attainment gap of 5 GCSE's Grade A*-C including English and Maths between the most and least affluent areas of Halton</li> <li>• Reducing the proportion of children in poverty</li> <li>• Increasing the percentage of young people eligible for free school meals achieving Level 3 by age 19</li> <li>• Increasing the percentage of vulnerable groups in education, employment and training</li> <li>• Increasing the number of completed person centred plans</li> <li>• Increasing the percentage of young people who think their area is a very good place to live</li> </ul>	<ul style="list-style-type: none"> <li>• Developing intervention strategies with schools and providers including additional one-to-one support and personalised action plans</li> <li>• Introducing more flexible provision within Further Education with multiple start points for courses</li> <li>• Ensuring that learning providers can identify Level 3 learners who do not have appropriate A*-C GCSE's and provide additional support</li> <li>• Develop a small scale project through the Child Poverty group which will have a direct positive impact on reducing child poverty</li> </ul>
<b>Children and young people feel safe at home, in school and in their communities</b>	<ul style="list-style-type: none"> <li>• Increasing the stability of placements for children in care</li> <li>• Increasing the percentage of assessments completed within timescales</li> <li>• Increasing the number of parents with substance misuse issues receiving support</li> <li>• Increasing the percentage of Children in Need previously subject to a CAF assessment</li> <li>• Reducing the percentage of young people charged or cautioned with offences</li> <li>• Reducing the percentage of young people not in education, employment or training previously subject to a Child Protection Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Supporting the full implementation of the Common Assessment Framework so that all agencies are confident in planning and delivering coordinated services to children and families</li> <li>• Engaging with front line staff to support the development of a motivated, supported and skilled workforce</li> <li>• Continuing to develop effective working relations between HSCB the Safeguarding Adults Board</li> <li>• Involving the community in Board processes, including community representation on the HSCB, and developing structures to gather meaningful feedback on it's work</li> <li>• Providing constructive and robust challenges to the Children's Trust on safeguarding issues</li> </ul>

## 4. Children's Trust Working Neighbourhood Fund Commissioning

Halton has in place an established mechanism for managing its Working Neighbourhoods Fund (WNF) allocation. The five Specialist Strategic Partnerships (SSPs) that sit underneath the Halton Strategic Partnership are responsible for setting out activities for their WNF allocation. The Children's Trust Executive Group acts as the SSP for children and young people, and allocates its share of the funding across projects from within the priority area of each Service Delivery Partnership (SDP).

The table below outlines the services that have been commissioned using Working Neighbourhoods Fund allocations for 2010/11, and the SDP priorities that these services cover.

WNF	2010/11	SDP1	SDP2	SDP3	Safeguarding
PACT – Neglect Project	125,000	✓		✓	✓
NEET And Youth Activity	117,658		✓	✓	
Tackle Fitness with the Vikings	37,500	✓		✓	
Independent Travel Training	25,000			✓	
Canal Boat Project (Making Waves)	48,000	✓	✓	✓	✓
Integrated Working Project	30,000				✓
Young Carers Strategic Development Lead	49,949	✓	✓	✓	
Missing From Home	70,000	✓		✓	✓
HBC Teenage Pregnancy & Sexual Health Support	45,000	✓			✓
Publicity and Marketing	9,000	✓	✓	✓	✓
<b>Total</b>	<b>£557,107</b>				

## 5. Inspection Feedback

The Children & Young People's Directorate of Halton Borough Council underwent an unannounced Ofsted inspection of Contact, Referral and Assessment Services on 5<sup>th</sup> May 2010. The primary purpose of the inspection was to assess the effectiveness of frontline social work practice in managing potential risk to children, and minimise the incidence of abuse and neglect of children. This focused primarily on the Local Authority as lead agency for child protection.

The inspection report gave Halton a positive assessment of practice. The inspection did not identify grades, but aspects of satisfactory practice, particular strengths and areas for development. Where necessary, areas for 'priority action' are recorded and reported to the Local Authority. Priority actions cover areas where children may be left at risk of significant harm. No areas for priority action were identified during this inspection.

There were a number of 'Strengths' identified by the inspectors. These included:

- The quality of the supervision that staff receive
- The Council's enthusiastic and dedicated staff
- Good support staff receive from managers
- The quality of training provided
- Recruitment of social workers
- Newly qualified social workers are well supported
- There are strong quality assurance processes that support the development of practice.

The inspection also identified the following areas that were deemed to be 'Satisfactory':

- All cases are allocated
- Assessments are carried out by suitably qualified staff
- Duty team managers are visible, supportive and provide effective guidance
- Child protection issues are identified and responded to
- Case loads are manageable
- Completion of Initial and Core Assessments
- Increasing use of the Common Assessment Framework
- Children are routinely seen and spoken to
- The ethnicity and diversity of families is well considered.

Areas that Inspectors felt needed further development included:

- The timely completion of Initial Assessments
- ICT recording systems
- Recording of contact with the police and initial screening.

The development of a new ICT based recording system has been prioritised for development and implementation over the next 12 months, given the critical importance of these systems in the protection of children. The resource to do this has been prioritised and identified. In addition to this, an action plan has been developed as a result of the findings of the inspection with each area for development to be implemented by September 2011.

## 6. Listening to Children, Young People and their Families

Over the past year, views of children and young people have been gathered to inform the development of services for children, young people and their families across all agencies. They have been collected in a number of ways and from a variety of Children's Trust partners. Within our 4 priorities, there are a number of indicators of success. These are measures of whether we are achieving our goals, and we have mapped below the consultation evidence gathered in the past 12 months against these indicators. Where appropriate, some of the consultation work carried out before March 2011 will look to fill some of the gaps against these indicators, as well as to provide further evidence across all the indicators to inform the new Children & Young People's Plan.

Priority	Indicator	Instances of Consultation
<b>Priority 1. Children and young people are physically, emotionally and sexually healthy</b>	1.1 - Reduce obesity amongst primary school age children in year 6	1
	1.2 - Reduce % of young people who consume alcohol	4
	1.3 - Increase % of young people in Halton who are happy	10
	1.4 - Reduce % of young people in Halton who are worried about being bullied	5
	1.5 - Reduce the under 18 conception rate	4
	1.6 - Reduce the infant mortality rate	1
<b>Priority 2. Every young person is successful when they leave school</b>	2.1 - Increase % of young people reaching their estimated level of achievement at GCSE	3
	2.2 - Reduce the number of young people worried about their future	5
	2.3 - Increase the % of young people achieving Level 3 by age 19	1
	2.4 - Increase the % of young people participating in positive activities	10
	2.5 - Increase the number of young people volunteering	2
	2.6 - Reduce the % of 16-18 year olds who are not in employment, education or training.	2
<b>Priority 3. Children and young people will have the same opportunities wherever they live and whatever their needs</b>	3.1 - Reduce the GCSE achievement gap by 25% between those in the worst 10% of the super-output areas and the rest of Halton	2
	3.2 - Reduce the proportion of children in poverty	1
	3.3 - Increase the % of young people eligible for free school meals achieving Level 3 by age 19	0
	3.4 - Increase the % of vulnerable groups in education, employment and training (EET)	6
	3.5 - Increase the number of person centred plans completed	3
	3.6 - Increase the % of young people who think their area is a good place to live	8
<b>Priority 4. Children and young people will feel safe at home, in school and in their communities</b>	4.1 - Increase the length and stability of placements for children in care	1
	4.2 - Increase the number of assessments completed within timescales	1
	4.3 - Increase the number of parents with substance misuse issues receiving support	0
	4.4 - Reduce the % of Children in Need previously subject to a CAF assessment	0
	4.5 - Reduce the number of young people charged or cautioned with offences	4
	4.6 - Reduce the % of young people not in education, employment or training who were previously subject to a Child Protection Plan	1

Each of these instances of consultation can be accessed using the following link [www.halton.gov.uk/childrenstrust](http://www.halton.gov.uk/childrenstrust). A summary of some of this consultation work across each priority has been outlined below.

### **Priority 1: Children and young people are physically, emotionally and sexually healthy**

Activities conducted by Halton Youth Service targeting local 'hotspots' on Friday and Saturday evenings have facilitated extensive consultation with young people on issues such as alcohol consumption, teenage pregnancy and fear of being bullied. This research provided recommendations that were fed into the Promotion of Positive Activities Group. In addition to this, as part of the Friday Night in the Parks initiative, young people had the opportunity to train as Peer Education Alcohol Workers. Once trained, they worked face to face with other young people in Halton's parks to discuss how they felt alcohol affected their behaviour, and to raise awareness of the risks and consequences of unhealthy alcohol consumption.

A survey was conducted with children, young people, parents, staff and volunteers at the beginning of the 2009 school summer holidays, focusing particularly on primary school aged children, to find out their views on local playground facilities. Information from this survey feeds into indicators within this priority for reducing obesity, emotional wellbeing and also children who think their area is a good place to live.

Although there has not been specific consultation with young people around reducing the infant mortality rate in the past 12 months, parents have been consulted on promotional materials for a recent child safety campaign, and gave their thoughts as to the effectiveness of the literature.

### **Priority 2: All young people are successful when they leave school**

The MyPlace Design Group have been an integral part of consultation in all matters concerning the design of the new youth facility in Widnes. This has helped to establish what type of provision young people would like to have available, to enable them to take part in positive activities. The young people propose the facility should offer a variety of opportunities including information on education, careers, housing, finance and health. The project hopes to also encourage young people to participate in volunteering opportunities.

Consultation was undertaken as part of the review of Primary and Secondary SEN provision in the borough between March 2009 and January 2010. This was conducted via email, post and meetings to teachers, parents, carers and key workers for SEN children, as well as additional groups such as elected members and neighbouring authorities Diocesan leaders. This led to the establishment of a range of specialist resource provision units across the borough and the development of the Autistic Spectrum Disorder (ASD) Pathway for school-aged young people in Halton following a successful pilot study. The Pathway is a multi agency approach to provide appropriate holistic assessment, diagnosis and intervention in ASD in Halton and it is hoped it will be developed into a joint Halton and St Helens Pathway.

The Connexions 'Involve' youth group of around 15 young people meet every two weeks to look at ways to improve youth provision across the borough. They use different ways to capture feedback and make suggestions for change, which include workshops, surveys, and residential weekends away. The group have made a difference to the way services are delivered in the area, and have even been successful in funding bids to fund their activities. The young people have been involved in consultation around CEIAG (Careers Education, Information, Advice and Guidance) in schools and this has contributed to the development of a common programme of study for Information, Advice Guidance across schools in Halton that is now being implemented.

### **Priority 3: Children and young people will do well wherever they live and whatever their needs**

The Young Inspectors Project supported a group of young people with learning difficulties and disabilities (LDD), to inspect local services to assess their accessibility for young people with LDD, and identify any barriers to participation. This project helped to identify need within specific areas in order to make Halton a better place to live for young people.

Young travellers have been consulted on the resources and equipment they need in their new community centre on the traveller site in Widnes, and successfully gained £10,000 from Halton Youth Bank to equip this new youth and community resource.

Halton Youth Cabinet carried out a 'circles of influence' peer research project to identify the five main concerns for disabled young people. This was a direct response to the need for the voices of children and young people with disabilities to inform the work of the Children with Disabilities Partnership Board

Consultation also took place with families of children with disabilities who have followed the assessment process, to gain feedback on the services their children had received. The feedback received was discussed with families and a joint goal plan was agreed.

### **Priority 4: Children and young people will feel safe at home, in school and in their communities**

HSCB Shadow Board - A young people's Shadow Safeguarding Board to the Halton Safeguarding Children Board (HSCB) is currently being established and is in its early stages. The aim is to gather views and ideas from 13 - 19 year olds in order to feed into the HSCB. It is hoped that the group will have membership representation from Youth Cabinet, Anti Bullying Alliance, Children in Care Council and relevant services for children and young people. The focus of meetings so far has been on anti-bullying and volunteering opportunities

Various activities led by Halton Youth Service have taken place over the past year with the aim of offering young people alternatives to risk taking behaviour, which can often lead to crime. The Friday Night in the Parks project consulted with young people on what activities they would like available in their areas, and also offered them short courses in comedy, graffiti art, breakdancing, 'MCing' and DJ workshops, as well as peer education projects and basketball and football sessions at Victoria Park in Widnes and Phoenix Park in Runcorn. The aim of this project was to reduce anti social behaviour in local hotspot areas.

In addition to this, the MyPlace project will focus on providing facilities for young people to engage in positive activities, and offer information, advice and guidance on issues including, education, careers, housing, finance and health. The project hopes to also encourage young people to participate in social enterprise activities and local volunteering opportunities. These initiatives aim to reduce the number of young people charged or cautioned with criminal offences.



## 7. Success Stories

Much progress has been made over the last 12 months towards achieving our goals set out within the Children and Young People's Plan priorities. This review gives us the opportunity to share and celebrate some of the successes that have been achieved in Halton by individuals, groups and agencies during the last year as we have worked towards improving outcomes for our children and young people. These example success stories and the priority from the Children & Young People's Plan that they fall under, are outlined below.

### Priority 1: Children and young people are physically, emotionally and sexually healthy

#### Barnardo's - J's Journey

'J' is 10 years old and has been working with Barnardos for the last 11 months as a result of being reported missing from home by police. The priority was to focus on J's anger management, which had caused him to run away.

*"My name is J and this is how I changed my behaviour to manage my anger. At the beginning of my journey, I thought I was horrible. I felt horrible because I talked "bad" to my mum, but was nice to everyone else. I wanted to change. I set myself goals. The first one was to control my anger. The second one was to get on better with my mum.*

*The journey ahead looked like hard work. It looked like it would be impossible and I wouldn't be able to do it. The problem I faced on the journey was having to make hard decisions. Some things seemed impossible and I felt I needed a miracle. My mum helped me on my journey, by calming me down when I got angry. Barnardo's gave me techniques to help me manage my anger. Me and my mum can now use these techniques.*

*My feelings changed often throughout the journey. At first I felt angry all the time. This started to change when I had my techniques. Instead of angry all the time I felt hopeful. When you use techniques and get better and better at things it was hard to change on my own and it was nice to see that my mum was on the journey with me. We worked together as a team.*

*Now I feel happy, I feel nought on the scale. Now I know I don't need a miracle because everything is fine now as I am getting on better with my mum. My journey relates to a mountain, as the journey involved many steps to reach the goal at the top. From the top of the mountain everything looks bright."*

#### Chrysalis

Chrysalis was established in September 2009 and has worked with over sixty children and their families. The service provides one-to-one work, and also mediation for parents dealing with bodies such as schools, CAMHS and housing. The following is one example of the work done by Chrysalis, provided by a member of staff who worked with "Billy", aged 11.

*"Billy's Dad died suddenly in September 2009. Two months previously his Mum and Dad had separated. He'd also just started senior school. I started seeing Billy in school after Mum had contacted me and I'd carried out a home visit and assessment.*

*Billy was very emotional, was not attending lessons and sobbed during our sessions. He felt very confused and really struggled with his emotions. Initially we worked on building rapport, and he began to feel safe in the sessions and gained from sharing and 'struggling' with his feelings surrounding all this change and loss. We spoke about his Dad, looked at photos and laughed at some of the stories Billy told.*

*Things started to improve for Billy and he felt stronger, but he also felt angry about these events. He could be disruptive at home and wasn't contributing any help to his Mum. I'd liaised with Mum by phone and she raised some concerns and was quite upset herself. Billy and I explored anger, looking at some strategies to help him deal with it and, being a keen footballer, we used an analogy based around his football team, teamwork and the affect on the team if players don't do their 'job'. We also made use of a diary to monitor and understand behaviour and feelings around Billy's responsibilities at home. Billy really 'got' this idea and things have improved greatly.*

*Billy attends all lessons now, his diary has demonstrated the improvement in his home life, he's remembering his Dad in a positive way and is a lot more comfortable and resilient."*

### **Sexual Health Summer Camp**

The Youth Service and peer educators organised a sexual health summer camp in 2009 involving targeted groups including children in care, Lesbian, Gay, Bisexual and Transgender young people and young people with learning difficulties and disabilities. The aim was to create a safe environment where the groups felt comfortable sharing knowledge, chatting about sexual health and relationships and get information, advice and support. In the second phase of the camp, the young people created a DVD call 'SexEd TV'. Plans are now underway to organise sexual health summer camp for 2010. Training was also organised for a group of young people in peer-led research, leading to a peer-led report with recommendations for sexual health services in Halton.

### **Seasons for Growth**

Catholic Children's Society delivers the Seasons for Growth programme, which provides children and young people with strategies to build their resilience after significant changes in their lives. An example of the work of the programme is that of a 9 year old at a primary school in Halton, who moved from another area last year when her parents separated. She struggled to settle in her new school, was aggressive towards other children, uncooperative with staff, not participating in school life and hiding under tables – a total change in behaviour from her previous school where she was a model pupil.

Through participation in group activities, she was able to relate to and share experiences with peers and develop friendships. She became able to name feelings, relate them to behaviour and identify changes that would make school a happier place to be. She really enjoyed the group because she could "just be myself".

It appeared that she could not enjoy her new school while mourning the loss of her last one. We worked on a "then & now" scrap book – identifying similarities and differences. This showed the positive opportunities available now, without taking away from the feelings/memories of the previous school. The school were very supportive and agreed to continue this after our intervention was completed. The outcome of this has been extremely positive for all involved. She was keen to share her scrap book with staff and peers and the aggressive behaviour has reduced. She is actively participating in school life, achieving more and enjoying learning again. Mum has reported a difference with their relationship and it has eliminated a lot of the conflict at home.

### **Child Safety Programme**

This Programme was developed as a result of the review of child deaths in Halton. These reviews identified a number of preventable factors that caused the deaths of babies and young children through injury, accidents or suffocation following sleeping with the baby. The programme consists of multi agency training for front line staff to highlight the potential hazards and explore how agencies could work more effectively together. A Child Safety directory has also been developed,



along with a resource pack and pocket guide for front line workers from a range of agencies, which was informed by social marketing research. The directory and pocket guide have been well received and are being used to improve safety for young children.

## Priority 2: All young people are successful when they leave school

### LOOSE Music Group

'LOOSE' is a not for profit organisation run by volunteers supporting and promoting music & creative arts. It started in January 1997, with the purpose of supporting & promoting local music. LOOSE started to organise under-18s gigs at The Queens Hall Studio and music workshops for young people who previously had nowhere to go to play and rehearse. A great community developed and several grants were obtained to activities. It was a blow when the Studio closed in April 2004.

In April 2010 after a long struggle the Studio opened again, now owned by LOOSE. Funding has been secured for 5 years from The Big Lottery Fund to develop music related activities and opportunities. The 'original' young people have grown up and moved on but they have been able to evaluate and express what it meant to them having the regular workshops at The Studio:

*"It was like a second home, only better. You felt like you belonged to something."*

*"I am supporting this project because I want other young people to have the same chances I had".*

*"Picking up a guitar when I was 14 and having those opportunities meant I didn't end up like a lot of my mates who are on drugs or in jail. I am now in my final year at University doing a degree in music, and loving it. Who'd have thought a kid off the estate could be doing this?"*

### Halton Democracy Camps and United Kingdom Youth Parliament (UKYP)

Through ongoing commitment to Young People's Voice, Halton Youth Service organise annual Democracy Camps for young people from Halton's Area Youth Forums and School Councils. The aim is to elect young people onto Youth Cabinet through democratic and young person led processes. Members of the Cabinet then stand for in the UKYP elections. The young people elected on to Cabinet in 2009 asked to take on the task of planning and facilitating the 2009 Camps.

Youth Workers planned an accredited Young Leaders Peer Education training programme to ensure the group developed skills and abilities to be able to share their experiences and knowledge with their peers. On completing the programme the group, supported by workers, were equipped to undertake the planning and facilitating of workshops on the 2009 Camps.

The impact for the Cabinet members and participants was incredibly positive. Some Cabinet members felt this had been one of the most challenging experiences to date showing their increased levels of confidence through their public speaking. Future Democracy Camps will continue to be planned, organised and led by young people.

### "Putting the past behind me and looking forward to university"

Alice, 18, has worked with Connexions after having a difficult time since leaving school. Living in Hostel accommodation wasn't easy, but with help and support she hasn't let her difficulties hold her back. Alice enjoyed 20 weeks on Activity Agreement Pilot, participating in positive activities and developing her personal skills such as confidence and team building. She also gained valuable employment skills and benefited from one to one career guidance which helped secure a place at Riverside College on a BTEC National Diploma in Graphic Design Level 3.

Now in her second year, Alice has now applied to go to university next year to continue her design studies in Higher Education. Alice's long-term ambitions are to find her dream job working for a large company as an Interior Designer.

*"Connexions have been great, I've always felt I could pop in and see someone when I was in trouble. They never judged me; my PA always helps me get things back on track"*

### **Riverside College is officially good with OUTSTANDING features!**

An Ofsted inspection in February 2010, judged Riverside College to be 'a good college with outstanding features'. Ofsted were impressed with the College's management, quality of provision, the student experience and the progress made at the College in the last twelve months. The report also commends the excellent relationships the College has across the community with parents, schools, employers, the local authority and community groups. The College have now made a strategic commitment to use their 'outstanding capacity to improve' to create a grade one college in the shortest time possible to enable them to provide the people of Halton with outstanding education and training opportunities.

### **Prince's Trust in the local community:**

Halton 43 Prince's Trust team worked in partnership with Halton Borough Council to renovate the Park Family Centre in Castlefields, Runcorn. They decided to take on this challenge to support their local community and develop new skills. The team of 10 young people aged between 16 and 25 raised over £300.00 for the project themselves, but were also granted funding for materials by Halton Borough Council's Neighbourhood Management Team.

The Park Family Centre was officially re-opened in February and was attended by members of the Fire Authority, local councillors, the staff from Halton Brook Children's Centre, Castlefield's residents and friends and family of the team members. All team members gave a speech and were presented with a certificate in recognition of their achievements.

The young people's hard work and dedication has now paid off because they have now been awarded an Outstanding Achievement Award for the best community project in Halton.

## **Priority 3: Children and young people will do well wherever they live and whatever their needs**

### **The Halton Photovoice Project**

The aim of this project was to give young people with special educational needs a chance to speak out about their experience of transition from their own perspective, and to encourage a more involved approach to assessment and provision of services. The Northwest Regional Hub commissioned the national charity "Photovoice" to lead on this initiative across the North West.

Work was done with a small group of young people to get an insight into the needs of the group and their hopes and dreams for the future. Four workshops were run locally, followed by participation in a regional a Transition Event, hosted by BBC Radio Merseyside. The transitions faced by the young people involved included from primary to secondary school, and moving from an independent special school into Riverside College, as well as the transition to adulthood. All are important transitions that can often be very difficult to understand and cope with.

As well as practical skills, the group really understood how to portray feelings and situations through photographs. The project ran from February – April 2010 and was a great success. A

Photovoice Finale celebration event was held in May at the Stobart Stadium. This gave an opportunity for parents, families, carers, friends and schools to see the excellent outcomes for our young people.

This project has been part of 'The Source' resource for schools and Special Educational Needs Co-ordinators that has proven to be extremely valuable. An interactive resource for parents is being developed and also for pupils through the learning platform in order to increase the impact of the voice of the child.

### **Positive Futures Halton**

During the summer of 2009 a group of young people took part in a camping vacation to Normandy. The trip was organised to celebrate the achievements of some of the young people and also to visit the war cemeteries in the region. The group were responsible for organising the itinerary, which included travel to and from France, and also the camping and preparation and cooking of meals on the trip. The trip to the War Memorial in Caen was a humbling experience for the group who paid their respects to those had fallen during the war. Staff were on hand to educate the young people on related queries.

Once back in England and as part of their community action in attaining the Life Routes Qualification the group decided to hold a sponsored walk to raise funds for Help for Heroes. So on a wet and windy Saturday in January, 17 young people took part in a walk from Windmill Hill to Widnes town centre and back to raise funds and make their own contribution in memory of the fallen. The group raised over £1300 through sponsorship money and collecting funds on their journey with their Help for Heroes buckets.

### **Partnership Working Between Job Centre Plus and Children's Centres in Halton.**

As a result of the rise in unemployment and estates issues, a service is now available offering access to lone parent advisors from Job Centre Plus at all Halton's Children's Centres. Each Centre has community development workers working alongside the Job Centre Plus advisers for at least half of each day and this has made a huge difference to advisers being able to offer a full package of support around the family. Some of the benefits arising from this partnership include:

- Improved joint working between organisations to the benefit of families as a whole
- Parental engagement – Community Development Workers are informing and supporting Job Centre Plus advice sessions
- Effective fast track referrals to Halton People Into Jobs, Citizen's Advice Bureau, Adult Learning and Job Centre Plus funded training
- A whole support network 'on site' to work with families in a family friendly environment

Feedback received from parents has been positive so far and has included:

- 'it made it easier to say what you wanted to say'
- "The Children's Centres make a more relaxed atmosphere"
- "I didn't know there was so much going on here"
- "I could relax because the kids were happy"

### **Nessie Club**

The Canal Boat Adventure Project's Nessie Club have attracted a number of prestigious awards for their achievements in breaking through educational, health and cultural barriers since the project was set up by young people in 2001. Over the last few years, members of the Club have worked in Nkawie in Ghana, raising £30,000 and leading on the design and build of the first Children's Computer Centre in the area. During the last 12 months they have introduced Halton's Children &

Young People's Plan to the area and used Halton's Children's Trust model as a means of engaging the local community to maintain and develop the resource.

Eight members of the Club this year won the BBC Young Citizenship Award and were featured on BBC television in March.

For the past four years, successive cohorts of "borderline" GCSE candidates have organised their own 5 day canal boat-based GCSE residential. The combination of healthy meals, regular sleep, relaxing activities and studying in groups has enabled more young people to exceed their predicted GCSE grades.

This year the group included young carers, a looked after child and seven very vulnerable young people who needed additional support with their set text book (Of Mice and Men). The project provided new revision guides, some copies of the book and the video as resources. At Easter, these young people arranged chairs, cinema-style on the wide-beam boat and watched the video. Each young person was engrossed in the play and collectively they were very emotional about the story. Lively discussion groups followed and young people from different schools contributed different perspectives. New vocabulary was explored and these young people then worked informally on revision guides throughout the residential.

During the two weeks prior to GCSEs, several from this group took up the option of working with a very inspirational English tutor, studying exam techniques and testing out their understanding of the concepts of the book's plot. These young people confirmed that this residential enabled them to address their own barriers to achieving their potential in GCSEs - a quiet space, revision guides (not all young people can afford to buy these) the full text book in contrast to photocopied chapters, and the video provided each young person with the best possible chance of gaining a good grade: however, group support for revision was, in their opinion, the motivating factor.

### **"Help to get where I want to be"**

Rachel was just 16 when her baby arrived but thanks to the help and support from Connexions and other partners in Halton, she now feels like she's got her life back on track and hopes some day to run her own business. When she was pregnant, Rachel joined a parenting group called TP2B which is a 12-week programme delivered in partnership between Connexions, a local midwife and the Children's Centre:

*"I met one of the Connexions PAs and she kept in touch with me throughout my pregnancy, she's been great. She helped me to get a place at Riverside College. She also got me free childcare which has worked out really well whilst I'm doing my course. I really regret getting kicked out of school. I should have done so much better with my GCSEs but I messed around too much and didn't get very good grades. I'm going to stay on at college now to get better qualifications."*

Rachel is now attending an Introductory Diploma in Business Administration and Retail. When she finishes the course she hopes to go on to find a job as a receptionist and gain some experience.

## 8. Barriers to Success

As part of reviewing our progress, as well as celebrating the successes that have been achieved, it is important to identify issues that stand in the way of children and young people achieving their full potential. The issues that have been highlighted to us through our work and in consultation exercises will inform service development and other work in the next 12 months as part of the improvement plan (see section 11), as well as the development of our next Children and Young People's Plan for 2011 onwards.

A number of examples of the barriers to success that have hindered the opportunities for our children and young people in achieving their full potential are outlined below. The examples below show some of the common themes which emerged as issues for young people:

**A consultation exercise was recently conducted by the Children's Trust in partnership with Halton Youth Cabinet, to explore the views of young people on how well that they thought the Children's Trust were meeting the priorities set out in the Plan so far. Below are some of the comments received from the group that highlight some of the issues they have encountered.**

***"Transport* - this is a huge issue for young people in Halton, and is preventing young people achieving their goals. The prices are often too high, which means many young people can't access some courses/services. There is very little evening travel provision between Widnes and Runcorn, and young people often end up stranded. Also some residential areas are not serviced well, which means that young people living in those areas are isolated. Buses are still largely inaccessible for some wheelchair users. The low floors mean we can get on the bus, but there are no facilities for strapping down wheelchairs while the bus is in motion. It would be helpful for drivers to receive training to raise awareness of disabled people's needs"**

***"Underage Drinking* - not enough is being done about underage drinking, more services need to be going into schools and telling young people about the dangers of under age drinking. Peer educators could do this?"**

***"Sex and Relationships Education (SRE) provision* is not consistent around the borough and there is a gap in provision in faith and special schools. Provision sometimes doesn't cover issues around Learning Difficulties and Disabilities, and Lesbian/Gay/Bisexual/Transgender issues, pupils feel that teachers often avoid the subject because they are unsure how to address it. Better staff training is needed"**

***"More help is needed to get 16 – 19 year olds into work or further training and education. In Halton people don't always know where to go for support and there aren't enough opportunities. More information is particularly needed about Level 3 opportunities, e.g. apprenticeships."***

***"Narrowing the gap* - Children and young people who are disadvantaged can find it hard to achieve their goals. I know there are certain college courses that are hard to access, because of problems with transport and money issues. Support services for young people need to be advertised more widely"**

***"Positive perceptions of young people* - It's important to celebrate the achievements of young people more often, eg the Mayor's Ball, to promote young people's achievements and show a more positive profile. Youth Parliament is an important issue, but doesn't seem to be driven forward within schools and sometimes feels trivialised"**

***"Educational Attainment* - Young people who achieve lower than A\* - C grades are sometimes made to feel as if they've not performed well, even when their own personal grades may have improved a lot."**



From January to March 2009, 1762 young people were contacted through outreach and weekly provision on Friday and Saturday nights in local 'hotspot' areas. Young people told youth workers what their needs and wants were from weekend provision for young people.

- They said they wanted 'something exciting' to do on Friday and Saturday nights, such as sport or music based activities, as there was currently very little provision during weekends
- They would like more places where they go where they can simply chat and chill with their friends, without being moved on
- They felt that their choices were restricted by lack of access to travel or unaffordable fares

In June 2009 the Youth Cabinet carried out a peer research project to identify the main concerns for disabled young people to inform the work of the Children with Disabilities Partnership Board. Some common themes were identified which young people felt were barriers to them achieving their goals:

#### Transport

- All buses and taxi's should have ramps, some are inaccessible
- Trains – need ramps and more time to get on and off
- Training for bus drivers needed to raise awareness of needs of young people with disabilities

#### Money

- More support needed for young people managing and handling money when they leave school
- Support needed for filling in forms for bus passes

#### Places to go and things to do

- Make shops and other areas of interest to young people accessible for everyone
- Better lighting so young people feel safe

#### School

- More storage for walking frames and wider corridors
- Better gym equipment and more rise and fall tables
- More focus is needed on vocational subjects during year 11

**Evidence<sup>1</sup> has also emerged as part of service reporting mechanisms of barriers to success in young people's social environments.**

Young people often face prejudice from their peers and even from within their families when trying to engage in positive activities. In some circumstances young people find that adult expectations of them are far too low, and where a young person may have the ability to progress into higher education they are often encouraged to find work due to financial deprivation within families.

There is also evidence that numbers of young people who are unlikely to achieve 5 A-C GCSE's or who are borderline in core subjects appear to disengage from learning at around year 10. Comments from some of this cohort include:

*"The teachers lose interest in you after GCSE mocks if you are not predicted many A-Cs you don't count because they focus on the rest" (J. aged 16 male)*

*"I have made friends with four other pupils who are predicted Ds and Es – we only get attention when we cause trouble" (S aged 16 female)*

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<sup>1</sup> Evidence provided from Canal Boat Adventure Project funding returns

**Lack of access to some support services for young people in Halton continues to restrict their progression. There is limited weekend, evening or holiday time provision to meet identified needs in terms of:**

- Support for young people with emotional health needs (at levels 1 and 2)
- Children's Rights Service
- Advocacy work
- Support for young people who self harm

Transport is also an issue for many young people in the borough. Irregular Sunday services, lack of late evening transport between Widnes and Runcorn, and also the high cost of some services contribute to restricting the activities that young people can access.

**Other gaps in provision include:**

- Lack of access to computers/learning support on Sundays/evenings. Many young people do not have working computers in their homes, or access to a table/quiet area to work from.
- Restricted access to enjoyable activities for young people across Halton on Sundays/Bank Holidays, when young people are often bored and more vulnerable to taking part in risk taking behaviour

**There is evidence to demonstrate that economic downturn is impacting on families in the poorest wards in terms of:**

- Having enough money for food: *"Mum has got £10 to feed us till Friday"* (young person aged 11 years)
- Parents and carers who would have considered buying SATs/GCSE revision guides in 2008 were unable to do this in 2009
- Young people are less likely to be able to afford school trips, or the suitable clothing often required to participate in them

## 9. Performance Review against Priorities

The Children & Young People's Plan 2009-11 highlights annual progress against key indicators within our priority areas. The information on the next three pages updates progress made against these indicators over the last 12 months. Where it is available, additional information has been added that shows Halton's performance in comparison to its statistical neighbours. For Tell Us survey indicators, statistical neighbour information is not available as these indicators are not included in the National Indicator Set.

The additional data for the last 12 months shows that we have made progress collectively in some areas to make a real difference for children and young people in Halton. There are a number of examples of areas where we have made improvements, including:

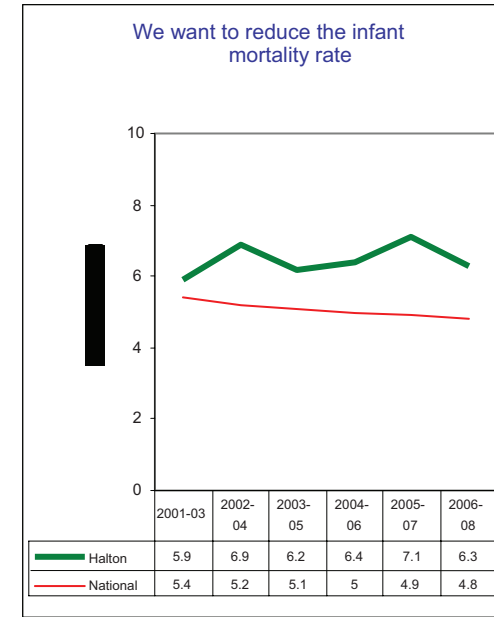
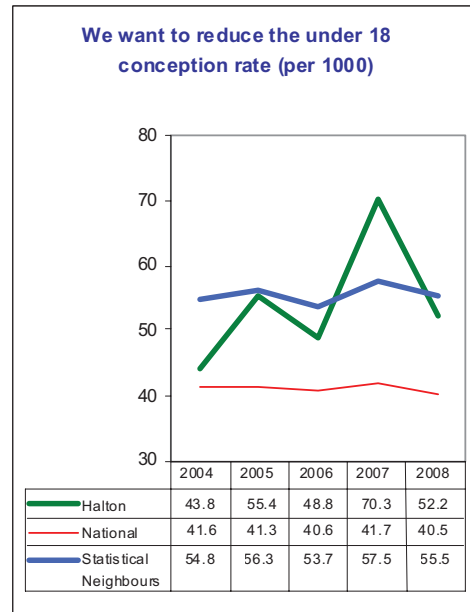
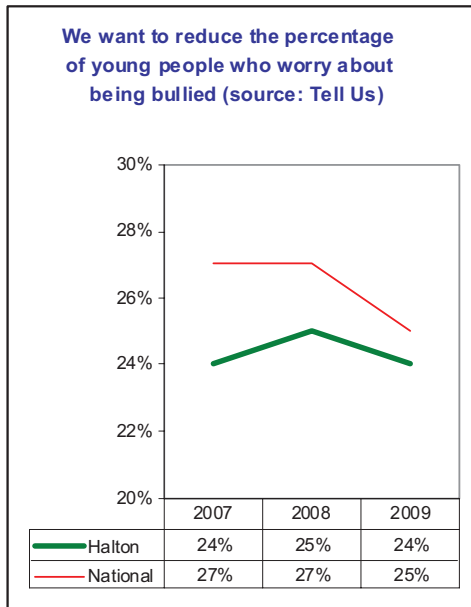
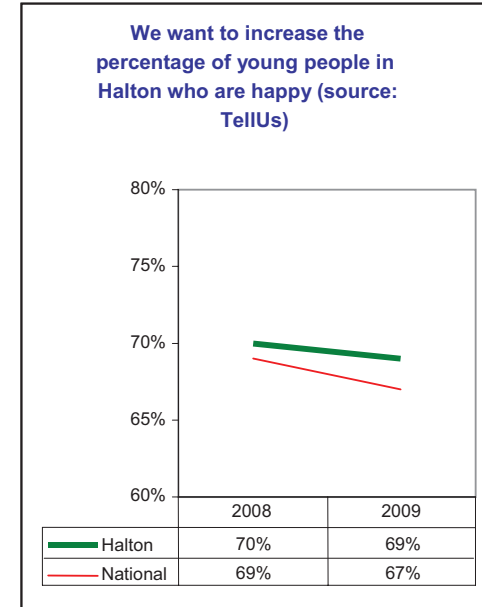
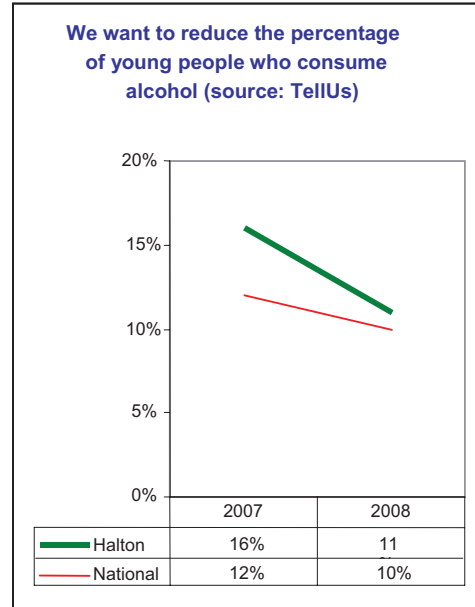
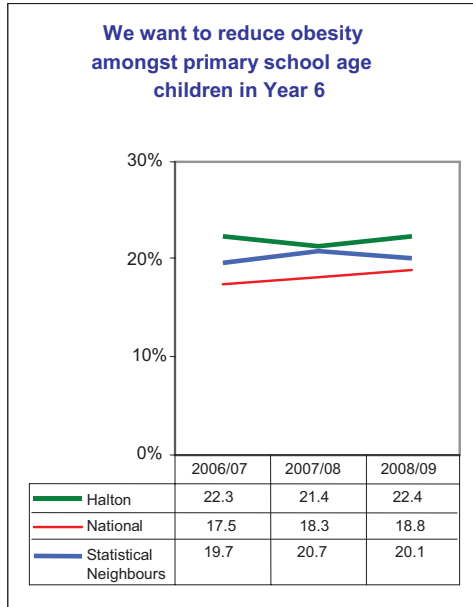
- The proportion of children who worry about being bullied
- The under-18 conception rate – the reduction reported is the highest in the North-West and the fifth highest nationally
- The proportion of 16 – 18 year old young people who are not in education, employment or training (NEET)
- The proportion of young people who think that Halton is a good place to live

Despite improvements in these areas of work, the last 12 months has seen performance worsen in other areas, and so extra focus will be brought to these issues in order to turn around performance in the months ahead, and form the basis of the Children and Young People's Plan 2011. These issues include:

- Levels of obesity for school age children in Year 6
- The number of young people participating in positive activities
- The proportion of young people achieving a Level 3 qualification by 19
- The proportion of young people achieving their estimated level of achievement at GCSE

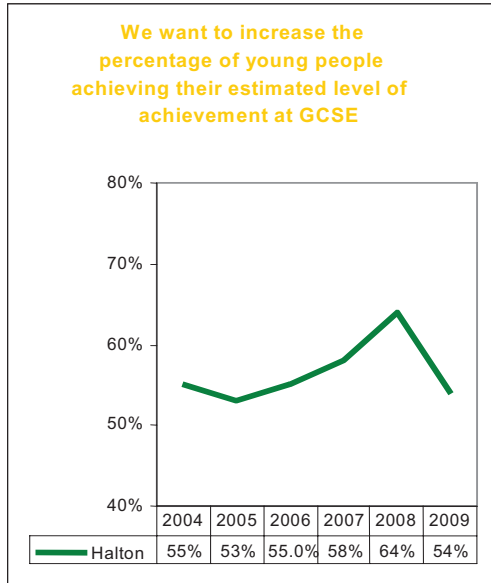


## Priority 1: Children and young people are physically, emotionally and sexually healthy

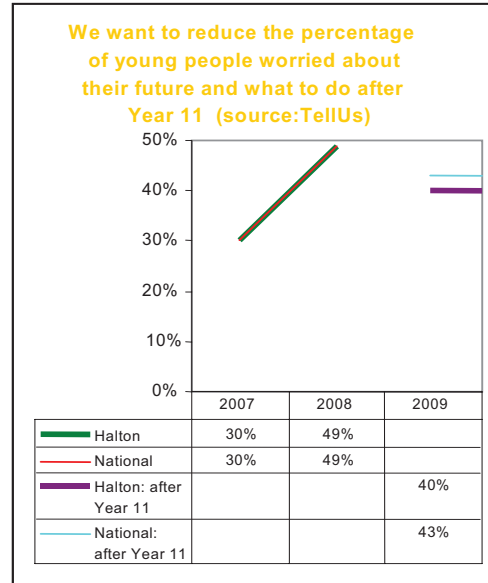


<sup>2</sup> 2009 data was not collected in the Tell Us Survey with the same wording and therefore is not comparable for reporting purposes.

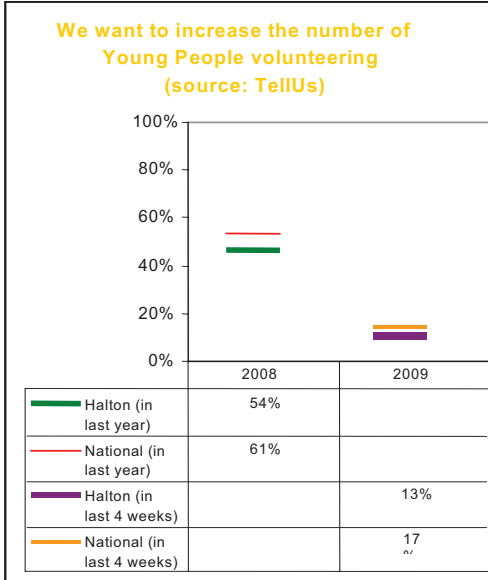
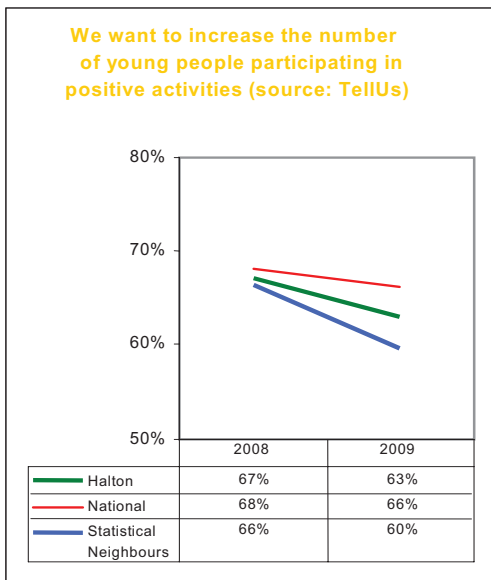
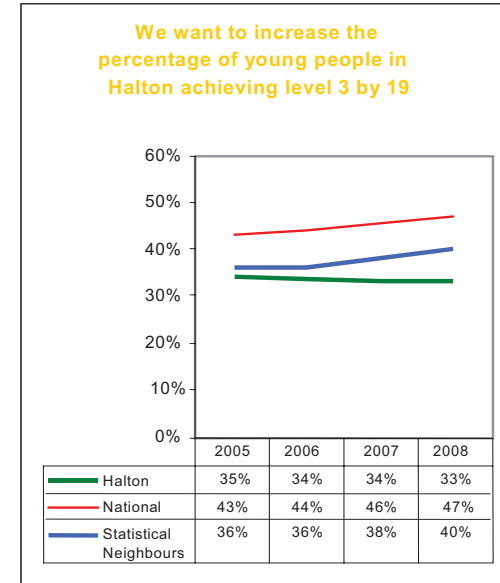
## Priority 2: All young people are successful when they leave school



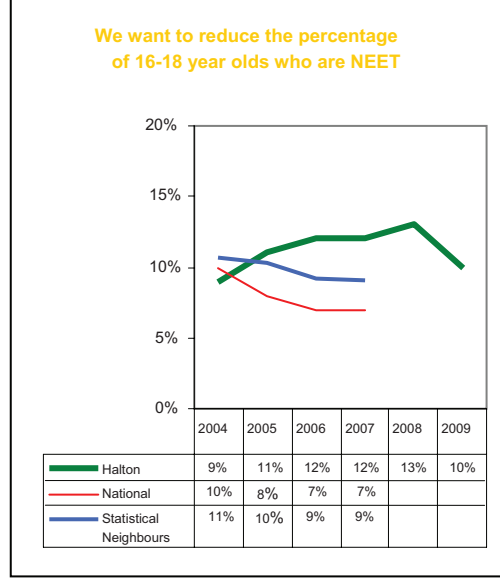
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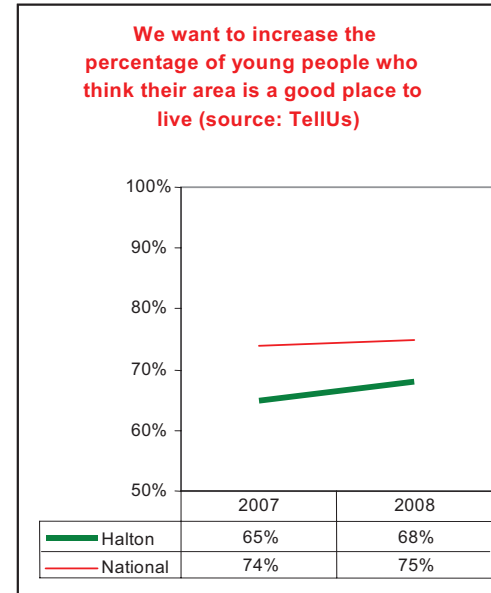
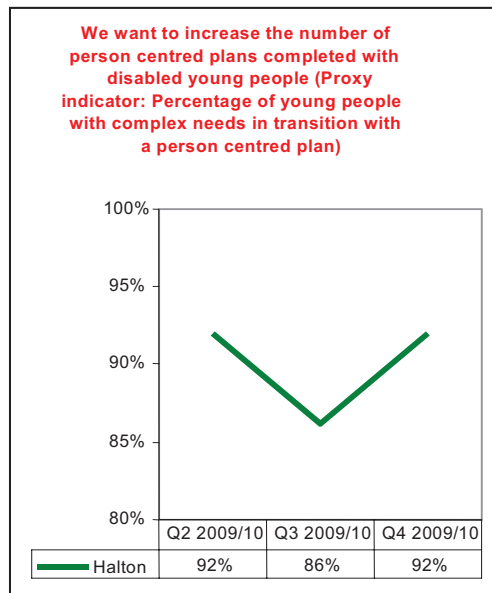
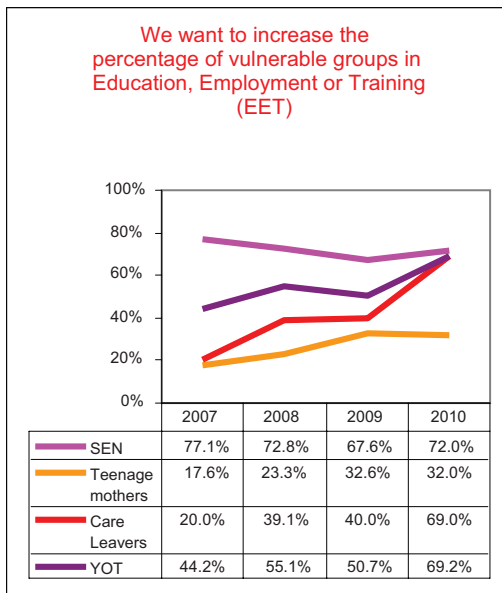
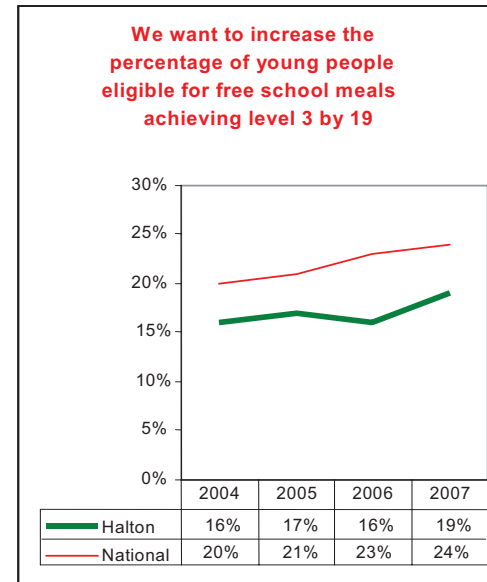
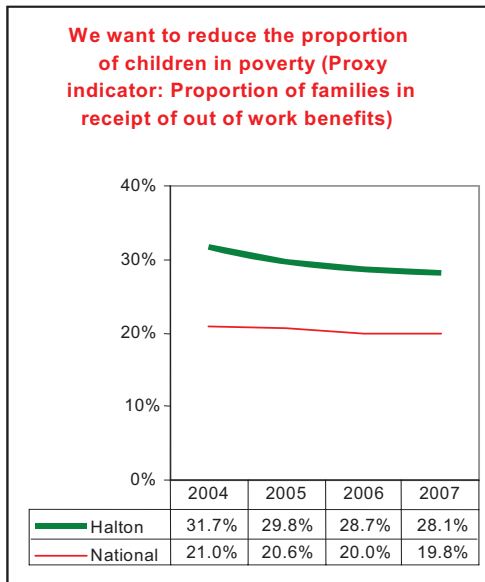
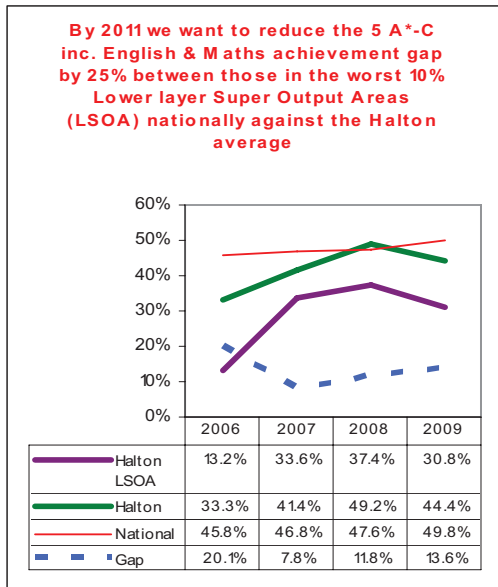
<sup>3</sup> Local indicator – no statistical neighbour average available as the data is estimated achievement at GCSE rather than actual

<sup>4</sup> Tell Us Survey indicator changed and therefore two different responses are shown in graph

<sup>5</sup> Different question has been asked within survey over time, thus two separate sets of lines on graph.

<sup>6</sup> Latest published data is 2007 and therefore no comparable data for 2008 and 2009.

## Priority 3: Children and young people will do well wherever they live and whatever their needs



<sup>7</sup> Local indicator – no comparable data available

<sup>8</sup> Question not asked in the Tell Us 4 Survey

## 10. Children's Trust Performance Report Card 2009-10

Performance against the key indicators within each priority of the Children & Young People's Plan has been monitored on a quarterly basis over the past 12 months by the Children's Trust using a report card format. The Trust's report card for the end of 2009/10 follows a summary of each priority provided below. The report card succinctly gives a summary of performance against the key performance and process measures across the four priorities within the Children's Trust, reinforcing the messages from the performance indicators contained in the graphs, as well as additional performance and process measures that the Trust has been collectively monitoring.

The information contained is the latest information available against each indicator for the period up to March 31<sup>st</sup> 2010 as available in June 2010. The report card combines both performance and process measures.

Many of the indicators show an arrow as well as a figure in the 'actual' performance column. This arrow shows the direction of travel of this latest performance information in comparison with the previous data for the indicator. Quarterly monitoring of performance against each indicator in the report card will continue over the next 12 months.

The summary below outlines some of the reasons behind the performance of some of the indicators contained in the report card, focusing on those that are performing particularly well or causing the greatest concern. Work will continue through to 2011 and beyond to look at and understand the reasons for performance, both good and bad, against each indicator.

### Summary of Key Report Card Findings

#### Priority 1: Children and young people are physically, emotionally and sexually healthy

Breastfeeding performance has improved throughout the year, although the end of year target was not met. Progress against the breastfeeding action plan has continued, with 49 premises receiving the baby welcome award and peer support groups are operating in children's centres. Support is available to women through maternity support workers and community parents at King's Cross have been trained to provide peer support. The Children's Trust embarked on the UNICEF Baby Friendly process in December 2009.

Indicators for both children accessing counselling services and schools implementing the SEAL (Social and Emotional Aspects of Learning) programme have both made good progress and met the end of year target. This programme is helping to bring a positive impact on improving emotional health and wellbeing.

The take up of Care to Learn by eligible teenage parents easily exceeded the target set for the year, although take-up fell in the final quarter. This target has been met thanks to improving the services offered by the Teenage Pregnancy team through the Connexions service and regularly adapting operational strategies to suit the identified needs of the cohort.

Data in relation to childhood obesity for 2009 indicates an increase in the percentage of children in Year 6 who are obese. It is recognised that to meet this need additional commissioned services are required to be implemented. Fifteen new posts for obesity have been created and teenage weight management services have been procured. In addition, specialist weight management services for morbidly obese children are to be expanded.

Data for under-18 conceptions in 2008 showed a promising decrease in the conception rate, although performance remained significantly adrift from target. Strategic planning arrangements have been joined up in order to facilitate better planning at an operational level and an experienced provider of young people's sexual health services has been commissioned, and this has helped lead to the development of a mobile outreach bus. Health drop-ins within schools for young people have also been expanded.

## Priority 2: Every young person is successful when they leave school

There are a number of educational attainment indicators contributing to measuring this priority. The extremely positive rise in attainment over the last five years has meant that Halton has challenging and ambitious targets to look to continue this trend. There are a number of indicators included in this priority area have not met their target, but a number of these have continued to show some progress on the previous year; These include achievement of at least 78 points at Early Years Foundation Stage Profile and the percentage of schools attained below 30% achieving 5 or more GCSE's at grades A\*-C including English and Maths.

Of great significance in this priority is the improvement in the percentage of young people who are not in education, employment or training (NEET). Although not meeting the target, the percentage of 16 to 18 year old NEET has reduced to 10.3% in 2009/10 from 13.2%. The year-on-year reduction in Halton's NEET numbers is 25% (which compares favourably with the national average 7.5% reduction). The number of our young people going into learning is at an all time high and the rate of increase is amongst the highest nationally. In February 2010 percentage of 16 to 18 year olds in continued learning was 82.2% compared with 73.3% in February 2009. In addition more young people in Halton leaving school are continuing in learning. In 2009, 93.1% of year 11 school leavers continued in learning compared with 89.9% in 2008.

The improvement is largely due to a range of actions agreed within the NEET Strategy and annual action plan that have been delivered through effective partnership working between schools, Riverside College, Greater Merseyside Connexions, Job Centre Plus and Halton Borough Council. These include the implementation of the Council's apprenticeships scheme, more flexible college provision and improved partnerships working with Job Centre Plus. The NEET Strategy and Action Plan are structured to address the prevention, intervention and sustainability aspects of NEET.

The number of our young people going on to learning is at an all time high and the rate of increase is amongst the highest of any local authority area in England. In real terms this represents a reduction in number of young people were not in education, employment or training from 534 in 2008/9 to 393 in 2009/10. The proportion of 17 year olds participating in education or training has also exceeded the target with 79% recorded at the end of March 2010.

The number of young people achieving accredited outcomes improved markedly and clearly exceeded the target set for the year.

## Priority 3: Children and young people do well wherever they live and whatever their needs

Educational attendance for Children in Care has significantly improved over the second half of the year and this ensured that the target was met. The improvement in attendance should, in time, positively impact upon attainment for children in care, which is already on a positive trajectory.

The achievement gap in terms of GCSEs attained within the worst 10% Lower Super Output Areas in Halton compared to the rest of the Borough, and also between the highest score and lowest score at Early Years Foundation Stage Profile, increased in 2009. For the latter, improvements in the delivery of the Profile has resulted in an increase in the number achieving higher scores. This has impacted negatively on this indicator, increasing the gap between the highest and lowest scores.

Data from Connexions shows that there have been significant improvements in terms of the proportion of young people from a number of vulnerable groups in Employment, Education and Training (EET) over the last 12 months. The proportion has increased for young people aged 16-25 with learning difficulties or disabilities, teenage mothers, Youth Offending Team supervised young offenders and also care leavers. These improvements mean that Halton compares

favourably with most of its statistical neighbours in terms of these vulnerable groups. In particular, this is the case in relation to the proportion of care leavers and teenage mothers in EET.

The percentage of eligible 3 and 4 year olds taking up their Early Years Entitlement has increased and exceeded the target set. The support and encouragement provided by the Early Years Team to maximise parental take up and targeted work with groups considered most at risk of not taking up their entitlement is used to emphasise the benefits and ensure all parents access their entitlement.

Information in relation to first time entrants to the Youth Justice System is positive, although final verified data is provided by the Police and in previous years was above that reported by the Youth Offending Team, who provided the figure found within the report card. It is expected however that the target will still be met with the final data. The Youth Offending Team, through funding via Youth Crime Action Plan (YCAP) and the Department of Health, has initiated a diversionary scheme for young people. The aim is to divert young people, especially those with mental health and learning disabilities away from the Criminal Justice System. Additional YCAP projects such as Operation Stay Safe and the Friday night reparation project also contribute to the reduction in first time entrants. Diversionary and preventative projects such as positive activities for young people and the vRoomz bus are also impacting on this indicator. The main activity though is the adoption of restorative justice outcomes by Cheshire Constabulary when dealing with young people for the first time or for relatively minor offences.

Government Office North West are using data for the proportion of families claiming out of work benefits where there are children as a proxy measure for children in poverty. The target adopted for the indicator is to reduce the gap between the Halton figure and the North West average from 5.7% in 2007 to 4.6% in 2011. Halton are on course to meet this target with the latest data provided indicating the gap is currently 4.8%.

#### **Priority 4: Children and young people are safeguarded**

The stability of Children in Care placements has improved over the past few years. Although not meeting the stretch target set as part of the Local Area Agreement, stability has risen in Halton and surpasses that of the national, regional and the statistical neighbour averages for 2008/09. Performance will continue to improve as the placement strategy increases the range of placements. In addition, placement stability is the focus of much work within the childcare and placement provider teams. It is also the focus of work with schools, who can be key to helping a child remain in placement. The adoption of four Children in Care has affected overall performance this year within the cohort. This has been to the benefit of the children involved but to the detriment of the indicator. The indicator on length of placements indicates that there has been a 4.5% increase in the length of a child's placement showing the improvement in placement stability for all children in care.

In line with the improvement in the percentage of young people overall in education, employment and training in Halton, the percentage of care leavers has also improved. Whilst the target has not been met for this indicator, progress has been made compared to last year. It must be noted however that the cohort for this indicator is nine young people. Of these, the four who were not in education, employment or training were so for significant reasons (caring responsibilities, pregnancy or unable to work due to disability). Continued improvement for this indicator will always be a challenge due to the cohort; however advisors working with the care leavers and individual pathway planning will ensure that the care leavers are supported to engage in education, employment or training wherever possible.

The participation of parents in Child Protection conferences continues to report at 100% showing the continued work to engage with the parents of Halton's vulnerable children and young people.



## Children's Trust Report Card 2009-10

### Priority 1: Children and young people are physically, emotionally and sexually healthy

Priority 1: Children and young people are physically, emotionally and sexually healthy								
Outcome 1: Improve Physical Health			Outcome 2: Improved Emotional Health and Well-being			Outcome 3: Improve Sexual Health		
Key Performance Measures	Actual	Target	Key Performance Measures	Actual	Target	Key Performance Measures	Actual	Target
NI053: Prevalence of Breastfeeding at 6-8 weeks	19.26% ↑	21%	NI050: Emotional health of children (TellUs)	61%↑	71.5%	NI112: Under 18 conception rate (2008)	+12%	-41%
NI056: Obesity in Year 6	22.4% →	21.3%	NI069: Percentage of children who have experienced bullying (TellUs)	30%↓	40%	NI113: Prevalence of Chlamydia	7.6%↓	10%
Infant Mortality rate (3 year rolling average)	6.3 →	5.3	Percentage of children young people consuming alcohol (TellUs) <sup>9</sup>	18%↑	Not relevant target			
Key Process Measures			Key Process Measures			Key Process Measures		
Percentage of 5 yr olds with up to date immunisations <sup>10</sup>	84.12%↑	95%	Percentage of schools implementing SEAL programme	96% Primary 100% Secondary →	96%	Number of condom outlets for young people (covered by contract)	52 (Q3 09-10 data)	52
Percentage of babies with low birth weight <2.5kg	9.4%→	TBA	Number of children and young people accessing counselling services (one-to-one and group sessions)	448 individuals 5 groups→	1000	Chlamydia screening rate	23.5%↑	25%
Number of children receiving support from healthy weight programme <sup>11</sup>	Awaiting data	TBA	Percentage of schools rated good or better in Personal development and well-being <sup>12</sup>		91%	Proportion of schools with a range of teen health drop in facilities	75%→	100%
Percentage of mothers smoking at delivery	22.7%	15% by 2010				Percentage of teenage parents accessing eligible learning who have taken up Care to Learn	87% ↓	75%

<sup>9</sup> Question has changed for TellUs4 Survey. Target no longer relevant and will require resetting.

<sup>10</sup> Uptake differs between different programmes of immunisation. This is the average across all immunisation programmes.

<sup>11</sup> Health colleagues supplying data have requested a definition of what is included as a healthy weight programme.

<sup>12</sup> Indicator requires changing due to new inspection framework within schools.

**PRIORITY 2: EVERY YOUNG PERSON IS SUCCESSFUL WHEN THEY LEAVE SCHOOL**

Outcome 4: Improve educational outcomes of all children			Outcome 5: Improve 14-19 Engagement, Attainment and EET			Outcome 6: Improve the engagement of children and young people		
Key Performance Measures	Actual	Target	Key Performance Measures	Actual	Target	Key Performance Measures	Actual	Target
NI072: Achievement of at least 78 points at Early Years Foundation Stage	46.9% ↑	48.0%	NI117: 16-18 years NEET	10.3↑	8.8%	NI110: Young people participating in positive activities (TellUs)	63%	70%
NI073: Percentage achieving Level 4+ in English and Maths at Key Stage 2	73 % ↓	77.0%	NI080: Achievement of a level 3 qualification by 19 <sup>13</sup>	33.5% (2007/08 data)	40.5%	Percentage of young people volunteering (TellUs) <sup>14</sup>	13% (2009/10data)	Not relevant target
NI075: Percentage achieving 5 or more GCSE's A*-C including English and Maths	45% ↓	49.0%	NI091: Participation of 17 year olds in Education or Training	79.12% ↑	75%			
Key Process Measures			Key Process Measures			Key Process Measures		
Percentage of schools in OFSTED categories at the end of the quarter	1.4% ↓	1.4%	Percentage of 17 year olds participating in education and work based learning (based on where they live)	78.6% ↑	73%	Number of young people achieving accredited outcomes	625 ↑	526
Percentage of schools inspected, categorised by OFSTED as Good or Outstanding	68% ↑	80%	NI081: Gap in attainment at Level 3 at age 19	19% (2007/08 data)	18%	Number of Young people participating and having a voice within the Youth Service and wider	2329 ↑	1754
Percentage of schools attaining below 55% Level 4+ in English and Maths at Key Stage 2	11.5% ↑	7.5%	Percentage increase in the number of young people starting an apprenticeship <sup>15</sup>	181 31Aug – 31Jan2010	20%	Number of Children and Young People voting in the Youth Parliament elections	5363	5000
Percentage of schools attained below 30% GCSE 5+ GCSE A*-C including English and Maths	8.3% ↓	0%						

<sup>13</sup> Data not yet released, expected June 2010

<sup>14</sup> Question has changed for TellUs4 Survey to “volunteering within 4 weeks”. Target no longer relevant and will require resetting.

<sup>15</sup> Baseline year, percentage increase measured from 2010/11.



**PRIORITY 3: CHILDREN AND YOUNG PEOPLE DO WELL WHEREVER THEY LIVE AND WHATEVER THEIR NEEDS**

Outcome 7: Reduce inequalities for vulnerable groups			Outcome 8: Reduce Geographical Inequalities			Outcome 9: Reduce factors leading to inequalities		
Key Performance Measures	Actual	Target	Key Performance Measures	Actual	Target	Key Performance Measures	Actual	Target
NI106: Young People from Low Income Backgrounds progressing to HE	21% (2007/08 data)	20%	GCSE % 5+ A*-C including English and Maths achievement gaps in lowest 10% LSOA	13.6%↓	9.75%	NI111: First time entrants to the Youth Justice System	149	239
Gap in attainment of Free School Meals achieving Level 2 by 19	47.9% (2007/08 data)	46%	Percentage of young people who think their area is a good place to live (TellUs) <sup>16</sup>	68% (2008/09 data)	70%	NI115: Substance misuse by young people (TellUs)	12 % ↓	9.8%
NI101: Percentage of Children in Care achieving 5+ A*-C GCSE including English and Maths	15% ↓	20%	NI092: Achievement gap in the Early Years Foundation Stage	31.4% →	30.7%	NI116: Children living in poverty (Proxy indicator: percentage of families in receipt of out of work benefits)	26.6%	N/A
Key Process Measures			Key Process Measures			Key Process Measures		
Percentage from vulnerable groups in EET (a – LDD, b – Teenage mothers, c – Care Leavers, d – YOT)	a) 72% b) 32% c) 69% d) 69.2%	Targets to be agreed	Percentage of schools within the Neighbourhood Management Areas rated as good or better	67%→	70%	Numbers of young people referred to YISP for Diversionary activity	Awaiting data	
Educational attendance rate of Children in Care	97% Primary 91.56% Secondary	90%	Number of children accessing Children's Centres <sup>17</sup>	1667 ↑	1650	Percentage of young people with substance misuse needs receiving treatment in 15 working days of referral	100%↑	100%
Percentage of person centred plans for children with complex needs	92%↑	Baseline – no target	Percentage of Early Years Provider rated as good or better	65% ↑	65%	Percentage of eligible 3 & 4 year olds taking up Early Years Entitlement	99% ↑	95%

<sup>16</sup> This question was not asked during TellUs4 and therefore no update has been provided.

<sup>17</sup> This data is provisional update available June 2012, this figure will increase.

PRIORITY 4: CHILDREN AND YOUNG PEOPLE ARE SAFEGUARDED								
Outcome 10: Case Management in Specialist Services			Outcome 11: Improve parenting support for children in need of safeguarding			Outcome 12: Improve outcomes for Children in Need of safeguarding		
Key Performance Measures	Actual	Target	Key Performance Measures	Actual	Target	Key Performance Measures	Actual	Target
NI063: Stability of placements of Children in Care – Length of placement	69.6% ↑	77.0%	Number of CAF's initiated by adult substance misuse services	Not Available - New indicator		Percentage of those with a Child Protection Plan that take up their Early Years entitlement	100% ↑	75%
NI059: Percentage of Initial Assessments completed within timescales <sup>18</sup>	80.2%	90%	Percentage of Children in need who have been open cases for 6+ months who had neglect as primary factor of referral	27%↑	20%	NI148: Percentage of care leavers in Education, Employment or Training	55.6% ↑	71%
NI060: Percentage of Core Assessments completed within timescales <sup>19</sup>	93.7%	92%	Percentage of social care referrals that were subject to CAF in previous 12 months	5.8% ↓	15%	Percentage of Children subject to Child Protection review conference where their health needs were being fully or partially met	84.5% (fully met) 15.5% (partially met)	
Key Process Measures			Key Process Measures			Key Process Measures		
Percentage change in the average length of placement from the 2007-08 baseline	+4.5%↑	3%	Staff attending Domestic Abuse/Substance misuse/Mental Health training courses (rolling 12 months)	146 ↑	160	Attendance at school rate for Children subject to a Child Protection Plan	Awaiting school Census data	96%
Percentage change in the number of Initial Assessments completed from 2007-08 baseline (rolling year)	+6%↑	0%	Number of notifications of private fostering arrangements received	7 ↑	6	Percentage of young people previously subject to a children protection plan currently NEET	8.8% ↓	Target to be agreed
Number of children with CP Plans	84 ↓	71-80	Percentage of parents participating in Child Protection conferences	100%→	100%	Attendance at school rate for Children in Need	Awaiting school Census data	96%
Percentage change in the number of referrals from 2007-08 baseline (rolling year)	+9.8%↑	0%	NI 070: CYP admitted to hospital as a result of deliberate or accidental injury <sup>20</sup>	124 (Q1-Q3 data)	155			

<sup>18</sup> Data is currently undergoing quality assurance processes and is provisional data only

<sup>19</sup> Data is currently undergoing quality assurance processes and is provisional data only

<sup>20</sup> Awaiting data from PCT for Q4

## 11. Review of Promises and Improvement Plan 2010/11

Halton's Joint Area Review of children's services took place in spring 2008. The Review commended Halton for the range of services and support offered to children and young people across the borough. The review was positive in many ways, but an improvement plan was developed to tackle the areas for development identified by the inspection in order to continue progress and improve our services. The areas identified by the inspection included:

- Increasing permanent accommodation for Care Leavers
- Increasing the number of Care Leavers and our young people overall in education, employment and training (EET)
- Ensuring children and young people with learning difficulties and disabilities (LDD) have a good quality and reviewed transition plan
- Improving the quality and consistency of annual reviews for children and young people with LDD
- Implementing integrated youth support and development arrangements
- Improving breastfeeding and obesity outcomes
- Improving and co-ordinating systems to monitor and evaluate health outcomes

Over the last two years work has focused on bringing real improvements to these areas and this improvement plan helped to form the basis of the 14 promises contained within the Children and Young People's Plan. These are a key part of the Plan, with a commitment to meet each promise by the end of the life of the Plan. These promises are:

- We will make sure that our actions and decisions are guided by a single set of arrangements so we are more accountable to our communities and enable children, young people and their families to receive the support and services they need when they need it.
- We will continue to prioritise safeguarding as an essential part of everything we do in order to continue to embed the values and goals of ensuring that safeguarding is everybody's business
- We will develop a Children's Trust Resource Strategy
- We will support our workforce to be the best they can be by offering opportunities to develop their skills and knowledge in supporting our ambition to make a significant difference to children and young people
- We will produce a Children's Trust Equality and Diversity Strategy.
- We will develop a Children's Trust Commissioning Strategy for Halton
- The Children's Trust will continue the strong partnership with Third Sector organisations to develop services for enterprising behaviour and entrepreneurial work and will continue to ensure Third Sector involvement in planning and delivery services.
- We will establish a range of secure, safe, stable and permanent accommodation, which young people leaving our care can move into, and stay for as long as they need it.
- We will actively seek resolution to young people's many concerns about transport across the borough by setting up a Young Persons Travel Forum to enable the voice of young people to be heard by those planning and providing transport for young people
- We will introduce locality working across the borough.
- We will review and expand the use of CAF as a key mechanism in supporting our commitment to early intervention and prevention.
- We will work hard across organisational and professional boundaries to make sure disabled children and young people live in barrier free environments and communities
- We will develop a Children's Trust Business Plan
- Each Service Delivery Partnership will develop and implement a business plan.

Progress that has been made to meet each of these promises is summarised below, together with areas of work still to be done in the next 12 months to ensure each promise is met. This work will contribute to the development of the next Children and Young People's Plan in 2011.

<b>Promise 1 - We will make sure that our actions and decisions are guided by a single set of arrangements so we are more accountable to our communities and enable children, young people and their families to receive the support and services they need when they need it.</b>	<b>Progress/Evidence to date</b>
	A single set of arrangements have been established and are now embedded through the Children's Trust structures. Terms of reference for each group within the Trust are in place and have been updated in light of recent statutory guidance. As part of this, the terms of reference have been extended to become business plans for the Children's Trust Board, Executive Group and Service Delivery Partnerships.
	<b>Next Steps</b>
	Membership agreements are in place with representatives on both the Trust Board and Executive Group, but work will be done this year to extend these into a full Children's Trust Compact between partner agencies.

<b>Promise 2 - We will continue to prioritise safeguarding as an essential part of everything we do in order to continue to embed the values and goals of ensuring that safeguarding is everybody's business</b>	<b>Progress/Evidence to date</b>
	A joint Children's Trust – Halton Safeguarding Children Board (HSCB) protocol was initially developed in 2009 and this has been revised and updated in light of Working Together to Safeguard Children 2010 Guidance. Both the Children's Trust and Halton Safeguarding Children Board have approved this protocol.
	The protocol outlines the relationship and complementary roles between the Trust and Safeguarding Board, building on the joint Children's Trust – Halton Safeguarding Children Board conference held in February 2010 attended by both managers and practitioners from agencies across Halton.
	The full protocol is attached as Appendix A to this review.
	<b>Next Steps</b>
	Work is ongoing to ensure we continually improve safeguarding arrangements in Halton by embedding the values and objectives across all agencies within the Trust to make safeguarding everybody's business.
	The future challenges for the HSCB over the next 12 months include ensuring that it fully challenges the Trust as appropriate, in fully implementing the Common Assessment Framework, working more closely with the Safeguarding Adults Board and ensuring the fullest possible community and service user involvement within safeguarding. The work plan for the HSCB for 2010-11 that outlines all the key areas of work for the Safeguarding Children's Board this year can be accessed at <a href="http://www.halton.gov.uk/childrenstrust">www.halton.gov.uk/childrenstrust</a>

<b>Promise 3 - We will develop a Children's Trust Resource Strategy</b>	<b>Progress/Evidence to date</b>
	Mapping of the resources available within the Trust was started in 2009 and information on the total resource available from both Halton Borough Council and Halton & St Helens PCT was included in the Plan
	<b>Next Steps</b>
	Work has started on developing a Children's Trust Resource Strategy that will outline all the resource available across all partners within the Trust. This will be completed in time to inform the new Children & Young People's Plan from 2011. The local authority and the PCT have now established a joint commissioning team for children and young people with five key commissioning priorities, as detailed within promise 6.

<b>Promise 4 - We will support our workforce to be the best they can be by offering opportunities to develop their skills and knowledge in supporting our ambition to make a significant difference to children and young people</b>	<b>Progress/Evidence to date</b>
	<p>Significant improvements have been made around workforce development during the last 12 months. This includes a new Social Work Workforce Recruitment &amp; Retention Strategy 2010-2011, the implementation of Children Workforce Development Council workforce initiatives, and also a number of successful formal consultations. Two examples of these consultations are the “One Children’s Workforce Tool”, the initial report of which in June 2009 summarised where the Children’s Trust was up to in terms of developing a one children’s workforce for Halton, and also the “Integrated Working Drill Down” (December 2009), which assessed where Halton’s children’s workforce was positioned on a spectrum from fragmented to integrated and high quality in relation to integrated practices.</p> <p>The response to both questionnaires was impressive – in relation to the Integrated Working Drill Down Halton had the highest response in the North-West. As a consequence, Halton became one of only six Children’s Trust’s nationally to be asked to take part in a national evaluation of the One Children’s Workforce Tool in terms of its relevance and impact by The University of the West of England. Their findings highlighted the dedication and work of Halton’s Children’s Trust, particularly in the use of the tool as an integral part of the development of an Integrated Children’s Workforce Strategy.</p> <p>Other successful initiatives have included a number of social work schemes to drive and improve the way social workers are recruited, trained and supported to work with children and families.</p> <p>Schemes in which Halton are actively participating include the Newly Qualified Social Work pilot and the Step up to Social Work pilot. Linked to this is work that has been undertaken recently around support to front line social work managers with specific development work around coaching and mentoring.</p> <p>NHS Halton and St Helens working in partnership with the Children’s Trust have been successful in being selected as the only area in the North West to test out a web based integrated Children’s Workforce planning tool. Outcomes of the work will involve the development of and integrated Children’s Workforce plan for CAMHS across Halton and St Helens, capacity and capability to workforce plan among commissioner and provider organisations, establishment of, utilisation of an existing workforce planning core group to support implementation and dissemination of the Integrated Workforce Plan through local, regional and national networks to share good practice and lessons learned.</p>
	<b>Next Steps</b>
	<p>In recent months the main focus has switched to the formulation and implementation of an updated Integrated Workforce Strategy for Halton’s Children’s Trust. Taking into account national, regional and local drivers the key aim of the strategy will be a workforce which is reformed, integrated and making the best contribution to our Children &amp; Young People’s Plan.</p> <p>To achieve this, a work programme has been devised and implemented with a view to launch this strategy in Autumn 2010.</p>

<b>Promise 5 - We will produce a Children’s Trust Equality and Diversity Strategy.</b>	<b>Progress/Evidence to date</b>
	<p>An action plan for the Children’s Trust was agreed in February 2010.</p>
	<b>Next Steps</b>
	<p>A Children’s Trust Equality &amp; Diversity Strategy will be developed this year to accompany the action plan, building on the Children &amp; Young People’s Directorate Equality &amp; Diversity Strategy that is already in place.</p>



<b>Promise 6 - We will develop a Children's Trust Commissioning Strategy for Halton</b>	<b>Progress/Evidence to date</b>
	<p>A commissioning priorities framework was presented to the Children's Trust in April 2010. The local authority and the PCT have now established a joint commissioning team for children and young people, and contracts and commissioning staff from across both the local authority and Health are now co-located as part of the developing Joint Commissioning Unit. Staff from the new Procurement Centre of Excellence within the local authority will further support this team.</p> <p>A development day was held in May 2010 supported by the Commissioning Support Programme and included a self-analysis exercise. From this event an action plan is being put together</p> <p>The five key commissioning priorities have been agreed, along with the agreement to combine the collective resources of both agencies to address each priority:</p> <ul style="list-style-type: none"> <li>• Pupil referral provision</li> <li>• Breastfeeding</li> <li>• Alcohol</li> <li>• Localities</li> <li>• Children in Care.</li> </ul> <p>Third Sector agencies bring added value to service delivery through contracts and commissioning by providing specialists from across various organisations to help to deliver commissioned services through innovative and highly participative means. They are often more likely to be in a position to respond quickly to identified needs and are flexible in terms of working over weekends and holiday periods. Third Sector organisations are in a position to be able to attract external funding, sponsorship and grants which maximise benefits to young people in Halton: they are also cost effective and are likely to have a highly skilled workforce.</p>
	<b>Next Steps</b>
	<p>Work will continue on the commissioning framework, action plan and related business templates in the months ahead. A training programme for the Trust has been planned and will be rolled out from Autumn 2010.</p>

<b>Promise 7 - The Children's Trust will continue the strong partnership with Third Sector organisations to develop services for enterprising behaviour and entrepreneurial work and will continue to ensure Third Sector involvement in planning and delivery services.</b>	<b>Progress/Evidence to date</b>
	<p>This is a key area of focus within the Commissioning Strategy. The developing Integrated Youth Support Services agenda in Halton has three prime areas of focus – teenage pregnancy, substance misuse and alcohol. Sub groups are in place that look at each of these issues are jointly chaired across agencies and this includes Third Sector chairs. The Third Sector are also fully involved in each group and leading on developments.</p>
	<b>Next Steps</b>
	<p>Work is being undertaken to explore the possibility of the Third Sector becoming commissioners for the Trust. Funding has been allocated for joint commissioning this year.</p>

<p><b>Promise 8 - We will establish a range of secure, safe, stable and permanent accommodation, which young people leaving our care can move into, and stay for as long as they need it.</b></p>	<b>Progress/Evidence to date</b>
	<p>A Children in Care Placement Strategy has been developed and endorsed. This includes the accommodation needs of care leavers. In the past year, 4 units of accommodation have been developed for care leavers in association with the private sector and a local Registered Social Landlord. This has given young people some choice of location within the borough and allows them to develop their independence skills with the support of a range of professionals, including social workers, support workers, personal advisors and partner agencies. Two young people have already achieved a permanent tenancy as a result of this arrangement.</p>
	<b>Next Steps</b>
	<p>A further 3 units of accommodation in supported lodgings have been commissioned and should be available to care leavers by September 2010. By March 2011, it is anticipated that a further 2 units of accommodation will be available through a second Registered Social Landlord. Work is currently underway to develop an accredited Independence Skills Programme for care leavers that will assist them in proving their readiness for their own accommodation. Further opportunities to support young care leavers in gaining sufficient skills to live independently will also be explored.</p>

<p><b>Promise 9 - We will actively seek resolution to young people's many concerns about transport across the borough by setting up a Young Persons Travel Forum to enable the voice of young people to be heard by those planning and providing transport for young people across Halton</b></p>	<b>Progress/Evidence to date</b>
	<p>Transport is a key concern for young people in Halton and much work has been done. There is a dedicated micro site on the Halton Borough Council website (<a href="http://www2.halton.gov.uk/publictransport/content/gettingtoschool/?a=5441">http://www2.halton.gov.uk/publictransport/content/gettingtoschool/?a=5441</a>) for transport for young people. Here, the latest news can be found on local transport and also policies that have been developed in the last 12 months on, for example, sustainable travel and post-16 transport</p> <p>Consultation towards Halton's Third Local Transport Strategy (LTP3) is underway. The strategy works to a number of national and local priorities which link to this Plan's priorities by supporting increased availability and access to services, promoting fair access to transport and safety and security. As part of the research to inform this consultation, evidence has been collated to assess the current state of the transport network. Key findings show that:</p> <ul style="list-style-type: none"> <li>• Transport is linked to a host of wider concerns including access and exclusion.</li> <li>• The cost of transport can be prohibitive for young people and families on low incomes.</li> <li>• There is a close link to transport and rising levels of obesity, as children are becoming less active and are making fewer trips by foot and by bike.</li> </ul>
	<b>Next Steps</b>
	<p>Although work is being done to improve transport in Halton, more needs to be done to remove transport as a barrier for our young people and there are a number of actions already identified in the LTP3 strategy that will work towards addressing issues</p> <p>As part of the consultation for the Children and Young People's Plan, many concerns were identified by young people regarding transport. We made a commitment to develop ways of assisting and enabling children and young people to access activities, school and training via better transport. This issue is still a great concern for young people and has been expressed through the Area Youth Forums. The Trust is committed to establishing a Young Person's Travel Forum this year in conjunction with the Youth Cabinet. This will be linked to the developing LTP3.</p>

<p><b>Promise 10 - We will introduce locality working across the borough in April 2010.</b></p>	<b>Progress/Evidence to date</b>
	<p>Locality working is now known as Team Around the Family (Locality Working) and within the Children's Trust in Halton it comprises of two strands:</p> <ul style="list-style-type: none"> <li>• Additional support around Common Assessment Framework (CAF) implementation</li> <li>• Identifying local need and informing commissioning</li> </ul> <p>The basic principles of Team Around the Family (Locality Working) are:</p> <ul style="list-style-type: none"> <li>• Early identification of need and intervention with children and young people</li> <li>• Holistic support in partnership with a range of service providers including Health, Children's Social Care, Adult Services, voluntary, independent and private sectors (Think Family Model)</li> <li>• Development of 'CAF Plus' model through support to universal support</li> <li>• Multi agency commitment to provide a targeted continuum of support, especially to those children who are vulnerable to poor outcomes, to ensure that we deploy our collective resources in the most efficient way possible</li> </ul> <p>A successful pilot of Team Around the Family (Locality Working) has been completed in Runcorn and from April 2010 the approach has now being rolled out across the borough. This involves a significant commitment of resources to the development of preventative resources including two Divisional Manager posts and eight Think Family Principal Managers. All senior staff posts are filled and recruitment is taking place for the remaining posts from within existing staffing.</p> <p>In Runcorn the support to Lead Professionals is already in place including a locality forum and the approach is soon to be rolled out in Widnes. A staffing base in Widnes (Peel House Children's Centre) has been established.</p>
	<b>Next Steps</b>
	<p>Work is underway to develop staffing structures and multi agency teams within each locality. It has been agreed to develop a strategic group within Children's Trust structures that looks at CAF within the wider Team Around the Family (Locality Working) agenda and this will be established shortly.</p> <p>The next step will be to examine potential linkages between Total Place, the Borough's existing locality structures and the Children &amp; Young People's Directorate development of Team Around the Family (Locality Working), to bring all the elements within Halton together. It is expected that the service will be fully operational in September 2010.</p> <p>Discussions are continuing with our partners about the co-location of staff within a CAF support team. Three CAF support roles are currently in the process of being recruited. Staffing bases for these staff are being finalised with the Runcorn team being temporarily based at Glendale pending refurbishment of 84 Grangeway.</p>



<p><b>Promise 11 - We will review and expand the use of CAF as a key mechanism in supporting our commitment to early intervention and prevention.</b></p>	<b>Progress/Evidence to date</b>
	<p>CAF was fully reviewed on schedule by 31<sup>st</sup> October 2009. CAF is being taken forward in Locality programme to inform the design and rollout of localities</p>
	<b>Next Steps</b>
	<p>The review found that joined up multi agency working associated with the roll out of CAF was only evident in some areas. Within all key agencies there were different levels of acceptance of CAF as a way of working and overall there were less CAF's than referrals to Children's Social Care. The review highlighted need to strengthen interventions at levels 2 and 3 in particular. Page 51 of the Children &amp; Young People's Plan provides a full explanation of the Levels of Need Framework in Halton and can be accessed at <a href="http://www.halton.gov.uk/childrenstrust">www.halton.gov.uk/childrenstrust</a></p> <p>Consultation undertaken as part of the review showed a general willingness to address needs via the CAF within agencies but that there is a general lack of confidence within the potential pool of lead professionals around their own skills and knowledge. The development of locality teams addresses the limited support that has been available to lead professionals and as much as anything will be addressing whole children's workforce development issues as well as ensuring that the Think Family element is embedded in work around children and young people.</p> <p>Work will be done to make the CAF process a more multi agency one in practice in each case, rather than a single agency leading and taking all responsibility. The improvements agreed following the review will be in place by September 2010. It has been agreed to develop a strategic group within the Children's Trust structures that looks at CAF within the wider Team Around the Family (Locality Working) agenda and this will be established shortly.</p>

<p><b>Promise 12 – We will work hard across organisational and professional boundaries to make sure disabled children and young people live in barrier free environments and communities</b></p>	<p><b>Progress/Evidence to date</b></p>
	<p>There has been an increase in the number of children with severe and complex needs attending mainstream schools. This follows the success of Halton's retained specialist services in building both resilience and capacity within our mainstream schools. This has partly been accomplished through Action Plus Enhanced Provision, in conjunction with the private and voluntary sectors that has allowed more children and young people with complex needs to access mainstream provision without the delay of waiting for a Statement.</p>
	<p>A new communications strategy for disabled children and young people is now in place. This supports the dedicated website and bi-monthly newsletter that is produced. The same logo and branding is found on each, which is crucial to form a sense of identity for our disabled children and young people.</p>
	<p>A Building Bridges Handbook specifically for disabled young people in Halton is about to be published and a copy will be distributed to every family in Halton with a disabled young person. The number of registered disabled carers in Halton has significantly risen since the Carer's Centre has become part of the Prince's Trust</p>
<p>The official Aiming High Charter Mark is used by our disabled children and young people to score and review their experiences with agencies and services in Halton.</p>	
<p>Work has started on developing access statements used across services and agencies to ensure all disabled children and young people feel included in all areas but more work is needed to ensure any sense of exclusion is removed.</p>	
<p><b>Next Steps</b></p>	
<p>Access to information is a major barrier for disabled children and young people and their families in Halton. More work needs to be done to ensure our disabled children and young people know all services are available to them even if they are not specifically mentioned on advertising materials.</p>	
<p>The Building Bridges Strategy for Halton will be updated this year, incorporating Halton's Aiming High Strategy. This will involve substantial consultation with carers and young people.</p>	
<p>Although there is a dedicated short breaks site on the Halton Borough Council website, this will be further developed this year, and more work is needed to ensure all agencies are Disability Discrimination Act (DDA) compliant.</p>	
<p>Greater flexibility is needed in transport provision to and from school for our disabled young people, and to enable more to attend activities outside of school.</p>	
<p>By September 2011 we aim to have a full continuum of provision to meet the continuum of need within Halton. In addition, we will have the capacity to supply provision to neighbouring authorities if required.</p>	

<p><b>Promise 13 - We will develop a Children's Trust Business Plan within which a range of protocols will:</b></p> <ul style="list-style-type: none"> <li>• Clarify and define the relationship between the Children's Trust Board and Halton Safeguarding Children Board</li> <li>• Clarify and define how conflicts between Children's Trust partners will be addressed</li> </ul>	<b>Progress/Evidence to date</b>	
	<p>A new Children's Trust Business Plan has been developed that builds upon the terms of reference for the Trust Board and Executive Group put into place in 2008 when the Trust was established. This Business Plan includes a section on the conduct of members within the Trust and takes into account the latest statutory guidance. The Plan has been endorsed by the Trust.</p>	
	<p>The Children's Trust and Halton Safeguarding Children Board protocol was developed in 2009 but has recently been updated in light of the latest Working Together 2010 Guidance. This updated document has been approved across both the Children's Trust and Halton Safeguarding Children Board. This protocol looks at the relationship and areas of responsibility across the two boards and is attached as Appendix A to this review.</p>	
	<p>Children's Trust membership agreements are in place signed by members of both the Children's Trust Board and Executive Group.</p>	
	<b>Next Steps</b>	
	<p>Although these membership agreements are in place, work will be done this year to extend these into a full Children's Trust Compact that looks at the conduct and responsibilities of partner agencies.</p>	

<p><b>Promise 14 - Each Service Delivery Partnership will develop and implement a business plan.</b></p>	<b>Progress/Evidence to date</b>	
	<p>Each Service Delivery Partnership has a business plan in place.</p>	
	<b>Next Steps</b>	
	<p>These plans will be updated to reflect progress in the past 12 months and additional objectives that have been agreed.</p>	

# Appendix A – Joint Halton Children’s Trust and Halton Safeguarding Children Board Protocol



## Protocol Between Halton’s Children’s Trust and Halton Safeguarding Children Board (HSCB)

### 1.0 AIMS

- 1.1 This aim of this Protocol is to ensure complete clarity about local accountabilities underpinned by effective local challenge.
- 1.2 Halton’s Children’s Trust and HSCB have important but distinctive roles in keeping children safe. Halton’s Children’s Trust is accountable for overseeing the delivery of the Children and Young People’s Plan. Through this, the Trust is accountable for ensuring services deliver improved outcomes for children and young people.
- 1.3 HSCB is responsible for challenging all relevant partners of the Children’s Trust on their performance in ensuring that children and young people are kept safer in the Borough. The HSCB is responsible for developing local policies for safeguarding and promoting the welfare of children. It is also responsible for identifying training needs and evaluating the extent to which training needs are being met by commissioned services. HSCB will feed this back to the Trust, together with any evaluation of current training provision, in a timely manner, to ensure this can be incorporated into forward plans.
- 1.4 In order to ensure the complementary roles of the two bodies - and the necessary challenge of HSCB to Halton’s Children’s Trust - the two bodies will be chaired by different people.
- 1.5 The Director of Children’s Services (DCS) and the Lead Member for Children’s Services have central roles. The DCS has the lead responsibility for improving outcomes for children in Halton. The Lead Member for Children’s Services is politically accountable for ensuring that the Local Authority fulfils its legal responsibilities for safeguarding and promoting the welfare of children and young people. The Lead Member will provide the political leadership needed for the effective co-ordination of work with other relevant agencies with safeguarding responsibilities (such as the police and health trusts). The Lead Member will also take steps to assure themselves through scrutiny and challenge that effective quality assurance systems for safeguarding are in place and are functioning effectively across service areas and levels of need.
- 1.6 The DCS and the Lead Member will be members of both Halton’s Children’s Trust and HSCB.
- 1.7 The Local Authority Chief Executive and Council Leader also have critical roles to play. The Chief Executive is responsible for satisfying him/herself that the DCS is fulfilling their managerial responsibilities for safeguarding and promoting the welfare of children and young people and in particular, by ensuring that the relationship between Halton’s

Children's Trust and HSCB is working effectively.

- 1.8 Halton's Children's Trust will continue to seek the views of the local community and consult children, young people and their families when drawing up the Children and Young People's Plan. Similarly, HSCB will appoint two Lay Members as full Board members, to increase communication links with the local community and support stronger public engagement in, and understanding of, children's safety issues. The HSCB will also continue to support the establishment of a Shadow Young Peoples' Local Children's Safeguarding Board.

## **2.0 HSCB RESPONSIBILITIES**

- 2.1 HSCB will inform and, when necessary, challenge Halton's Children's Trust commissioning arrangements where issues are identified through the various quality assurance processes such as learning from Serious Case Reviews, the Child Death Overview Panel and multi-agency auditing of practice.
- 2.2 HSCB will publish an Annual Report on the effectiveness of safeguarding locally. This will include an analysis of the contribution and activities of each partner, for keeping children safe. This report will provide robust challenge to the work of the Trust.
- 2.3 HSCB will share Safeguarding Performance Information with Halton's Children's Trust on a quarterly basis via an agreed Performance Report Card. Other issues of significance will be reported to the next available Board meeting.

## **3.0 CHILDREN'S TRUST RESPONSIBILITIES**

- 3.1 Halton's Children's Trust will include an assessment of the effectiveness of local government and partnership arrangements in supporting the best possible standards for safeguarding children within its Annual Report.
- 3.2 In addition, as part of the Annual Report, Halton's Children's Trust will advise on workforce development, in particular the safeguarding activity in the delivery of all frontline services.
- 3.3 Halton's Children's Trust will seek approval from HSCB regarding any proposed commissioning arrangements which are linked to the factors which impact on safeguarding children. These will include issues concerning compromised parenting, domestic abuse, parental mental health, alcohol and substance misuse and adult criminality.
- 3.4 The Trust has a statutory responsibility for the delivery and effectiveness of Common Assessment Framework arrangements in Halton.

## **4.0 OPERATIONAL ARRANGEMENTS**

- 4.1 Halton's Children's Trust and HSCB will share their main and Executive Board Minutes on a quarterly basis.
- 4.2 Halton's Children's Trust and HSCB will jointly hold an annual event to meet with frontline staff from all relevant agencies which will explore the effectiveness of safeguarding at all levels of need. The findings from this will be incorporated in relevant action plans.
- 4.3 The following people are members of both Halton's Children's Trust and HSCB Main Boards. This will ensure clear lines of communication:

- Strategic Director of Children's Services
- Deputy Director of Public Health, Halton and St Helens PCT
- Chair of HSCB
- Superintendent Cheshire Constabulary
- Lead Member for Children's Services

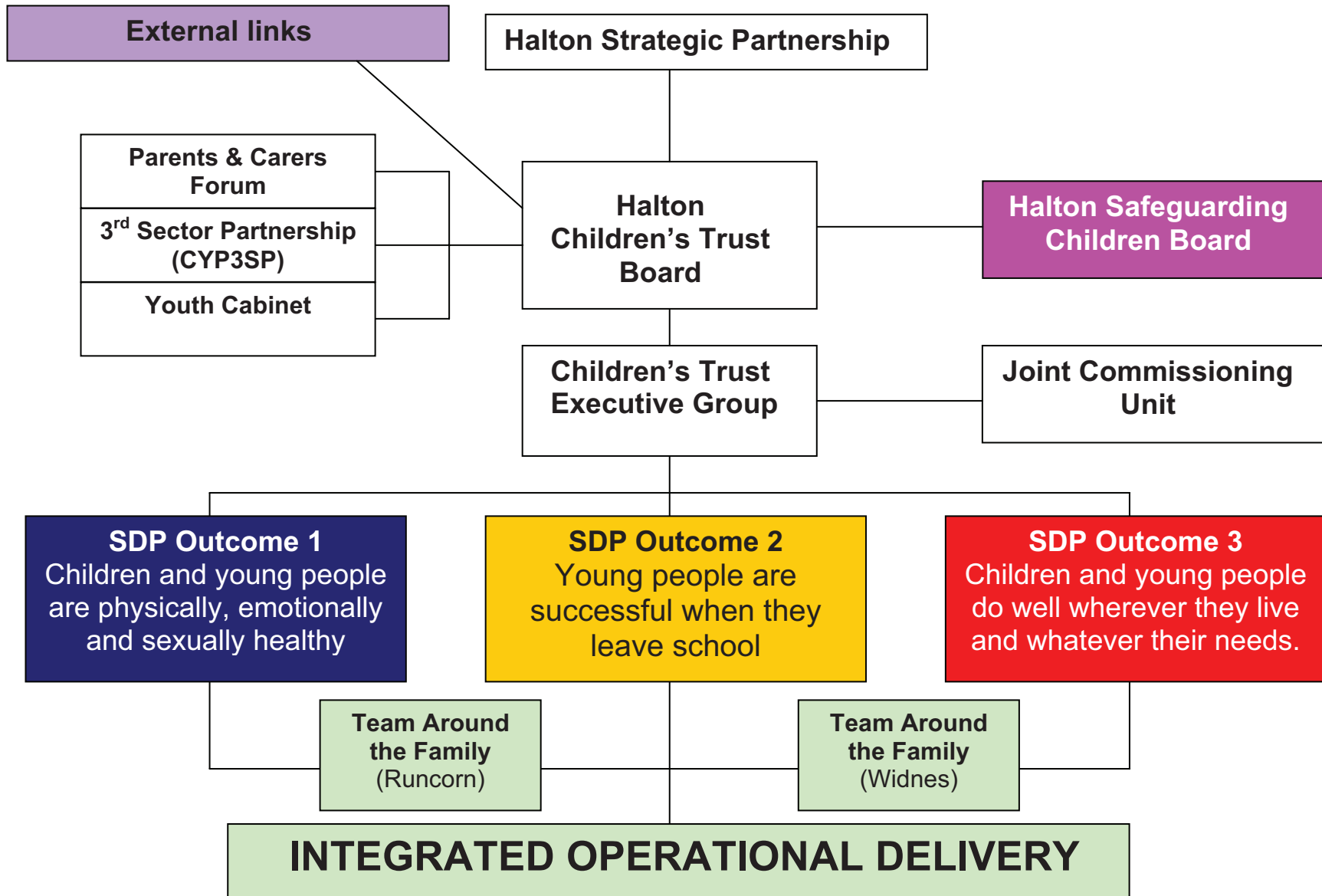
4.4 This protocol will be reviewed annually. The next review will be undertaken in April 2011.

#### **5.0 RESOLUTION PROCESS**

5.1 HSCB will request evidence from the Children's Trust as to its rigour in commissioning or developing safeguarding services. HSCB will call members of the Children's Trust to account should it have evidence that children are not being adequately safeguarded by one or more Relevant Partners. The resolution would require a formal response/action from the Children's Trust.

This protocol is agreed by the Chairpersons on behalf of the Halton Safeguarding Children Board and Halton Children's Trust.

## Appendix B - Halton Children's Trust Structure









**REPORT TO:** Executive Board

**DATE:** 9<sup>th</sup> September 2010

**REPORTING OFFICER:** Strategic Director – Children and Young People

**SUBJECT:** The re-design of Children’s Residential Services as part of the Council’s overall Placement Strategy Review

**Ward:** Boroughwide

### **1.0 PURPOSE OF THE REPORT**

- 1.1 To provide information on the outcome of the review of Halton’s residential provision for children in care.
- 1.2 To propose changes to the provision in order to ensure that Halton makes efficient and effective use of all it’s resources and is able to meet it’s statutory responsibility in meeting the needs of its children in care and care leavers.

### **2.0 RECOMMENDATION: That Executive Board**

- (1) **endorses the proposal to close Littlebourne Children’s Home.**
- (2) **In order to meet statutory requirements and responsibilities, endorses the proposal to use some of the efficiencies from this re-design to provide essential services to care leavers, foster carers and children in care.**
- (3) **endorses financial efficiencies of £150,000 (one off capital) and £105,000 (revenue) to contribute to the Council’s efficiency programme.**

### **3.0 SUPPORTING INFORMATION**

- 3.1 A Placement Strategy Review in respect of children in care was presented and approved by the Executive Board of the Council on 5<sup>th</sup> November 2009.
- 3.2 The review presented the trend data on the borough’s children in care population and the arrangements for placing those children.
- 3.3 The review focused initially on the borough’s situation in relation to foster care. It identified that barriers to the recruitment of carers needed to be overcome in order to address a severe shortage of carers and the resulting high cost of placing a significant number of children in Out of Borough provision.

- 3.4 As a result of that first stage of the review the Executive Board agreed to support an Invest To Save Bid to improve the recruitment and retention of foster carers through an increase in allowances.
- 3.5 The increased allowances will be introduced on 7<sup>th</sup> September 2010. Having publicised the new rates of allowances and introduced a revised marketing campaign, enquiries about fostering have increased. There are already 4 new carers approved and a further 10 are in the assessment process.
- 3.6 The second stage of the process was identified as a review of the borough's residential provision, which is the subject of this report.
- 3.7 Both stages of the review of arrangements for placing children have been set within the context of Halton's children in care population and the data on their placements.
- 3.8 In 2004, the borough had 169 children in care. At the time of presenting the first stage of the Placement Strategy Review in November 2009, there were 158 children in Care. As of July 2010 there were 149 children in care.
- 3.9 These figures are very positive for the Borough and its children and are contrary to both regional and national trends which have seen numbers of children in care increasing over the past 2 years. This has been achieved through a rigorous approach to children in need, child protection and children in care services.
- 3.10 In order to meet the variety of assessed needs of these young people, Halton needs to provide a range of provision for children in care which includes foster care, residential and preparation for independence.
- 3.11 Within its own residential provision, Halton has had 6 beds in its Children's homes for the past 6 years – four at Edinburgh Road, Widnes and two at Littlebourne, Runcorn.
- 3.12 In the course of the review of this provision a number of issues have been noted:
- 3.12.1 Demand for placements in residential provision has declined and at the moment there is a vacancy in each home for which no young people have been identified.
- 3.12.2 Sustaining any vacancies within the homes increases the unit cost of a placement.
- 3.12.3 Within Littlebourne in particular, there have been regular and often lengthy vacancies due to the difficulties of carefully matching the needs of just 2 young people and taking into account its location.

- 3.12.4 The nature and location of Littlebourne – a relatively small modern property at the bottom corner of a cul de sac, on a private estate, in close proximity with elderly neighbours and families – continues to be a challenge for the provision of a Children’s Residential Care home.
- 3.12.5 There is a sustained shortage of provision for young people who reach 16 years of age, that have ‘out grown’ residential care but are not ready to live independently.
- 3.12.6 The majority of young people currently in our residential provision have reached school leaving age (3 out of 4).
- 3.12.7 Children leaving care have very limited preparation for independent living which significantly impacts on their education, employment, training and future housing prospects.
- 3.13 Alongside the review of Halton’s in-house residential provision, analysis of the demand for use of residential provision for children with external providers also shows a decline. In November 2009 there were 22 Children places in external residential care. As of July 2010 there are 7 young people, all of whom are receiving such provision because they are unable to be managed in any other setting. This is clearly a volatile and somewhat unpredictable area, but it is well managed and actively reviewed; and bucks national trends.
- 3.14 In the Placement Strategy Review (November 2009) it was identified that Halton’s children’s home’s would need to change their purpose. Analysis shows that, taking into account recent and predicted trends, 4 in house residential beds will be sufficient to meet the needs of children in care.
- 3.15 In order to prevent residential provision becoming ‘blocked’ analysis also shows that there is a need for older young people to have more suitable provision to move on to.
- 3.16 When young people finish their statutory education at 16 years of age they often find that the move to college or work and the desire to become more independent is incompatible with life in a children’s home. At the moment, there are limited options for young people to leave a children’s home and move into a supported environment, but options are being developed.
- 3.17 The provision of such semi-independent living would become part of a range of options for young people leaving care which would include:
  - 3.17.1 Semi-independent project – 3 beds within a home in the community where project staff are available at key times and young people work towards an accredited independence skills programme.
  - 3.17.2 Supported lodgings – currently being recruited to, this will provide a rented

room within a home in the borough, with limited support from the householder but further support from project and social care staff.

- 3.17.3 Supported shared housing – a tenancy in the community which two young people share and support staff are deployed as necessary.
- 3.17.4 Starter flats – provided by a local RSL and used to accommodate young people who need limited support and who are able to take on the tenancy when they reach 18 years of age.
- 3.17.5 Supported living – provided by an agency and based in the community, these are used for those young people who need a high level of ongoing support.
- 3.18 All young people who are leaving care will be encouraged and supported to complete the LIFE programme (Living Independently and Fulfilling Expectations). This is an accredited, competency based programme which helps young people to develop the knowledge, skills and capacity to be 'tenancy ready' and live independently in the community.
- 3.19 Such a range of provision would provide reassurance that the Council is committed to providing a suitable setting for care leavers up to adulthood. It would also address one of the key issues that care leavers have themselves raised about the lack of choice they have previously faced and the resulting impact this can have on their lives.
- 3.20 The **proposal** is therefore that:
  - 3.20.1 Littlebourne children's home should be closed.
  - 3.20.2 In order to meet its continuing statutory responsibilities following the closure; the Council would commission semi-independent provision for care leavers, provide support for the Children In Care Council; fund two care leaver apprenticeships; provide an Independent Visitor Scheme; services for foster carers; personal Education Allowances for children in care; and refurbishment funding for the children's home at Edinburgh Road.
  - 3.20.3 The efficiencies made by this reorganisation would contribute to the Council's efficiency programme. The items in 3.20.2 above ensure that front line services are not affected by such efficiency savings.
- 3.21 The proposal would take effect with the closure of Littlebourne on 31<sup>st</sup> March 2011 and the award of a contract for semi-independent provision to commence in April 2011.

#### **4.0 POLICY IMPLICATIONS**

- 4.1 The proposal is consistent with current Council policies and priorities, the Halton multi agency Children in Care Strategy and Corporate Parenting

responsibilities.

- 4.2 The proposal would be part of a clear pathway for Children in Care and Care Leavers and would ensure that high cost placement resources are used efficiently and effectively.
- 4.3 Additional support across a range of placement services will impact positively on performance on such issues as employment education and training, placement stability, recruitment and retention of carers, quality of care and homelessness.

## **5.0 OTHER IMPLICATIONS**

- 5.1 Whilst meeting the needs of children in care and care leavers, the proposal also identifies efficiencies for the Council.
- 5.2 The value of the Littlebourne property is estimated at £150,000. The sale of the property would contribute to the Council's efficiency programme.
- 5.3 The current establishment budget for Littlebourne is £325,540. The cost of the provision identified to continue to meet statutory requirements to children in care and care leavers (3.20.2) following the closure of Littlebourne is £220,000. A total of £105k revenue would therefore contribute to the Council's efficiency programme.
- 5.4 The need to identify funding to meet these essential statutory requirements and responsibilities has largely arisen out of the significant reduction in the Area Based Grant for 2010/11 and 2011/12.
- 5.5 There is currently a staffing establishment at Littlebourne which is as follows:
- 1 x Registered Manager
  - 1 x Assistant Registered Manager (vacant)
  - 5 x Residential Child Care Workers (0.5 vacant)

Consultation on the proposal has commenced with the staff and Unison and the Council's At Risk Policy will be implemented. It is anticipated that alternative employment can be identified for those who are affected.

## **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

- 6.1 **Children and Young People in Halton**  
The proposal seeks to ensure that there are suitable placement options for both Children in Care and Care Leavers within their own community.
- 6.2 **Employment, Learning and Skills in Halton**  
If young people who are getting ready to leave care are able to remain in Halton in a supported environment, they will experience less disruption and uncertainty and will benefit from the partnerships that have developed to promote employment and learning opportunities. Completion of the



accredited LIFE programme also entitles young people to claim EMA and be registered as involved in EET activities.

**6.3 A Healthy Halton**

The proposal is consistent with ensuring that children in care and care leavers are able to access local resources, which will help to support this physical and emotional well-being.

**6.4 A Safer Halton**

Young people often wish to remain within their own community and the ability to do so improves their likelihood of achieving well in all areas of their life.

**6.5 Halton's Urban Renewal**

If children in care and care leavers feel settled and comfortable within their home and community they are likely to engage better in the opportunities the borough is able to offer them.

**7.0 RISK ANALYSIS**

7.1 The failure to redesign services in line with the proposal will result in limited progress on meeting the needs of care leavers, inefficient use of resources and limited impact on improving the medium – longer term outcomes for children in care and care leavers.

7.2 There is one young person placed at Littlebourne at the moment. He will be 17 years old in December and even if Littlebourne remained open, he would have had a plan to move on to independence provision in 2011. Plans will be made for him to move on appropriately.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality Impact Assessment of the proposal identifies no negative impact on children in care and care leavers as a result of the proposal, this as a result of paragraph 3.20.2.

8.2 The proposal improves choices for children in care and care leavers and will facilitate positive action to improve the life chances of this vulnerable group.

**9.0 REASON FOR DECISION**

9.1 The decision is required in order to ensure the most efficient and effective use of resources and to improve outcomes for children who grow up in care.

**10.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED.**

10.1 Consideration was given to utilising the existing property at Littlebourne for the semi-independent provision. However neither the location nor the size makes it suitable for this service.

10.2 Consideration was given to developing the semi-independent provision as a Halton Borough Council resource. This was not a cost effective model and would not have allowed the department to benefit from a partnership with an experienced provider of such services.

**11.0 IMPLEMENTATION DATE**

11.1 It is proposed that the closure of Littlebourne takes place by 31<sup>st</sup> March 2011 and a contract for semi-independent accommodation is awarded and commences in April 2011.

**12.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

Document	Place of Inspection	Contact
Care Matters	DFE Website	CT
Children and Young Persons Act 2008	DFE Website	CT
Children in Care Strategy	Grosvenor House	CT
Children (Leaving Care) Act 2000	DFE Website	CT
Placement Strategy Review Executive Board Report 05.11.01	Grosvenor House	CT



**REPORT TO:** Executive Board

**DATE:** 9<sup>th</sup> September 2010

**REPORTING OFFICER:** Chief Executive

**SUBJECT:** Borough of Halton (Ashley Park Retail Centre, Widnes) Compulsory Purchase Order 2010.

**WARD:** Riverside

## **1.0 PURPOSE OF THE REPORT**

This report seeks authorisation to make the Borough of Halton (Ashley Park Retail Centre Widnes) Compulsory Purchase Order 2010 under Section 226 (1) (a) of the Town and Country Planning Act 1990 and Section 13 of the Local Government (Miscellaneous Provisions) Act 1976 and the Acquisition of Land Act 1981. The purpose of the Compulsory Purchase Order ("the Order") being to facilitate land acquisition and acquisition of land and new rights in land (together referred to as "the Order Land") for the redevelopment of the Ashley Retail Centre for the reasons set out in detail in this report.

## **2.0 RECOMMENDATION: That**

**Subject to:**

- (a) the prior completion of an appropriate indemnity agreement with the Developer

**The Executive Board is asked to resolve as follows:**

- 1.1 To make the Borough of Halton (Ashley Park Retail Centre Widnes) Compulsory Purchase Order 2010 ("the Order") under Section 226(1)(a) of the Town and Country Planning Act 1990 and Section 13 of the Local Government (Miscellaneous Provisions) Act 1976 and the Acquisition of Land Act 1981 for the acquisition of all interests in the Order Land and the acquisition of new rights within the Order Land;**
- 1.2 The Order Land shall (subject as provided otherwise in this resolution) comprise the areas shown coloured pink and blue respectively on the plan attached for the purpose of redevelopment of the Ashley Park Retail Centre comprising of demolition of existing buildings, construction of new retail unit together with associated provision for access, servicing, parking and landscaping; and**

- 1.3 That delegated authority be given to the Strategic Director Environment and Economy (whether acting personally or through any other person nominated by him) to:
  - 1.3.1 Take all necessary steps as soon as is reasonably practical to finalise the Order map and schedule, (including the exercise of powers of requisition) secure the making, confirmation and implementation of the Order including the publication and service of all notices and the presentation of the Council's case at any Public Inquiry.
  - 1.3.2 Negotiate to acquire and acquire all interests in the Order Land and new rights within the Order Land either by agreement or compulsorily including prior to the making of the Order and where appropriate to agree terms for relocation.
  - 1.3.3 To reduce (but not increase) the area of the Order Land and/or any interests therein should the said negotiations make the inclusion of such land and/or such interests unnecessary.
  - 1.3.4 Make arrangements for the relocation of owners and occupiers, where appropriate.
  - 1.3.5. Approve agreements with the owners of any interest in the Order Land and any objectors to the confirmation of the Order setting out the terms for the withdrawal of objections to the Order including, where appropriate, seeking inclusion in and/or exclusion from the Order of land or new rights.
  - 1.3.6 In the event that a question of compensation be referred to the Lands Tribunal to take all necessary steps in relation thereto including advising on the appropriate compensation payable and to appoint appropriate consultants if necessary to assist and advise in this regard.

### **3.0 SUPPORTING INFORMATION**

- 3.1 Planning permission for this important regeneration proposal is already in place (Application 09/00101/OUT). The permission is for the redevelopment of a prominent site, that has been left largely vacant, with a proposed new foodstore and petrol filling station.

### **4.0 POLICY IMPLICATIONS**

- 4.1 The proposed scheme is in accordance with national planning policy for town centres, which seeks, amongst other things, to increase the vitality and viability of existing centres.
- 4.2 The Halton UDP was adopted in 2005. The adopted UDP identifies Widnes as one of the Borough's town centres and the Ashley Park Retail Centre as being located immediately adjacent to its historic Primary Shopping Core. The UDP also seeks to identify new locations within Widnes Town Centre for additional non-food retail provision.
- 4.3 The proposal, which already benefits from planning consent (09/00101/OUT) complies with the emerging town centre strategy.

## **5.0 FINANCIAL IMPLICATIONS**

- 5.1 The main financial implications of any compulsory purchase order relate to the obligation to pay compensation to existing landowners. In addition compulsory purchase orders can give rise to substantial administrative, legal and technical costs. The Council must demonstrate that financial implications have been addressed and that funds are available to finance a successful compulsory purchase.
- 5.2 Morbaine Ltd ("the Developer") will indemnify the Council's costs in seeking to obtain the Order. In addition, if as a result of objections to the Order being made, there is a Public Inquiry then the Council will recover all costs relating to the Inquiry from the Developer. Compensation payable to occupiers/owners as a result of the Order (including possible blight notices and acquisitions by agreement) is a development cost and, as such, will be borne in its entirety by the Developer as part of the Indemnity Agreement. The Developer has demonstrated that it has ample funds (including access to funding) to discharge its indemnity. The Developer has agreed to fund all capital payments in advance. This means that the Council does not have to make any capital provision in its capital budget.

## **6.0 OTHER IMPLICATIONS**

None

## **7.0 RISK ANALYSIS**

- 7.1 The primary risk to the Council is financial. This has been addressed in section 5 above. There is also a risk associated with not acting. This relates to the possible non-implementation (or least, indefinite delay) of the development without the existence of the Order.

## **8.0 LIST OF BACKGROUND DOCUMENTS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

<b>Document Officer</b>	<b>Place of Inspection</b>	<b>Contact</b>
Planning File CPO File	Rutland House Legal Services	Phil Watts John Tully

## **Borough of Halton (Ashley Park Retail Centre Widnes)**

### **Compulsory Purchase Order 2007**

#### **Background and justification**

##### **Redevelopment Background**

Widnes Town Centre had in recent years experienced decline as a result of changing shopping patterns and increased competition from other centres. The Town Centre does, however, remain an important focus point for the local community, providing essential shops and services and a range of community and leisure facilities. The Centre has in more recent times enjoyed a renaissance as a consequence of concerted and focused regeneration activity between the Council and its partners.

The Ashley Park Retail Centre occupies a sizeable and prominent location within Widnes town centre. However, as currently configured it is poorly integrated with the town's retail core, and as a consequence, fails to take advantage of the opportunities this gateway site presents for significantly enhancing the retail offer within the town centre and improving pedestrian and visual linkages between the town centre and the Ashley Park shopping offer, in particular, creating a 'sense of entrance' to the town centre.

The Centre currently provides approximately 6,062 sq m (65,246 sq ft). The majority of the site is currently vacant, however, some units are still occupied. Some of the remaining occupiers include Comet and Tops Tiles .

If the Town Centre is to maintain its role as one of the main centres of Halton, it requires comprehensive redevelopment and reinvestment in its retail offer.

### **Redevelopment Site**

The purpose of seeking to acquire land compulsorily is to facilitate the comprehensive redevelopment of the Order Land, which comprises a part of the Site within Widnes Town Centre. The proposed scheme would provide a modern retail environment which would continue the Councils regeneration ambitions for the Centre and create a modern gateway to the town. This would add to the qualitative and quantitative improvement of shopping provision of Widnes Town Centre and a necessary step change in the status of Widnes in the retail hierarchy.

The Site extends to over 2.89 hectares (7.14 acres) and is situate in a strategic part of the Town Centre and its redevelopment presents an opportunity to provide a step change in qualitative and quantitative provision of retail for the Town Centre and its environs and greater linkage to transport.

The Developer has made reasonable enquiry and taken opportunity to determine lesser leasehold interests within the redevelopment area. The Council and the Developer will continue to seek to acquire the interests by negotiation.

### **Planning Status**

Planning permission for erection of retail unit(s) (Class A1) was given by the Council on 30/03/2010.

**Justification for Making a Compulsory Purchase Order**

In summary the reason that the Order is required is to facilitate the comprehensive redevelopment of the Order Land, which comprises a part of Widnes Town Centre. The Ashley Park Retail Centre currently suffers from poor overall design and low quality retail accommodation, which fails to meet modern retailing requirements. Externally the appearance of the Centre is poor.

The aims and objectives for the improvements to the Town Centre are contained in the adopted UDP. In addition, the March 1997 Widnes Town Centre strategy goal is for Widnes Town Centre to be developed and enhanced by further retail, leisure and commercial investments so that it fulfils its role as a Town Centre. The proposed scheme, which necessitates the Order is in line with and seeks to deliver the policy objectives of National and Local Development Plan policy. The scheme promotes a retail redevelopment on previously developed land, which will promote the vitality and viability of the Town Centre.

The Local Plan Policies identify a need for improvements to Widnes Town Centre which this scheme can provide. The benefits that the redevelopment will provide accords with the following:

**i) Strategic Aims of the UDP**

- a) to increase the vitality and viability of Halton's town centres;
- b) to increase the range and quality of the shops and improve the shopping environment;
- c) to ensure that new retail development reinforces the strength of the retail core of each centre and does not weaken it; and

d) to ensure that the location, scale and nature of retail developments reflect the hierarchy of shopping centres in the Borough.

The justification for making the proposed Order must meet tests set out in Section 226 (1) (a) of the Town and Country Planning Act 1990 for the compulsory acquisition of land. Those tests are that the acquisition will facilitate the carrying out of development, redevelopment or improvement on or in relation to the land and that the Council thinks the development, redevelopment or improvement is likely to contribute to the achievement of the promotion or improvement of the economic, social or environmental wellbeing of the Council area. The ODPM Circular 06/2004 provides guidance to acquiring authorities on the use of the compulsory purchase powers. The Council is satisfied that it has met the Section 226 tests and that its proposed actions are in accordance with the Circular.

The current position is that whilst there have been acquisitions of third party interests by the Developer and these will continue to be actively pursued, it has not been possible to secure agreement or acquire all the necessary land interests and rights in land by agreement to date. Accordingly, it is considered appropriate and proportionate for the Council to use its compulsory purchase powers to facilitate the assembly of land and rights in land required for the redevelopment with certainty and in a reasonable timeframe and this approach is in line with the guidance in Circular 06/04 referred to above.

### Human Rights

The rights of owners of interest in the Order lands under the Human Rights Act 1998, in particular the rights contained in Article 6, Article 8 and Article 1 of the First Protocol, need to be taken into account by the Council when considering

whether to make the Order and when considering the extent of the interests to be comprised in the Order.

Any objections to the Order will be considered by an independent Inspector at a Public Inquiry. It is necessary, having regard to the Human Rights Act 1998 and in particular the specific rights referred to above, to take into account the interference with private property rights protected by the European Convention on Human Rights and ensure that the interference is proportionate and in the public interest. In this context, the Council must carefully consider the balance to be struck between individual rights and the wider public interest.

The Council is satisfied for the reasons set out in this report that any interference with Convention rights will be justified in order to secure the economic, environmental and social benefits that the redevelopment will bring. Appropriate compensation will be available to those entitled to claim it under the relevant statutory provisions. Consequently, if the Order is confirmed, it would strike an appropriate balance between public and private interests such that there is no breach of any human rights.

#### Other Matters

The Developer was founded in 1985 and is a private family owned business specialising in retail development, investment and management. The Developer has successfully completed many retail projects. The Developer has wide ranging experience in all aspects of the project requirements and has a history of producing high quality retail development having recourse to its experience and financial backing/capability. The Council is therefore satisfied that such attributes coupled with a suitable indemnity will lead to the delivery of the Scheme and that the Scheme is economically viable.



The proposed CPO is not understood to affect any special category land (for the purpose of the Acquisition of Land Act 1981) but will be subject to further review as part of the preparation of the Order.

The proposal will necessitate the stopping up of existing adopted public highway by an associated Order. Any objections to the associated Order will be heard at a concurrent or co-joined public inquiry.

The Developer is in discussion with statutory undertakers for the relocation of their apparatus as a consequence of the proposals. Save as otherwise identified in this Report, the Council is not aware of any other material or insurmountable legal or physical impediments.

**REPORT TO:** Executive Board

**DATE:** 9 September 2010

**REPORTING OFFICER:** Chief Executive

**TITLE:** Licensing Act 2003 Statement of Licensing Policy

**WARDS:** Boroughwide

### **1.0 PURPOSE OF REPORT**

1.1 To authorise a consultation on a review of the Council's statement of licensing policy.

**2.0 RECOMMENDED: That the Operational Director Legal and Democratic Services be authorised to undertake a consultation exercise in respect of the Council's statement of licensing policy in accordance with section 5(3) Licensing Act 2003.**

### **3.0 SUPPORTING INFORMATION**

3.1 On 12<sup>th</sup> December 2007 the Council adopted a statement of licensing policy in compliance with its obligations under section 5 Licensing Act 2003.

3.2 The licensing statement lasts for a three year period and must be re-adopted by the Council for successive three year periods. A licensing statement cannot be re-adopted before the completion of a consultation exercise.

3.3 It is anticipated that the consultation will commence on 10 September 2010 and will run for a 5 week period to 15 October 2010.

3.4 Following completion of the consultation exercise any comments and recommendations received will be reported back to the Executive Board for consideration. The re-adoption of the licensing statement is reserved for full Council to determine.

### **4.0 POLICY IMPLICATIONS**

4.1 Once adopted, the statement of licensing policy will be used by applicants and the Regulatory Committee in accordance with the Licensing Act 2003.

**5.0 OTHER IMPLICATIONS**

5.1 There are no other implications arising out of this report.

**6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

**6.1 Children and Young People in Halton**

The Council's statement of licensing policy operates under a separate statutory code but since it involves licensable activities it is designed to contribute to licensing objective of the protection of children from harm.

**6.2 Employment Learning and Skills in Halton**

N/A.

**6.3 A Healthy Halton**

N/A.

**6.4 A Safer Halton**

The Council's statement of licensing policy operates under a separate statutory code but since it involves licensable activities it is designed to contribute to licensing objective of promoting public safety.

**6.5 Halton's Urban Renewal**

N/A.

**7.0 RISK ANALYSIS**

7.1 N/A.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 N/A.

**9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1 The report is based on the Licensing Act 2003 and the written responses to the consultation exercise. In addition the DCMs and LACORS websites have provided background information.

**REPORT TO:** Executive Board

**DATE:** 9<sup>th</sup> September 2010

**REPORTING OFFICER:** Chief Executive

**SUBJECT:** Consultation Paper – Provision Of Courts Services In Cheshire And Merseyside

**WARDS:** Borough-Wide

**1. PURPOSE OF REPORT**

- 1.1 To advise Members of responses received from Councillors in order to formulate a response to the consultation.

**2. RECOMMENDATION**

- 2.1 **That the Chief Executive, in consultation with the Portfolio Holder for Resources, be authorised to finalise and dispatch the Council's response to the consultation.**

**3. SUPPORTING INFORMATION**

- 3.1 Members will recall that at its meeting on 15 July 2010, the Executive Board received a report relating to a consultation document received from the Ministry of Justice on their proposals for the provision of Court Services in Cheshire and Merseyside. The formal consultation period would end on 15 September 2010.
- 3.2 Executive Board resolved that all Members be provided with a copy of the document and be invited to submit their comments to the Operational Director Legal and Democratic Services. It was further resolved that a report be brought to this meeting containing a draft response to the consultation.
- 3.3 Following that decision, the Operational Director Legal and Democratic Services wrote to all Councillors to seek their views. At the time of writing, responses have been received from two elected Members.

The first Councillor expresses the opinion that it is a shame that the building is used so little, and is in shabby condition. She would prefer the Court to remain in use to provide local access to justice for residents. She expresses concern as to the future use of the part of the building to be vacated, and goes on to question the effect on an area which is already deprived.

The second Councillor refers to access problems for persons with disabilities at the present building.

- 3.4** Members will recall that the Consultation Document suggested that the main issue for Runcorn County Court was the under-utilisation of its Hearing Room due to its small workload. The proposal was that work would transfer to Warrington Combined Court. The document indicated that that court is 8.7 miles from Runcorn County Court and suggests that the two are linked by a regular bus services which takes 33 minutes and costs approximately £5 for a day ticket. The Ministry of Justice considered that the stops at either end to be within easy walking distance of the courts and town centres. They further make the point that in 2009/10 the operating costs of Runcorn County Court were £32,779.
- 3.5** The Strategic Director Environment and Economy is carrying out an assessment of the transportation issues, which will be available at the meeting.
- 3.6** What is clear though, is that persons seeking to have access to the County Court will be put to greater inconvenience in travelling to Warrington, in terms of increased travel costs and the geography of getting to the combined court centre, particularly for those persons having to rely on public transport. It is also the case that there are car parking charges at Warrington, whereas it is free at Runcorn.
- 3.7** Set against this background, Members will recall that the proposal is to close Runcorn County Court but keep the building open for use as a Magistrates Court. Therefore, the cost benefit of the proposal could be questionable when set against the possible effects on vulnerable court users, who may well find it intimidating, difficult and expensive to travel further afield to access the justice system.
- 3.8** A draft consultation response is attached as Appendix 1 for Members' consideration and any further points will be welcomed prior to the document being finalised and dispatched.

#### **4. POLICY IMPLICATIONS**

- 4.1** The report does not have any implications in terms of Council policy.

#### **5. OTHER IMPLICATIONS**

- 5.1** There are no other implications arising out of this report.

#### **6. IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

- 6.1** Children and Young People in Halton
- 6.2** Employment, Learning and Skills in Halton

**6.3** A Healthy Halton

**6.4** A Safer Halton

**6.5** Halton's Urban Renewal – none.

There are no specific implications for any of these priorities arising from the report with the proviso, though, that the implications for certain sectors of the community of having to travel elsewhere to have access to the justice system will form part of the Council's response to the consultation.

**7. RISK ANALYSIS**

No applicable

**8. EQUALITY AND DIVERSITY ISSUES**

The proposal to close Runcorn County Court will have implications for members of the community who will have to travel further to access the court system.

**9. LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

**9.1** Consultation documents and responses which are held by Mark Reaney, Operational Director, Legal and Democratic Services, 4<sup>th</sup> Floor, Municipal Building, Kingsway, Widnes.

## Questionnaire

We would welcome responses to the following questions set out in this consultation paper.

**Question 1a. What comments would you like to make on the proposals for the future provision of magistrates' courts services in Merseyside (including Local Justice Area/ Bench mergers)?**

None

**Question 1b. Please describe any particular impacts that should be taken into account when considering the proposals for magistrates' courts in Merseyside and why.**

None

**Question 1c. Will the proposals for magistrates' courts in Merseyside have a direct impact on you? If yes please provide further details. (Your information will assist in reviewing the equality impact assessment.)**

None

**Question 2a. What comments would you like to make on the proposals for the future provision of magistrates' courts services in Cheshire (including Local Justice Area/ Bench mergers)?**

None

**Question 2b. Please describe any particular impacts that should be taken into account when considering the proposals for magistrates' courts in Cheshire and why.**

None

**Question 2c. Will the proposals for magistrates' courts in Cheshire have a direct impact on you? If yes please provide further details. (Your information will assist in reviewing the equality impact assessment.)**

None

**Question 3a. What comments would you like to make on the proposals for the future provision of county court services in Cheshire and Merseyside?**

The Council does not believe that Runcorn County Court should be closed. It believes that this is an issue of social inclusion, in that residents who are potentially disadvantaged and already have problems with transport are effectively being asked to go to Warrington or further afield in order to access the judicial system which was hitherto far more easily reached. There will clearly be greater inconvenience and cost to many court users, who may well find it intimidating and difficult to travel further afield to access the courts system.

It is felt the consultation document does not provide sufficient information on the financial effects of the proposal, given that the court building also houses Runcorn Magistrates Court which will continue in operation. The Council would also wish to receive further information on the proposed re-use of the areas of the building to be vacated by the closure of Runcorn County Court.

**Question 3b. Please describe any particular impacts that should be taken into account when considering the proposals for county courts in Cheshire and Merseyside and why.**

The closure would have particular impact on members of the community who may be disadvantaged and less able to access transport. They will be required to travel substantially further to access the judicial system and this consideration needs to be weighed up very carefully in the review of the equality impact assessment.

**Question 3c. Will the proposals for county courts in Cheshire and Merseyside have a direct impact on you? If yes please provide further details. (Your information will assist in reviewing the equality impact assessment.)**

The closure would have a direct impact on a substantial number of residents of the Borough. The reply to Question 3b above also applies.

**Thank you for participating in this consultation exercise.**

**About you**

Please use this section to tell us about yourself

<b>Full name</b>	<b>Mark Reaney</b>
<b>Job title</b>	<b>Operational Director, Legal and Democratic Services</b>
<b>Date</b>	<b>10 September 2010</b>
<b>Company name/ organisation</b>	<b>Halton Borough Council</b>





**Executive Board 9<sup>th</sup> September 2010**

**Agenda item 6 (b)**

**Consultation Paper – Provision of Courts services in Cheshire and Merseyside**

**Subject:** Court Closure

The Borough of Halton is characterised by a population with extremely low car ownership ( % compared with national). Consequently, the use of public transport is extremely important for ensuring accessibility for all. In this respect, Halton is fortunate that a legacy from the New town is the very effective busway. This was designed so that it would minimise the need for car use for local journeys siting bus stops in residential areas to maximise convenience compared to using cars and parking. It was designed so that it was at least as easy to reach Halton Lee, where the Court Complex is located, by bus as by car from almost anywhere in the town.

This system has ensured that the Court Complex in Runcorn is highly accessible to the population in Halton. If the Court is relocated, it will seriously inconvenience local residents. Alternative locations would demand journeys as set out below:

**Warrington County Court:**

Address: Legh Street, Warrington, Cheshire, WA1 1UR

Public transport:

Services 62 and 110 operate from Runcorn and Widnes to Warrington and X30 operates from Runcorn to Warrington 62, X30 and 110. The most direct services from Runcorn are the 62 and X30, these are both hourly operating during the daytime arriving in Warrington at 35 mins past (62) and 56 mins past (X30) the hour until 1835 and 1756 respectively, returning from Warrington at 05 mins past (X30) and 40 mins past (62) the hour until 1805 and 1740 respectively. The most direct service from Widnes is the 110, which is also the most frequent with a 20 minute frequency through the daytime, this operates from early morning until 1820 into Warrington and 1835 out of Warrington. The closest bus stop to alight at for the Court would be on at Warrington Bus Station, this is no more than 200 yards to the court or less than a five minute walk.

The cost of a single bus ticket on the Arriva services is £2.90 or £4.00 return (day ticket). Halton Transport's day ticket for their service is £3.00.

By train, passengers would need to use one of the frequent bus services to Runcorn East where the train services operate hourly to Warrington Bank Quay. The train journey time is 7-8 minutes and operates from early morning throughout the day and to late evening, this is the same for each direction. On arriving at Warrington Bank Quay the distance to the court is approx 800 yards or an approximate ten minute walk. The cost of a return train ticket is £2.70.

### **Chester County Court**

Address: Trident House, Little St John Street, Chester, Cheshire, CH1 1SN

#### Public Transport:

Bus services from Runcorn to Chester Bus Exchange are 21 and X30. The bus journey time is between 48 and 52 minutes.

21 service operates hourly arriving in Chester at 53 mins past the hour throughout the daytime up to 1753 and returning from Chester at 05 mins past the hour, last bus being at 1705.

X30 service operates hourly arriving in Chester at 27 mins past the hour throughout the daytime up to 1927 and returning from Chester at 27 mins past the hour, last bus being at 1935.

From Chester bus exchange to the court on it is approximately 800 yards or an approximate ten minute walk.

By train, passengers would need to use one of the frequent bus services to Runcorn East where the train services operate hourly to Chester. The train journey time is 20 minutes and operates from early morning throughout the day and to late evening, this is the same for each direction. The cost of a return train ticket is £6.00. The train station is some distance from the court, however bus services are available from opposite the train station at the bus stops outside of the Town Cryer public house. Bus service 1 (signed for Wrexham) or services 3, 4, X44 or X55 (signed for Mold) operate a five minute frequency of services between them to bus stops within a 100 yard walk to the court. Similarly, return bus services operate back to the train station.

### **Northwich County Court**

Address: The Court House, Chester Way, Northwich, Cheshire, CW9 5ES

#### Public Transport:

There are no longer any bus services available between Widnes or Runcorn to Northwich. Therefore passengers would need to use the train services operating from Runcorn Station to Hartford, this is an hourly service operating throughout the daytime, journey time of which is 11 minutes. This is the same for the reverse direction journeys. The cost of a return train ticket is £4.80.

To get to Runcorn Station, passengers would need to use a bus service. The most convenient bus stops used by most services are those on Queensway, located immediately before or after the Silver Jubilee Bridge. From these stops it is a very short walk to Runcorn Station.

On arriving at Hartford Station, passengers would need to use no. 82 bus service into Northwich, Watling Street bus terminus. The 82 operates half hourly throughout the daytime at convenient times to connect with the train journeys. For return journeys from Northwich, the bus service to Hartford Station is again half hourly but passengers would need to wait for 21 minutes before the train arrives for Runcorn.

On arrival in Watling Street bus terminus, the walk to the court is less than 200 yards or less than a five minute walk.

#### Recommendation

Should the MoJ determine to close Runcorn Court the MoJ should negotiate and fund enhanced and subsidised/free bus services for court users and staff , to tie in with Court sittings,thereby maintaining access to justice for those experiencing the significant inconvenience and additional cost of attending at a less accessible Court venue.

**REPORT TO:** Executive Board

**DATE:** 9th September 2010

**REPORTING OFFICER:** Strategic Director – Environment and Economy

**SUBJECT:** Merseyside Joint Waste Development Plan Document – Preferred Options: Interim Feedback Report

**WARDS:** All

### **1.0 PURPOSE OF THE REPORT**

- 1.1 Halton Borough Council is involved in producing a Joint Waste Development Plan Document (referred to in this report as the Waste DPD) for the Merseyside sub-region. It was reported to this Board in February, earlier this year, that the DPD had reached the 'Preferred Options' stage and at that meeting the Board agreed to consult on the preferred options document.
- 1.2 The purpose of this report is to advise Members that the consultation exercise has now been completed and to provide an early flavour of the feedback received.

### **2.0 RECOMMENDATION: That**

- (1) the draft findings are noted; and**
- (2) a further report to be brought back to the Board, once the MEAS full analysis of the consultation exercise has been completed**

### **3.0 SUPPORTING INFORMATION**

- 3.1 The Waste DPD is being produced by Merseyside Environmental Advisory Services (MEAS) on behalf of the six greater Merseyside districts (Halton, Knowsley, Liverpool, St Helens, Sefton, and Wirral). This will be the land-use planning document for waste-related development in the Merseyside sub-region. It deals with the scale, location and type of facilities required to manage all waste streams (commercial, industrial, municipal, agricultural, hazardous, construction, demolition and excavation). It will set out the spatial strategy for new waste development and includes site allocations for new waste facilities. Criteria-based policies provide a consistent approach for dealing with waste planning applications across the six relevant authorities.

- 3.2 Throughout the preparation of the Waste DPD there has been on-going consultation with Government Office and the Planning Inspectorate to ensure procedural compliance. In addition, the process and evidence base has also been subject to independent quality assurance checks involving legal advisors, private consultants and Planning Officers' Society. The Waste DPD has been prepared through a multi-stage process. Three public consultation stages have been completed:
- Issues and Options took place in March and April 2007.
  - Spatial Strategy and Sites stage took place between December 2008 and January 2009.
  - Preferred Options
- 3.3 The results of the public consultation, engagement with stakeholders, industry (including Merseyside Waste Disposal Authority (MWDA)) and the Local Authorities and, detailed technical assessments at stages 1 and 2 were all used to inform the preparation of this third public consultation stage, Preferred Options –May to July 2010.
- 3.4 The Preferred Options consultation exercise was undertaken over a six week period during May – July 2010. Attached to this report (Appendix A) is a draft report, which explains the full extent of this exercise and which also provides some analysis of the results of the process. A final report will follow later in the year.
- 3.5 In response to the total Merseyside wide exercise 139 response questionnaires were submitted of which, 64 were from organisations rather than individuals. In addition a number of petitions were also submitted in relation to specific site allocations.
- 3.6. In relation to sites identified within the consultation document for possible future waste related uses, there were 3 within Halton's boundaries.

Ditton Sidings, Newstead Road (Widnes)  
Johnsons Lane (Widnes)  
Manor Park Road Waste Water Treatment Works (Runcorn)

- 3.7 The draft report shows that for the sites within Halton:-

Ditton Sidings-23 submissions were made, which agreed /strongly agreed with the sites proposed allocation, whilst 20 disagreed / strongly disagreed.

Johnsons Lane-18 agreed/strongly agreed, whilst 2 disagreed/strongly disagreed.

Manor Park Road-12 agreed/strongly agreed, whilst 2 disagreed/strongly disagreed.

In respect of the Ditton site 2 petitions (containing 158 names) were also received opposing the sites draft allocation.

- 3.8 Having considered the various representations and taking into account the locations and characteristics of the three sites in Halton included in the Waste DPD, it is the view of officers that the Council should not object to the inclusion of any of these sites for the specific purposes identified in the consultation document.

## **4.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### **4.1 Children and Young People in Halton**

- 4.1.1 This report has no direct implications for children and young people in Halton. Indirectly, the Waste Development Plan Document (Waste DPD) places sustainability at its very core, protecting valuable resources for future generations and promoting the most sustainable methods of waste handling and treatment (Sustainability Appraisal – Phases 2 & 3 (Scott Wilson 2007-2009)).

### **4.2 Employment, Learning and Skills in Halton**

- 4.2.1 Each developed site will generate employment benefits for the surrounding area. The estimated total number of direct jobs to be created as a result of development of the Waste DPD allocated sites is 500-700 with additional indirect jobs estimated at up to twice this number. Temporary jobs related to construction of facilities are expected to total 25-400 per site, depending on the scale of the facility being built.

### **4.3 A Healthy Halton**

- 4.3.1 There are concerns about environmental nuisance, odours, emissions and the effects that waste facilities may or may not have on the health of residents. The Preferred Options Report has been supported by an independent review of this matter. Scientific and medical consensus is that there are no direct health issues arising from the normal operation of modern waste facilities.

### **4.4 A Safer Halton**

- 4.4.1 The main implication, aside from the health aspects noted above, is the consideration of increased traffic movements in the vicinity of any developed site.

### **4.5 Halton's Urban Renewal**

- 4.5.1 A great deal of effort has been directed by the Council into changing perceptions about Halton that stem from its industrial legacy. A prime

concern is the impact on inward investment in the Borough. Waste facilities must be designed to a high standard of quality and mitigate against all environmental nuisance that is associated with waste facilities.

## **5.0 RISK ANALYSIS**

5.1 Due to pressing timescales for the preparation of a Single Regional Strategy, the increasing number of private sector planning applications for waste treatment facilities, the urgent progress needed with the Merseyside Waste Disposal (MWDA) procurement process and the pressing need for Merseyside and Halton to secure new infrastructure for sustainable waste management it is vital that rapid progress is maintained with the Waste DPD. Advancing the Waste DPD to a stage where it can start to influence planning decisions will greatly assist the Districts in making those decisions.

5.2 Delay to the Waste DPD will:

- Increase costs to the Districts in the future through the cost of landfill disposal and financial penalties.
- Reduce Merseyside's ability to influence the waste policy content of the emerging Single Regional Strategy.
- Have a knock on effect on Waste DPD project timescales with resultant increases in costs of plan preparation.
- Potentially have a knock on impact on the MWDA planning and procurement processes by increasing uncertainty.
- Have very serious implications for the soundness of each of the District's emerging Core Strategy documents.
- Result in a continuation of an industry-led approach to the location of new waste facilities rather than the pro-active plan-led approach proposed within the Waste DPD.
- Reduce the Council's ability to resist applications of the wrong type and in the wrong places

5.3 These risks are mitigated by a monthly review of all significant risk factors highlighted by the project's risk assessment.

## **6.0 EQUALITY AND DIVERSITY ISSUES**

6.1 An Equality Impact Assessment has been prepared for this project and is available at [www.wasteplanningmerseyside.gov.uk](http://www.wasteplanningmerseyside.gov.uk). Where appropriate, action has been taken on the findings of the Equality Impact Assessment.

## **7.0 IMPLEMENTATION DATE**

7.1 The Joint Merseyside Waste DPD is scheduled to be adopted by all the six partner Districts in April 2012.



## 8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Document	Place of Inspection	Contact Officer
Broad Site Search Final Report (SLR Consulting September 2005)	<a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea, Runcorn.	Tim Gibbs
Initial Needs Assessment (Land Use Consultants September 2005)	<a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea, Runcorn.	Tim Gibbs
Agricultural Waste Survey (Merseyside EAS April 2007)	<a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea, Runcorn.	Tim Gibbs
North West Commercial and Industrial Waste Survey Final Report (Urban Mines May 2007)	<a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea, Runcorn.	Tim Gibbs
North West Construction, Demolition and Excavation Waste Final Report (Smith Gore July 2007)	<a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea, Runcorn.	Tim Gibbs
Revised Needs Assessment Report (SLR Consulting December 2007) [Needs Assessment Version 2]	<a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea, Runcorn.	Tim Gibbs
Merseyside Radioactive Waste Arisings Review (Merseyside EAS December 2007)	<a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea, Runcorn.	Tim Gibbs
Planning Implications Report (Merseyside EAS January 2008) [Needs Assessment Version 3]	<a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea, Runcorn.	Tim Gibbs
Review of Greenhouse Gas Emissions from Waste Management Facilities (RPS April 2008).	<a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea, Runcorn.	Tim Gibbs
Review of Health Impacts from Waste Management Facilities (Richard Smith Consulting June 2008).	<a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea, Runcorn.	Tim Gibbs
Equality Impact Assessment (Merseyside EAS July 2008).	<a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea,	Tim Gibbs

North West Regional Broad Locations Nov 08	Runcorn. <a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea, Runcorn.	Tim Gibbs
Survey for Landfill Opportunities in Merseyside (Merseyside EAS - 2008).	<a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea, Runcorn.	Tim Gibbs
Built Facilities Site Search Methodology	<a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea, Runcorn.	Tim Gibbs
Sustainability Appraisal – Phase 1 (Mouchel Parkman (2006-7)	<a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea, Runcorn.	Tim Gibbs
Strategic Flood Risk Assessment (Capita Symonds 2008-9).	<a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea, Runcorn.	Tim Gibbs
Habitats Regulations Assessment (Scott Wilson 2007-present).	<a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea, Runcorn.	Tim Gibbs
Sustainability Appraisal – Phases 2 & 3 (Scott Wilson 2007-present).	<a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea, Runcorn.	Tim Gibbs
Review of Relative Sustainability of Waste Management based on Mass- Burn or Two-Stage Recovery of Energy from Waste (Juniper Consulting 2009).	<a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea, Runcorn.	Tim Gibbs
Risk Assessment for EfW Options for MSW in Merseyside & Halton November 2009	<a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea, Runcorn.	Tim Gibbs
Revised Needs Assessment (Merseyside EAS November 2009) [Needs Assessment version 4].	<a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea, Runcorn.	Tim Gibbs
Issues and Options Report (March 2007).	<a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea, Runcorn.	Tim Gibbs
The Halton Council, Liverpool City Council, Knowsley Council, Sefton Council, St Helens Council and Wirral	<a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea,	Tim Gibbs

Council Joint Waste Development Plan Document Spatial Strategy and Sites Report. (Merseyside EAS November 2008)	Runcorn.	
Spatial Strategy and Sites Q and A Document	<a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea, Runcorn.	Tim Gibbs
Spatial Strategy and Sites Summary Report	<a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea, Runcorn.	Tim Gibbs
The Halton Council, Liverpool City Council, Knowsley Council, Sefton Council, St Helens Council and Wirral Council Joint Waste Development Plan Document Preferred Options Report (MEAS December 2009)	<a href="http://www.wasteplanningmerseyside.gov.uk">www.wasteplanningmerseyside.gov.uk</a> or Rutland House, Halton Lea, Runcorn.	Tim Gibbs

DRAFT Results of Consultation on Preferred Options : Part I Statistical Summary

# **Joint Merseyside Waste Development Plan Document**

## **Preferred Options Consultation**

### **Draft Results of Consultation Report**

#### **Part I: Statistical Summary**

1	Communication of and participation in the consultation.....	2
2	Responses received to the consultation. ....	3
3	Source of Responses .....	5
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DRAFT Results of Consultation on Preferred Options : Part I Statistical Summary

This report provides a statistical analysis of the responses received during the Preferred Options public consultation which was held over a six week period during May – July 2010. It concentrates on data that can be derived from unambiguous responses to the consultation questions asked and it does not provide an in-depth analysis of all of the textual comments provided by consultees – work on such an analysis is on-going and will be published in a separate report shortly.

## 1 Communication of and participation in the consultation.

The following means were used to communicate the consultation to potential consultees :

- Statutory advertising (notices)
- Posters in District Council Libraries, One-Stop shops etc
- Information on District Council websites with links to consultation portal (see below)
- Consultation events held in each District (2 in Halton and Knowsley, 1 in other Districts)
- Emails and letters sent to consultees on MEAS and Council SCI databases (3287 individuals)
- Letters to all Councillors sitting following local elections in May 2010
- Dedicated consultation portal for direct electronic response

The consultation portal allows data to be gathered on use of the site by consultees and the cumulative visitor statistics for the site are shown in Table 1.1 below.

<b>Web Traffic over 6 weeks</b>	
Site visits	1994
Visits / week	332
Unique visitors	1185
Page views	16246
Pages / visit	8.1
Time / visit (min)	8.25

*Table 1: Participation via the Consultation Portal*

The statistics reveal a considerable level of interest with over 1000 unique visitors viewing the site over the consultation period. Clearly (see following section) only a small proportion of visitors left consultation responses comments on the website. There is no way of measuring whether some of the website visitors responded to the consultation by other means, having initially browsed the consultation material on the website.

The attendance at consultation events also provides some useful information on the level of interest generated. A total of 134 consultees attended the eight events organised across the six Districts. Further details are reported in Section 5 of this report.

## 2 Responses received to the consultation.

Responses to the consultation were received by four principal methods:

- Direct web-site responses
- Responses on the paper questionnaire circulated with the Preferred Options Report
- Letters
- Emails

Additional responses were also received in the form of petitions and pro-forma letters

Web-site and questionnaire responses are easiest to analyse numerically since there are generally unambiguous answers to questions such as “Do you agree with the preferred option?” Where responses are received via letters and emails, these questions, although addressed, are not necessarily directly answered and in order to feed into numerical analysis, staff must interpret the responses received into answers to specific consultation questions that were posed. Where such interpretation has been applied, all results are posted on the consultation portal and consultees are able to check how their responses have been interpreted and analysed. Where an email address has been registered by a consultee, an email is automatically sent to the consultee informing of posting of comments on the portal.

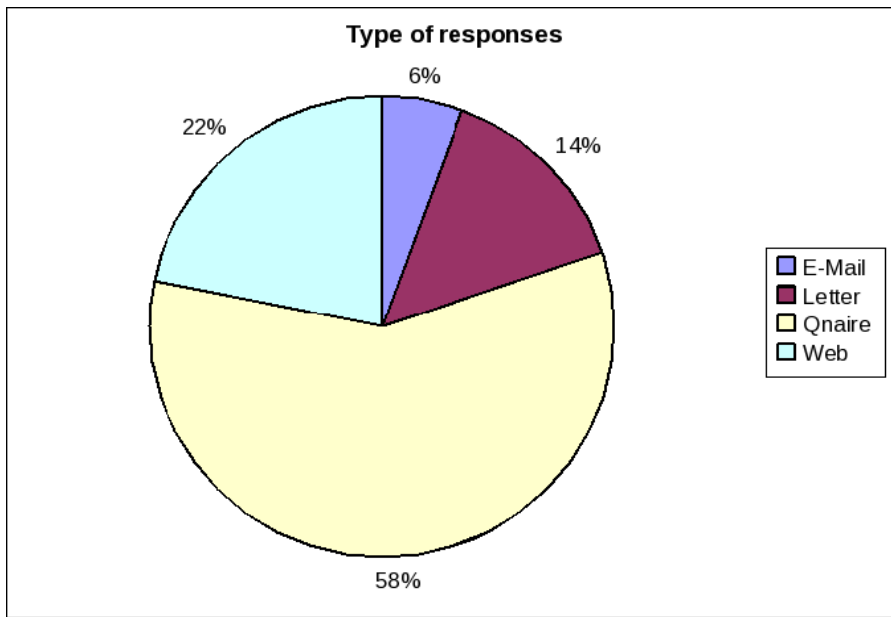
The following table and pie chart shows responses received via the different methods of communication. Petitions and pro-forma letters are covered in a separate section.

Type	Number	Percent
E-Mail	69	6
Letter	176	14
Questionnaire	723	58
Web	271	22
<b>Total</b>	<b>1239</b>	<b>100</b>

*Table 2: Responses received to Consultation*

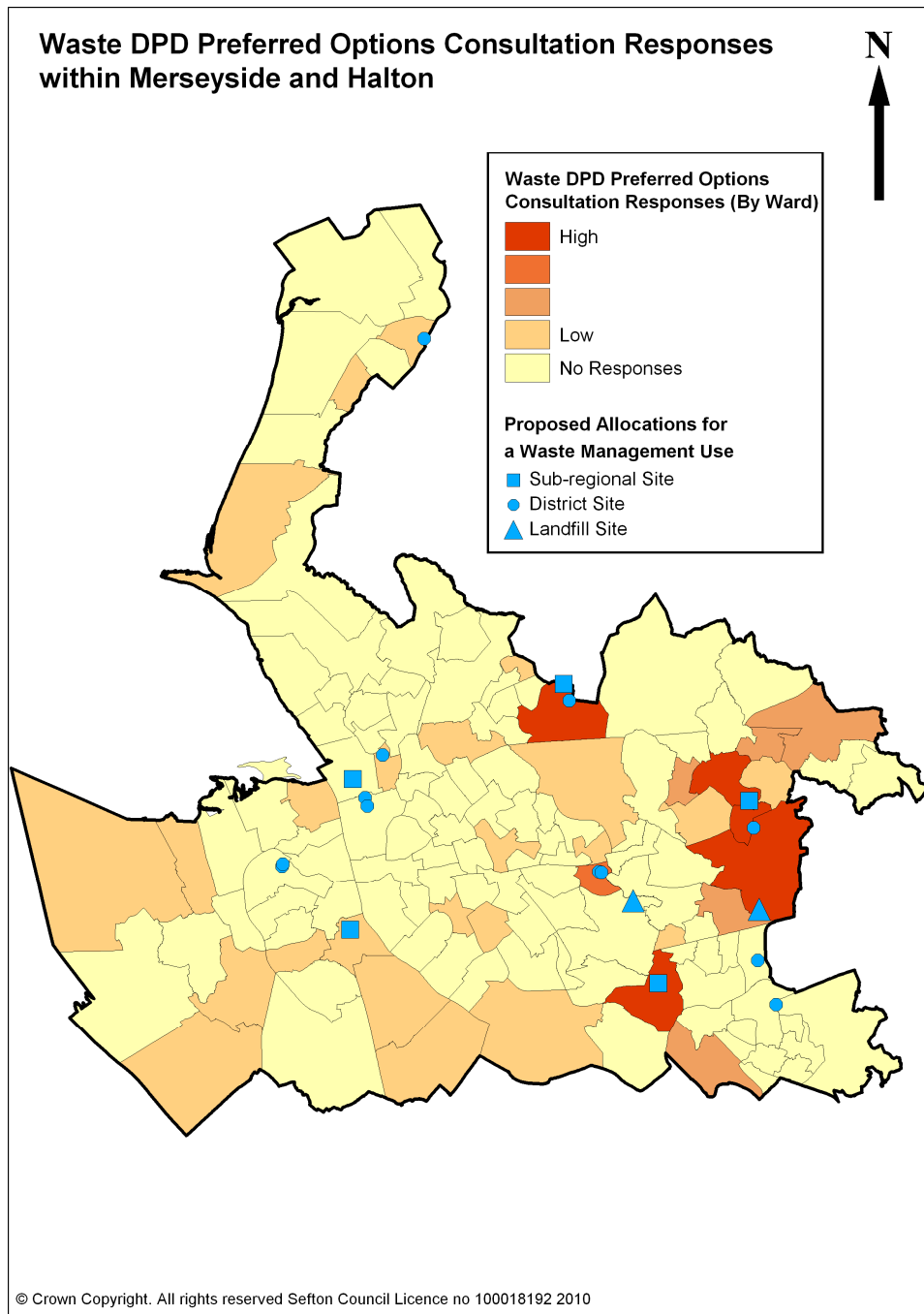
It is clear that the bulk of the responses received were unambiguous (80% from web-forms and the paper questionnaire) with only 20% requiring some interpretation. Since most of the 20% emails and letters which did require some interpretation were generally not problematic, we have a high degree of confidence that the results presented in the statistical summary of the individual questions provide an accurate picture of the views of the consultees who responded.

DRAFT Results of Consultation on Preferred Options : Part I Statistical Summary



Each "response" in the above analysis represents a single answer to one of the specific consultation questions asked in the Preferred Options Report. These responses were made by **139 individual consultees, of which 64 represented organisations**. Since there were a total of 1239 responses, each consultee provided on average answers to approximately nine consultation questions. This suggests that the comments received were generally provided following relatively "in-depth" consideration of the issues and were not dominated by single-issue responses.

### 3 Source of Responses



The map above shows the sources of consultation responses received by electoral ward. There is a clear clustering of responses around some of the proposed allocated sites, although there are also clearly some proposed allocations which did not attract much local comment. It should be noted that this analysis is based on the stated postcode of the consultee making the response.



## 4 Analysis of responses to specific question.

This section contains a simple statistical analysis of the responses to all the consultation questions asked, where a simple analysis is possible. A small number of questions required consultees to simply provide their views as free-form text and responses to these questions have not been analysed at this stage. Work is on-going to analyse and classify the free-form text responses and a further report will be published providing the results of this further analysis.

Note that most of the questions analysed fall into two groups:

- Questions in which consultees were asked to state a preference for a “Preferred Option”, an “Alternative Option” or to reject (with justification / alternative proposals) either of the proposed options.
- Questions in which consultees were asked to simply state agreement or disagreement with a “Preferred Option” (no alternative options offered).

In this report we provide, for each question asked, the number and title of the question but we do not repeat the text of the Preferred and Alternative Options, which is often lengthy. Instead we have provided a short summary of the policy options. Readers are referred to the original Preferred Options Report for full details.

For both of these types of questions there were a small number of responses in which consultees expressed a view on the question asked without specifically “ticking a box” which clearly responded to one of the options offered. In these cases we have noted these as “No Tick Response” in the tables below

### 3.1 Questions 1-4.

These questions required free-form text responses and are not analysed further here.

### 3.2 Question 5. Waste Prevention and Resource Management

*Brief Explanation:* This question proposed two options; the preferred was for the inclusion of a policy requiring all types of development to consider waste prevention. The alternative option was to not include a Waste DPD policy but to rely solely of Site Waste Management Plans (SWMP) to promote the important issue of waste prevention. Should Consultees disagree with both options, they were able to tick the ‘Option 3’ box.

Preferred, Alternative or Neither	Count	%
Option 1 (Preferred)	38	78
Option 2 (Alternative)	1	2
Option 3 (Neither of these)	10	20

### 3.3 Question 6. Design and Layout for Sustainable Waste Management in New Development

*Brief Description:* Consultees were presented with two options. The preferred option was to include a policy within the Waste DPD that would require all new development to take account of design and layout for sustainable waste management. The alternative option was to ensure that District Core

## DRAFT Results of Consultation on Preferred Options : Part I Statistical Summary

*Strategies include a Design Quality Policy rather than the Waste DPD dealing with this issue. Should Consultees disagree with both options, they were able to tick the 'Option 3' box.*

Preferred, Alternative or Neither	Count	%
Option 1 (Preferred)	37	71
Option 2 (Alternative)	7	13
Option 3 (Neither of these)	8	15

### 3.4 **Question 7. High Quality Design of New Waste Management Facilities**

*Brief Explanation: This question proposed two options; the preferred was for the inclusion of a policy requiring all new waste management facilities to ensure the design and environmental performance does not adversely impact of the surrounding area.. The alternative option was to not include a Waste DPD policy but to include design of New Waste Management Facilities as part of the district led Design and Quality Statement. Should Consultees disagree with both options, they were able to tick the 'Option 3' box.*

Preferred, Alternative or Neither	Count	%
Option 1 (Preferred)	41	82
Option 2 (Alternative)	0	0
Option 3 (Neither of these)	9	18
No Tick Response	2	

### 3.5 **Question 8. Sustainable Waste Transport**

*Brief explanation: This question asked Consultees to show support for either the preferred option of including a policy within the Waste DPD that deals with sustainable transport issues, or support for the alternative option which will leave all transport issues to the Core Strategy for each individual district. Should Consultees disagree with both options, they were able to tick the 'Option 3' box.*

Preferred, Alternative or Neither	Count	%
Option 1 (Preferred)	37	70
Option 2 (Alternative)	3	6
Option 3 (Neither of these)	13	25
No Tick Response	1	

### 3.6 **Question 9. Net Self Sufficiency in Waste Management**

*Brief explanation: This question asked Consultees to show support for the preferred option of including*

## DRAFT Results of Consultation on Preferred Options : Part I Statistical Summary

*a policy within the Waste DPD on net self sufficiency, this policy will require waste management facilities planning applications to demonstrate how it will contribute to sub-regional net self sufficiency. No alternative option was provided but Consultees were able to vote against the preferred option and propose alternatives.*

Agreement to Preferred Option	Count	%
Yes	34	68
No	16	32
No Tick Response	1	

**3.7 Question 10. Energy from Waste for Commercial & Industrial Waste**

*Brief explanation: This question asked Consultees to show support for the preferred option of including a policy within the Waste DPD on provision of Energy from Waste facilities for commercial and industrial waste. This policy will state that there is no need to identify any new EFW capacity for this type of waste treatment as existing consents are capable of meeting the identified need. No alternative option was provided but Consultees were able to vote against the preferred option and propose alternatives.*

Agreement to Preferred Option	Count	%
Yes	34	76
No	11	24
No Tick Response	3	

**3.8 Question 11. Energy from Waste for Municipal Solid Waste**

*Brief explanation: This question asked Consultees to show support for either the preferred option of including a policy within the Waste DPD that does not allocate any new sites for energy from waste for MSW, or support for the alternative option which would identify sites for EFW treatment of MSW. Should Consultees disagree with both options, they were able to tick the 'Option 3' box.*

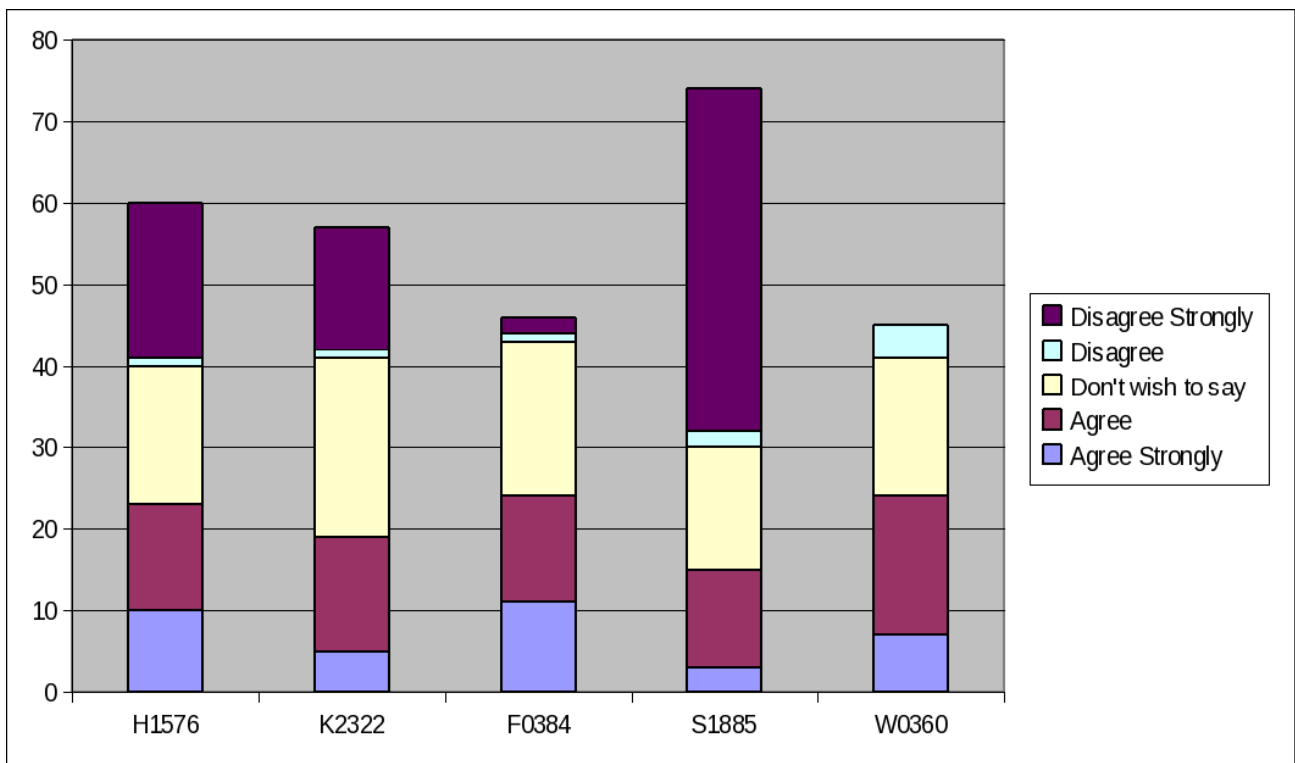
Preferred, Alternative or Neither	Count	%
Option 1 (Preferred)	29	82
Option 2 (Alternative)	3	0
Option 3 (Neither of these)	13	18

**3.9 Question 12. Proposed Allocations for Sub-Regional Sites**

*Brief Explanation: Consultees were asked to show their support or opposition to the allocated sub-regional sites.*

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Consultee View	Site				
	H1576	K2322	F0384	S1885	W0360
Agree Strongly	10	5	11	3	7
Agree	13	14	13	12	17
Don't wish to say	17	22	19	15	17
Disagree	1	1	1	2	4
Disagree Strongly	19	15	2	42	0
No Tick Response	44	47	58	30	59
% Agree / Agree Strongly	38	33	52	20	53
% Disagree / Disagree Strongly	33	28	7	59	9



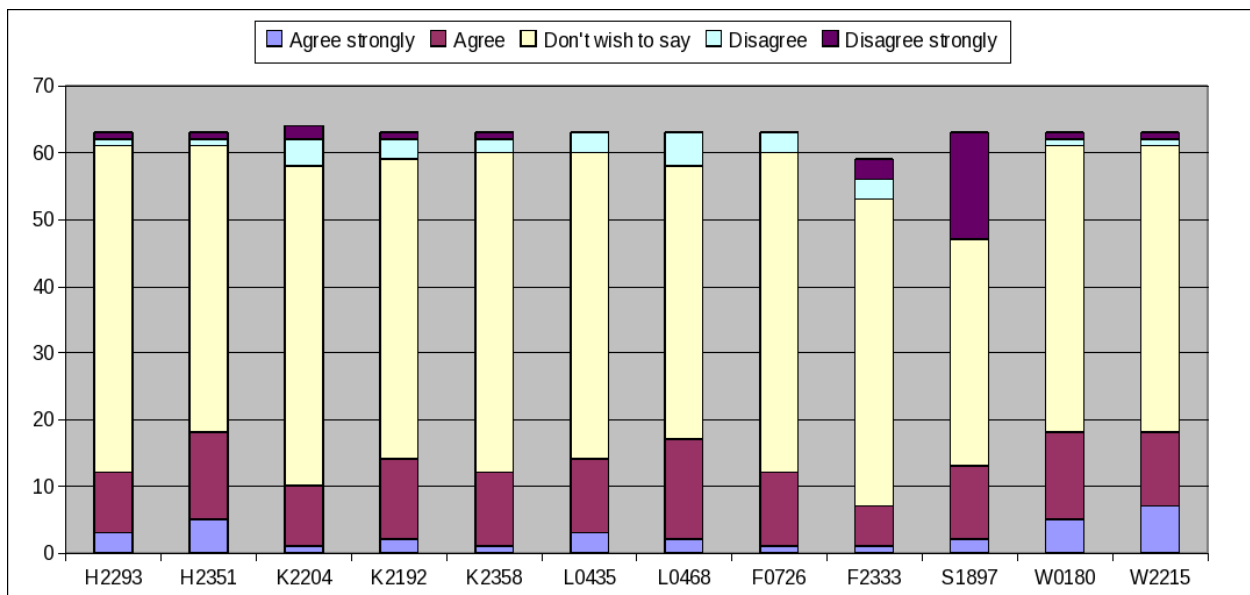
Site ID	Location
H1576	Ditton Sidings, Newstead Road, Halton
K2322	Butlers Farm, Knowsley Industrial Estate, Knowsley
F0384	Alexandra Dock 1, Metal Recycling Site, Sefton
S1885	Former Hays Chemical Site, Lancots Lane, St Helens
W0360	Car Parking/Storage Area, former Shipyard, Campbeltown Road, Wirral

DRAFT Results of Consultation on Preferred Options : Part I Statistical Summary

**3.10 Question 13. Proposed Allocations for District Sites**

*Brief Explanation: Consultees were asked to show their support or opposition to the allocated District level sites.*

Consultee Views	District Site											
	H2293	H2351	K2204	K2192	K2358	L0435	L0468	F0726	F2333	S1897	W0180	W0360
Agree strongly	3	5	1	2	1	3	2	1	1	2	5	7
Agree	9	13	9	12	11	11	15	11	6	11	13	11
Don't wish to say	49	43	48	45	48	46	41	48	46	34	43	43
Disagree	1	1	4	3	2	3	5	3	3	0	1	1
Disagree strongly	1	1	2	1	1	0	0	0	3	16	1	1
No Tick Response	1	1	0	1	1	1	1	1	5	1	1	1
% Agree / Agree Strongly	19	29	16	22	19	22	27	19	12	21	29	29
% Disagree / Disagree Strongly	3	3	9	6	5	5	8	5	1	25	3	3



**Key to Sites:**

Site ID	Location	Site ID	Location
H2293	Runcorn WWTW, Halton	L0468	Site off Regent Road / Bankfield Street, Liverpool
H2351	Eco-cycle Waste Ltd, 3 Johnson's Lane, Widnes, Halton	F0726	1-2 Acorn Way, Bootle, Sefton
K2204	Brickfields, Ellis Ashton Street, Huyton, Knowsley	F2333	55 Crowland Street, Southport, Sefton
K2192	Image Business Park, Acornfield Road, Knowlsey Industrial Estate	S1897	Land North of T A C Abbotsfield Industrial Estate, St Helens

## DRAFT Results of Consultation on Preferred Options : Part I Statistical Summary

K2358	Former Pilkington Glass Works, Ellis Ashton Street, Huyton Industrial Estate	W0180	Former Goods Yard, Adjacent Bidston MRF / HWRC, Wallasey Bridge Road, Wirral
L0435	Waste Treatment Plant, Lower Bank View, Liverpool	W2215	Bidston MRF / HWRC, Wallasey Bridge Road, Wirral

**3.11 Question 14. Phasing of Proposed Allocations.**

This question required free-form text responses and is not analysed further here.

**3.12 Question 15. Areas of Search for Re-processors and Additional Small Scale Waste Management Facilities**

*Brief explanation:* This question asked Consultees to show support for either the preferred option of including a policy within the Waste DPD which would direct developers to existing clusters of sites and allocations: or the alternative option which would direct development to defined Areas of Search with boundaries. Should Consultees disagree with both options, they were able to tick the 'Option 3' box.

Preferred, Alternative or Neither	Count	%
Option 1 (Preferred)	22	48
Option 2 (Alternative)	2	4
Option 3 (Neither of these)	22	48
No Tick Response	8	

**3.13 Question 16. Preferred Option for Additional HWRC Requirements**

*Brief explanation:* This question asked Consultees to show support for the preferred option of including a policy within the Waste DPD that highlighted the areas of search for new or replacement HWRCs. No alternative option was provided but Consultees were able to vote against the preferred option and propose alternatives.

Agreement to Preferred Option	Count	%
Yes	23	61
No	15	39
No Tick Response	3	

**3.14 Question 17. Proposed inert landfill allocations**

*Brief explanation:* Consultees were asked to show their support or opposition to the proposed site allocation for inert landfill.

## DRAFT Results of Consultation on Preferred Options : Part I Statistical Summary

Consultee View	Site	
	EAS0002	MIN066
Agree Strongly	5	4
Agree	7	9
Don't wish to say	32	21
Disagree	2	2
Disagree Strongly	0	10
No Tick Response	0	0
% Agree / Agree Strongly	26	28
% Disagree / Disagree Strongly	4	26

**Key to Sites :**

Site ID	Location
EAS0002	Cronton Claypit , Knowsley
MIN066	Bold Heath Quarry, St Helens

**3.15 Question 18. Planning Applications Outside Allocated Sites**

*Brief explanation:* This question asked Consultees to show support for the preferred option of including a policy within the Waste DPD that deals with planning applications outside allocated sites.. No alternative option was provided but Consultees were able to vote against the preferred option and propose alternatives.

Agreement to Preferred Option	Count	%
Yes	34	68
No	16	32

**3.16 Question 19. Dealing with Planning Applications for Landfill Outside of Allocated Sites**

*Brief explanation:* This question asked Consultees to show support for the preferred option of including a policy within the Waste DPD dealing with planning applications for landfill on non-allocated sites and the criteria that must be met during application. No alternative option was provided but Consultees were able to vote against the preferred option and propose alternatives.

Agreement to Preferred Option	Count	%
Yes	32	71
No	13	29
No Tick Response	2	

## DRAFT Results of Consultation on Preferred Options : Part I Statistical Summary

**3.17 Question 20. Planning Applications for Open Windrow Composting**

*Brief explanation:* This question asked Consultees to show support for the preferred option of including a policy within the Waste that dealt specifically with Open Windrow Composting and the impact assessments that would need to be made during the application stage. No alternative option was provided but Consultees were able to vote against the preferred option and propose alternatives.

Agreement to Preferred Option	Count	%
Yes	29	74
No	10	26
No Tick Response	2	

**3.18 Question 21. Protecting Existing Waste Management Sites**

*Brief explanation:* This question asked Consultees to show support for the preferred option of including a policy within the Waste DPD indicating that existing and consented waste management facilities will be protected in order to maintain essential waste management infrastructure. No alternative option was provided but Consultees were able to vote against the preferred option and propose alternatives.

Agreement to Preferred Option	Count	%
Yes	35	80
No	9	20
No Tick Response	1	

**3.19 Question 22. Restoration and Aftercare**

*Brief explanation:* This question proposed two options: the preferred was for the inclusion of a policy requiring the restoration and aftercare of landfill facilities once operations have ceased. The alternative options was to not include a Waste DPD policy but to rely on policies within District Core Strategies to deal with this issue. Should Consultees disagree with both options, they were able to tick the 'Option 3' box.

Preferred, Alternative or Neither	Count	%
Option 1 (Preferred)	38	83
Option 2 (Alternative)	3	7
Option 3 (Neither of these)	5	11



## DRAFT Results of Consultation on Preferred Options : Part I Statistical Summary

**3.20 Question 23. Waste Management Development Criteria and Evaluation of Impacts**

*Brief explanation:* This question asked Consultees to show support for the preferred option of including a policy within the Waste DPD which allows the impacts of planning applications for new waste management facilities to be assessed against a list of detailed criteria. No alternative option was provided but Consultees were able to vote against the preferred option and propose alternatives.

Agreement to Preferred Option	Count	%
Yes	39	83
No	8	17

**3.21 Question 24. Preferred Option for Implementation and Monitoring**

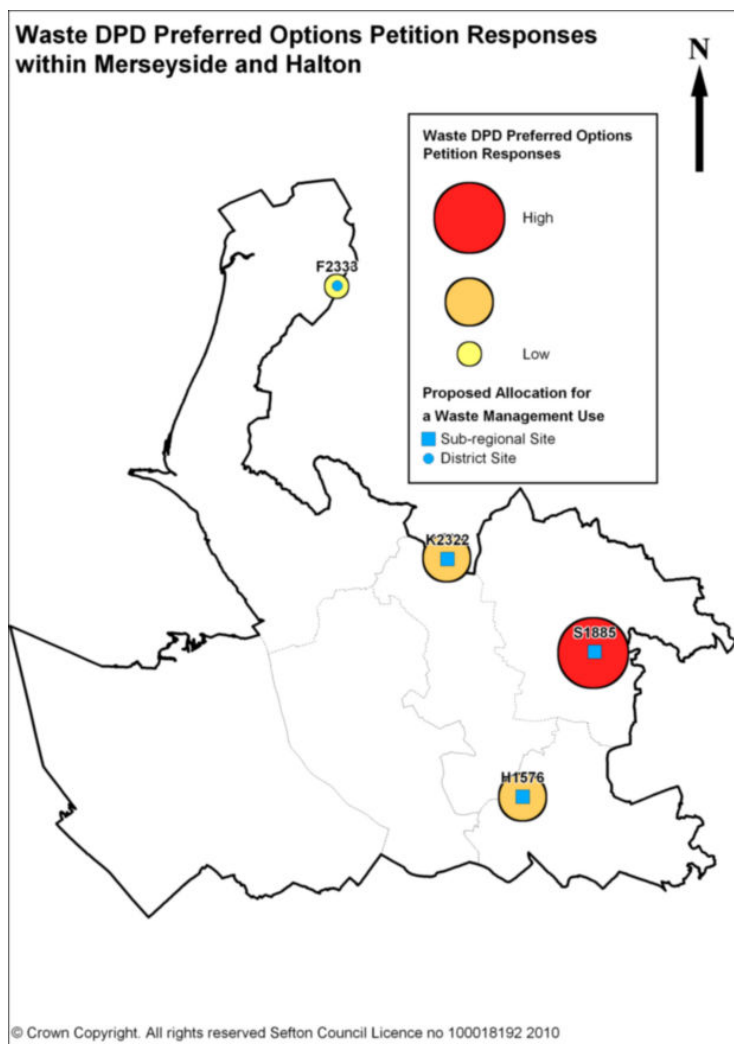
*Brief explanation:* This question asked Consultees to show support for the preferred approach for the implementation and monitoring of the Waste DPD. No alternative option was provided but Consultees were able to vote against the preferred option and propose alternatives.

Agreement to Preferred Option	Count	%
Yes	29	73
No	11	28

## 5 Petitions and pro-forma letters.

The following petitions and signed pro-forma letters were received objecting to the proposed allocation of the specific sites mentioned:

Site	Materials Received	Number of Signatures
<b>F2333, Crowland Rd, Sefton</b>	Petition with letter from Cllr Sumner.	77
<b>K2322, Butlers Farm, Knowsley</b>	Petition from local residents	91
<b>H1576, Ditton Sidings, Halton</b>	Two petitions from local residents	158
<b>S1885, Lancats Lane, St Helens</b>	Two petitions from local residents	1554



The sizes of the circles on the map are related to the number of signatures received in representations about the specific sites which were referred to in these responses.

## DRAFT Results of Consultation on Preferred Options : Part I Statistical Summary

**6 Consultation Events.**

As part of the consultation process, eight public meetings were held around the sub-region, a minimum of one per district. These meetings were held to give the public an opportunity to find out more about the Waste DPD and Preferred Options Report and also to provide the chance to discuss various issues with both the Waste Team and district officers. The meetings also had the added use of flagging up key issues that need to be resolved or investigated prior to the next stage of the Waste DPD.

<b>Date and Venue</b>	<b>Number of attendees</b>
Wednesday 9th June 2010 @ the Kirkby Suite, Knowsley.	19
Monday 14th June 2010 @ the Huyton Suite, Knowsley.	14
Wednesday 16th June 2010 @ Wallasey Town Hall, Wirral.	18
Monday 21st June 2010 @ Stobart Stadium Halton.	19
Wednesday 23rd June 2010 @ Runcorn Town Hall, Halton.	7
Thursday 24th June 2010 @ Bootle Cricket Club, Sefton.	5
Tuesday 29 <sup>th</sup> June 2010 @ World of Glass, St Helens.	59
Thursday 1st July 2010 @ Millennium House, Liverpool.	7

There was no need to register for the event; people could just turn up on the day.

All meetings started at 6.00pm with an introductory presentation on the Waste Plan and Preferred Options Report; Attendees then had the opportunity to ask questions and provide feedback on the Waste Plan during the Question and Answers session. There was also a representative from the relevant authority's Waste Collection Department in attendance to answer any queries regarding household waste and collection arrangements.

An informal drop in session was held from 5.00pm until 6.00pm and time was set aside for informal discussions following the Questions and Answer session.

These meetings provided the public with opportunity to talk to the waste team and district officers, and also provided a means of flagging up issues regarding the Waste DPD, site allocations and consultation process itself.

Below is a brief rundown of the key points made by attendees at the meetings:

- Site specific comments ranging from full protect against allocations to access concerns.
- Criticisms of the consultation process – many attendees felt that the consultation period was not advertised widely enough.

## DRAFT Results of Consultation on Preferred Options : Part I Statistical Summary

- Issues regarding the management of waste from outside the sub-region or district.
- Issues with the technical detail of the Report – attendees felt it need to be more accessible and written in ‘plain English’.
- Frustration about the report not stating the exact waste use that may or may not go on the site allocations. Attendees wanted more information about how potential sites can be used.
- Concerns about emissions and odour problems from potential sites
- Issues regarding the possible deletion of allocated sites and what effect would this have on the land requirements i.e. where would replacement sites be found.
- Blight issues in certain areas affected by allocations.
- Some attendees expressed concern about being effected twice by planning decisions. For example the allocation of a site formally used at a chemical factory. Residents felt they had been affected enough by potential negative uses.
- Concerns about potential health effects from waste use on certain sites.
- Attendees informed both the Waste Team and district officers about potential planning applications in neighbouring districts.

The issues stated above are just a handful of the comments we took at the meetings. All of these issues are currently being looked into and addresses (where possible) by the Waste Team.

**REPORT TO:** Executive Board

**DATE:** 9 September 2010

**REPORTING OFFICER:** Strategic Director, Adults & Community

**SUBJECT:** Intimate Relationships and Sexual Health Needs for Adults

**WARDS:** All

**1.0 PURPOSE OF REPORT**

1.1 To present the Board with the revised Intimate Relationships and Sexual Health Needs for Adults Policy, Procedure and Practice.

**2.0 RECOMMENDATION: That Executive Board:**

- i) **Note contents of the report**
- ii) **Agree revised policy, procedure and practice document (attached at Appendix 1)**

**3.0 SUPPORTING INFORMATION**

3.1 The original policy 'Sexual Health Policy, Strategy and Guidelines' (2003) was developed under the previous council structure of Social Care, Housing and Health Directorate. A review was required to update the policy in line with the Authority's current structure and legislation.

3.2 A review took place during 2009/10 to ensure all managers, staff and volunteers within the Adults & Community Directorate had current and concise procedures for addressing a range of sexual health issues that they may encounter with service users.

3.3 The review involved input from and consultation with a number of sources including :-

- Service Development Officers
- Adult Protection Co-ordinator
- Legal Services
- Health & Social Care Workers (inc. Divisional Managers – Adults & Older People)
- Halton Speak Out
- Halton and St Helens PCT (Commissioning Manager and Lead Nurse/Operational manager for Community Sexual Health Services)

3.4 Following this review, the main amendments to this policy included reference to :-

- Sexual Offences Act 2005
- Mental Capacity Act 2005
- General Social Care Council's Codes of Practice
- Information Sharing
- Adult Safeguarding

3.5 The revised policy and associated guidance aims to draw together the legal framework, whilst also recognising:-

- Service Users' individual uniqueness and diversity
- Their right to privacy and independence, and to make informed decisions which might include risks
- That some individuals' circumstances might make them vulnerable to abuse and may need support with minimizing or eliminating those risks
- The importance of their physical and emotional wellbeing.

#### 4.0 **POLICY IMPLICATIONS**

4.1 This policy should be used in conjunction with, and is not intended to replace, the Adult Protection in Halton Inter Agency Policy, Procedures and Guidance where there are concerns about sexual abuse.

#### 5.0 **OTHER IMPLICATIONS**

5.1 No other implications identified at this time

#### 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

##### 6.1 **Children & Young People in Halton**

None identified

##### 6.2 **Employment, Learning & Skills in Halton**

None identified

##### 6.3 **A Healthy Halton**

The purpose of this policy is to set the context/framework for a consistent approach by Halton Borough Council (HBC) Staff in addressing the personal, intimate relationships and sexual health needs of Adults engaged in services commissioned or delivered directly by Halton Borough Council.

The policy endeavors to guide professionals who need to assess and manage matters of rights, responsibilities and risks in regard to

intimate and sexual relationships.

6.4 **A Safer Halton**

None identified

6.5 **Halton's Urban Renewal**

None identified

7.0 **RISK ANALYSIS**

7.1 Having a consistent approach to addressing sexual health of service users will enhance the protection of adults who use the care services.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 Vulnerable adults have the right to have the same opportunities in life as others. This Policy aims to support this by taking a proactive approach to deal with sexual health and relationships of service users.

8.2 A Comprehensive Impact Review and Assessment has been completed on this policy and in the future will be reviewed by the Adults & Community Directorate Equalities Group.

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# **Intimate Relationships and Sexual Health Needs for Adults**

Policy, Procedure and Practice



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<b>INFORMATION SHEET</b>
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<b>Service area</b>	All Teams
<b>Date effective from</b>	June 2010
<b>Responsible officer(s)</b>	Policy Officer, People & Communities Policy Team
<b>Date of review(s)</b>	June 2011
<b>Status:</b> <ul style="list-style-type: none"> <li>• <b>Mandatory (all named staff must adhere to guidance)</b></li> <li>• <b>Optional (procedures and practice can vary between teams)</b></li> </ul>	Mandatory
<b>Target audience</b>	HBC Operational Staff
<b>Date of committee/SMT decision</b>	
<b>Related document(s)</b>	<p>'The National Strategy for Sexual Health and HIV' – Department of Health, 2002</p> <p>'Progress and priorities – working together for high quality sexual health' Review of the National Strategy for Sexual Health and HIV, 2008</p> <p>'Choosing Health: making health choices easier' White paper</p> <p>'Adult Protection in Halton – Interagency Policy, Procedures &amp; Guidance'</p> <p>'Professional Boundaries Guidance' for staff and volunteers who have contact with vulnerable people in the course of their work. Halton Borough Council 2010</p> <p>General Social Care Council Codes of Practice for Social Workers</p>

	Sexual Offences Act 2003 Mental Capacity Act 2005
<b>Superseded document(s)</b>	Social Care Housing and Health Directorate Sexual Health Policy, Strategy & Guidelines April 2003
<b>Equality Impact Assessment completed</b>	May 2010
<b>File reference</b>	

	<b>POLICY</b>	<b>Practice</b>
<b>1</b>	<b>Policy Statement</b>	
<b>1.1</b>	The purpose of this policy is to set the context/framework for a consistent approach by Halton Borough Council (HBC) Staff in addressing the personal, intimate relationships and sexual health needs of Adults engaged in services commissioned or delivered directly by Halton Borough Council.	<i>In implementing this Policy, there is an expectation that employees of the Council will comply with the requirements of this Policy and related documents and treat each individual accordingly.</i>
<b>1.2</b>	The policy and associated guidance aims to draw together the legal framework, whilst also recognising: <ul style="list-style-type: none"> <li>• Service Users' individual uniqueness and diversity</li> <li>• Their right to privacy and independence, and to make informed decisions which might include risks</li> <li>• That some individuals' circumstances might make them vulnerable to abuse and may need support with minimizing or eliminating those risks</li> <li>• The importance of their physical and emotional wellbeing.</li> </ul>	
<b>1.3</b>	The policy endeavors to guide professionals who need to assess and manage matters of rights, responsibilities and risks in regard to intimate and sexual relationships.	
<b>1.4</b>	This policy is related to: <ul style="list-style-type: none"> <li>• The document 'Adult Protection in Halton – Inter-agency Policy, Procedures &amp; Guidance'</li> <li>• 'Professional Boundaries Guidance' for staff and volunteers who have contact with vulnerable people in the course of their work' [Halton Borough Council Health &amp; Community Directorate 2010]</li> </ul> <p>Copies of the above documents should be available in teams but is also available on the Safeguarding Adults/Adults Protection page of the Halton Borough Council intranet and at:</p> <p><a href="http://www.halton.gov.uk/safeguardingadults">www.halton.gov.uk/safeguardingadults</a> or  <a href="http://www.halton.gov.uk/adultprotection">www.halton.gov.uk/adultprotection</a></p>	<i>Refer to 'Adult Protection in Halton – Inter-agency Policy, Procedures &amp; Guidance for specific procedures relating to alleged abuse, including sexual, physical and emotional abuse and exploitation.</i>  <i>'Professional Boundaries Guidance' for staff and volunteers who have contact with vulnerable people in</i>

		<i>the course of their work' [Halton Borough Council Health &amp; Community Directorate 2010]</i>
<b>2</b>	<b>Who was involved in the production of the policy</b>	
<b>2.1</b>	This Policy has been developed by the Service Development Officer for Health. All relevant Divisional Managers, Principle and Practice Managers, Legal Services and the Adult Protection Coordinator were consulted upon its contents. The Policy has been presented to Departmental Management Teams and Senior Management Team for agreement.	
<b>3</b>	<b>Definitions for the purpose of this policy:</b>	
<b>3.1</b>	<b>Policy:</b> This policy is a statement about what the Directorate plans to do to carry out its responsibilities in relation to the Sexual Health of Service Users and safeguarding vulnerable adults from abuse, including <i>sexual, physical and emotional abuse and exploitation</i> .	
<b>3.2</b>	<b>Procedure:</b> The steps that need to be taken to implement the policy	
<b>3.3</b>	<b>Practice:</b> Practice material identifies good professional practice in order to meet the Service User's needs.	
<b>3.4</b>	<p><b>Sexual Health:</b> When we think of sexual health the immediate association is Sexually Transmitted Infections (STI's), however, the reality is that sexual health goes well beyond the medical model of treatment. The World Health Organisation (WHO) defines sexual health as:</p> <p><i>A state of physical, emotional, mental and social well being, relating to sexuality: it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.</i></p> <p><i>For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.</i></p>	<i>Refer to 'Adult Protection in Halton – Inter-agency Policy, Procedures &amp; Guidance for specific procedures relating to alleged abuse, including sexual, physical and emotional abuse and exploitation.</i>
<b>3.5</b>	<b>Service User:</b> As sexual health issues are common across all groups of people, throughout this policy reference is made to the term 'service user'. This term is used to represent an individual who may live with either a physical or	

	sensory disability, mental illness, learning disability, substance dependence, or be someone who requires services as a result of an age related condition or serious illness.	
<b>3.6</b>	<b>Position of Trust:</b> Guidance by the Home Office defines a relationship of trust as being "when one party is in a position of power or influence over the other by virtue of their work or the nature of their activity" (Home Office: Caring for young people and the vulnerable). In the United Kingdom, a person who holds a position of trust over another may not engage in sexual relations with that person, as it is considered to be an abuse of trust, as defined by the Sexual Offences 2003.	<i>'Professional Boundaries Guidance' for staff and volunteers who have contact with vulnerable people in the course of their work' [Halton Borough Council Health &amp; Community Directorate 2010]</i>
<b>3.7</b>	Abuse of trust can result in loss of the abuser's job or even their licence to practice their profession. Abuse of a position of trust for sexual relations can also lead to criminal charges being raised against the abuser.	
<b>3.8</b>	<b>Consent:</b> The Sexual Offences Act 2003 defines "consent" as: "A person consents if he agrees by choice and has freedom and capacity to make the choice". The issue of age complicates matters as it is illegal to have sexual relations with someone under the aged of 16 years even if they were to "consent", it would be a valid consent, as they cannot legally do so.	
<b>4</b>	<b>Mental Capacity Act 2005</b>	
<b>4.1</b>	Individuals who lack capacity to make decisions regarding their health and wellbeing may have rights under the Mental Capacity Act 2005.	
<b>4.2</b>	This Act provides the definitions of both mental capacity and consent. The Act also set out five statutory principles which any act done or decision made under the Act. These principles are as follows: <ul style="list-style-type: none"> <li>• Principle 1: A person must be assumed to have capacity unless it is established that he lacks capacity.</li> <li>• Principle 2: A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.</li> <li>• Principle 3: A person is not to be treated as unable to make a decision merely because he makes an unwise decision.</li> </ul>	<i>Mental Capacity Act 2005. Overall Policy, Procedure and Guidance November 2008. Staff should refer to the definitions regarding capacity and consent in Section 2 and the Principles of the Mental Capacity Act as cited in Section 4.0.</i>

	<ul style="list-style-type: none"> <li>• Principle 4: An act done or decision made under this Act for or on our behalf of a person who lacks capacity must be done or made in their best interests.</li> <li>• Principle 5: Before the act is done or the decision is made regard must be had to whether the purpose for which it is needed can be effectively achieved in a way that is less restrictive of the person's rights and freedom of action.</li> </ul>	
4.3	The Mental Capacity Act applies to all individuals in England and Wales who are aged 16 and above and who lack capacity to make decisions. Hence everyone directly involved in the care and support of such individuals, including those employed in health and social care will be subject to the statutory responsibilities enshrined in the Act.	
4.4	An individual demonstrably lacking capacity will need someone to make decisions on their behalf. The more important the decision the greater the likelihood that more people will be involved. An assessment must be made for each decision.	
5	<b>Context</b>	
5.1	Sexual health affects our physical and psychological well-being. Sexual health is central to some of the most important relationships in our lives. Therefore, protecting, supporting and restoring sexual health is important (DH, 2002).	<i>Staff are expected to use their knowledge of relevant legislation, professional judgement, and discretion in relation to whether or not a service user would wish to discuss such a matter, or to decide where it maybe legitimate to broach a particular issue with a service user.</i>
5.2	Although sexual health is about more than just the physical wellbeing of a person, sexually transmitted infections have been rising in the UK over the last decade. Some sexually transmitted infections will impact on a person's quality of life and future fertility. As many sexually transmitted infections can be present without any symptoms, seeking advice on reducing the risk of infections is an important factor in reducing the spread of these infections. This policy places emphasis on the sourcing of appropriate information to enable service users, their parents and carers to make	<i>In dealing with suspicions of abuse, any necessary and appropriate response will be informed and guided by existing adult protection/safeguarding adults policies and procedures Refer to</i>

	informed decisions about sexual activity, behaviour and relationships.	<i>'Adult Protection in Halton – Inter-agency Policy, Procedures &amp; Guidance for specific procedures relating to alleged abuse, including sexual, physical and emotional abuse and exploitation.</i>
5.3	From the outset it is important to note that many service users will not require any intervention or response from staff concerning their sexual health. However, regardless of particular circumstances all services users and those responsible for their care, will benefit from guidelines, which outline roles and responsibilities in relation to sexual health.	
5.4	This document is intended to support staff working with all service users, regardless of age, disability, ethnicity, gender or sexuality. It promotes a shared philosophy and value base, which underpins the rights, responsibilities and risks in relation to the promotion of sexual health.	
5.5	It should be noted that this policy is not designed to respond to situations where concerns or suspicions of abuse of a service user arise.	
6	<b>Rights and responsibilities of service users, staff and carers</b>	
6.1	People who use our services have the same rights as all people to live a full life without abuse, and should be supported, if required, to be able to experience the accepted and lawful range of personal relationships, which may include sexual relationships.	Staff will not be expected to allow personal prejudices, judgments or sexual preferences to affect their work with service users. The employee must notify his/her manager if (s)he feels such a situation is likely to occur.
6.2	In exercising these rights service users have responsibilities to ensure other people's rights are not infringed.	
6.3	Any person to whom the Council provides care and support or for whom they commission care and support has the right to: <ul style="list-style-type: none"> <li>• Be respected as an individual with rights to privacy,</li> </ul>	<i>It is expected that managers will make sure that services are commissioned,</i>



	<p>dignity, confidentiality and protection from abuse and exploitation</p> <ul style="list-style-type: none"> <li>• Be consulted about the type of care and support (s)he needs</li> <li>• Give consent and/or be consulted by others and to be involved in making personal and sexual relationship decisions concerning them</li> <li>• Take part in decisions and choices that affect or may affect his/her lifestyle</li> <li>• Be accepted as a valuable member of the community and respected for their abilities and achievements</li> <li>• Receive services that promote independence and which inform choice and risk taking as part of personal development</li> <li>• Not be discriminated against because of age, gender, race, religion or belief, sexual orientation, transgender identity or disability</li> <li>• have access to information held about themselves</li> <li>• receive respect in relation to private and family life</li> <li>• marry according to national laws</li> <li>• make a complaint if they feel their rights have been breached</li> <li>• report abuse and exploitation and to be provided with support and advice</li> <li>• protection from abusive and exploitative relationships</li> <li>• expect people in positions of trust and with a duty of care to exercise boundaries appropriately</li> </ul> <p>Service users have:</p> <ul style="list-style-type: none"> <li>• A responsibility to behave lawfully in public and private places when conducting personal and sexual relationships</li> <li>• A responsibility not to abuse other people.</li> </ul>	<p><i>designed and delivered to reflect the rights and principles in this document and identify areas where employees may need support or specialist training to enable them to implement this policy.</i></p> <p><i>It is expected that staff will work with service users and employees to enable service users to express their personal choices and preferences in respect of sexuality and personal relationships.</i></p> <p><i>Employees to understand the boundaries of their roles, and take effective and appropriate action if these are breached.</i></p>
<p><b>6.4</b></p>	<p>Where there are concerns about service users who may be engaged in abusive relationships, there are a number of issues, which should be considered.</p> <p><b>These include:</b></p> <ul style="list-style-type: none"> <li>• Whether there is a power imbalance between the two people;</li> <li>• Whether tangible inducements have been used by one person, therefore indicating evidence of exploitation;</li> <li>• Whether, in the case of heterosexual relationships, the people involved know about the risk of pregnancy;</li> </ul>	<p><i>The greatest possible care must be given to establishing <u>full</u> consent to a sexual relationship for a service user, not only because this reflects what is in their best interests and may prevent abuse but also because it minimises any likely legal intervention. However, staff should be cautious of using</i></p>

	Whether both partners have knowledge and understanding of what constitutes safer sex and are able to use this knowledge to reduce risks	<i>the duty of care to deny people choice.</i>
	<b>PROCEDURE</b>	<b>Practice</b>
<b>7</b>	<b>Sexual Health</b>	
<b>7.1</b>	<p>Dependent on individual circumstances, service users and staff may need additional/specialist information regarding the following issues:</p> <ul style="list-style-type: none"> <li>• At what stage of a man or woman's life they are fertile.</li> <li>• Under what circumstances conception occurs.</li> <li>• When the use of contraception might be appropriate.</li> <li>• How sexual infections are transmitted.</li> <li>• How the risk of sexual infection might be reduced and increased.</li> <li>• The symptoms of sexual infections.</li> <li>• Other genital conditions, not necessarily sexually transmitted (e.g. thrush and cystitis).</li> <li>• Where to get further information about genital conditions and sexual transmitted infections (including HIV and Aids).</li> <li>• A knowledge of Breast Awareness and accessing Breast Screening and Cytology Services for women, and Testicular Examination for men.</li> </ul>	<p><i>Staff will need to be aware of the appropriate services and agencies available to provide specialist advice and also have some understanding of sexual health.</i></p> <p><i>A list of useful numbers can be found in Appendix 1</i></p> <p><i>A list of useful resources can be found in Appendix 2</i></p> <p><i>Sexual health needs are an integral part of the overall health and wellbeing of service users and where appropriate should be addressed by service provision and reviews of care packages</i></p>
<b>8</b>	<b>Contraception</b>	
<b>8.1</b>	<p>Service Users may wish to make a decision about contraception themselves or they may wish to make a decision with their partner. It should be made clear that if there is the possibility of pregnancy through a sexual relationship then both parties have responsibility for contraception.</p> <ul style="list-style-type: none"> <li>• Decisions around the use of contraception should be based upon the informed choice of the service user and if they require assistance should be part of the multi-disciplinary approach.</li> <li>• Service users should have choices as to where they go</li> </ul>	<p><i>Information about contraception is available from a range of health providers, including GP's, nurses, and Family Planning Agencies. Where possible, service users should be enabled to access</i></p>

	<p>for information and who supports them in finding out the information. Gender may be an issue; e.g. who provides the information, who provides any support or advocacy.</p> <ul style="list-style-type: none"> <li>• Service users to be supported to access more than one session of advice and information where appropriate</li> <li>• Family members views about contraception for their family member who uses a particular service will be taken into account if the service user requests or agrees with this. In some situations such information might be sought by a medical professional who is attempting to determine what is in a service users best interest.</li> </ul>	<p><i>these services, with support if required and agreed by all parties concerned.</i></p> <p><i>Practical issues around the use of contraception may need to be discussed with those people it affects, e.g. if the contraceptive pill is used, where it is kept and when it is taken. These issues should be noted on Care Plans where appropriate.</i></p> <p><i>Staff need to maintain confidentiality over matters concerning contraception</i></p>
<b>9</b>	<b>Fertility Treatment</b>	
<b>9.1</b>	<p>Article 8 of the Human Rights Act (2000) does not guarantee to anyone a positive right to fertility treatment. However, the denial of fertility treatment to a person with a disability might involve Article 8 together with Article 12 and Article 14. In the UK some health authorities provide for treatment on the NHS and others do not; candidates for fertility treatment are selected according to criteria laid down in the Human Fertilisation and Embryology (HFE) Act and the Code of Practice.</p>	
<b>9.2</b>	<p>The HFE Act does not exclude any category of women from being considered for treatment but two criteria listed in the Code of Practice have the potential to discriminate against disabled parents. They are:</p> <ul style="list-style-type: none"> <li>• The prospective parents' medical histories and the medical histories of their families; and any risk of harm to the child</li> <li>• Children who may be born with the risk of inherited disorders</li> </ul>	
<b>10</b>	<b>Pregnancy, Adoption, Abortion</b>	
<b>10.1</b>	<p>When a service user becomes pregnant, it is important that she is given careful counselling about the responsibilities of parenthood and the impact of parenthood on her own life.</p>	<p><i>Medical advice for the service user should be sought at an early</i></p>

	Advice also needs to be available about contraception to avoid further pregnancies (see Section on Contraception).	<i>stage to ensure that appropriate medical care is implemented as soon as possible, viability of the pregnancy on medical ground is determined etc to enable the service user, family and carers to make informed decisions</i>
<b>10.2</b>	Staff and Carers need to be careful to offer balanced advice in this situation, helping the young woman (and the baby's father if he is involved) to weigh up the advantages and disadvantages of continuing with the pregnancy, keeping the baby or considering adoption. Independent advice may be helpful in this situation.	
<b>10.3</b>	Children and Families Services in the locality area are available to provide advice, support and counselling regarding the process of relinquishing a child for adoption or legal care proceedings. There is an additional service from After Adoption, a specialist voluntary adoption agency which provides Independent advice, support and counselling with whom Children and Families have a service level agreement. They provide a service at any stage of the adoption process. Referral to the organisation can be made by the individual or by a professional on their behalf. Legal advice is essential to ensure that proper procedures are followed.	
<b>10.4</b>	<i>Medical Intervention</i> Individuals have a common law right not to be subjected to medical intervention or treatment without their consent. No other person can legally provide consent on behalf of another person. This legal principle applies unless a person has been deemed mentally incapable of making a decision on the issue. In such a case an intervention may be carried out under the common law doctrine of necessity, if a doctor decides that a particular treatment is in the person's 'best interests'.	
<b>10.5</b>	For treatments such as abortion or sterilisation of adults deemed not to be capable of consenting to treatment, matters can only be decided upon by the High Court. Decisions as to whether or not to refer such matters to the High Court rest with the responsible medical practitioner.	

<b>11</b>	<b>Masturbation</b>	
<b>11.1</b>	Masturbation, or self-stimulation, is a natural activity and a useful outlet for sexual expression, where other opportunities are limited. Knowledge and familiarity with one's own body is also intrinsically linked to positive feelings.	<i>Staff are strictly forbidden to perform sexual relief or other sexual acts with/for a Service User as this could incur a charge of indecent assault.</i>
<b>11.2</b>	Service users should not be made to feel guilty about, masturbation because of personal values and attitudes held by individual members of staff. If masturbation seems to be taking place excessively or in inappropriate situations, this may indicate other issues which need to be addressed.	
<b>11.3</b>	<p>Although service users are likely to have the same range of sexual needs as any other group of individuals, their options for both expressing and fulfilling such needs may be limited by a broad range of factors, including:</p> <ul style="list-style-type: none"> <li>• Psychological factors such as guilt or anxiety.</li> <li>• Physiological factors such as poor circulation, skin infections or inflammations, poor vaginal lubrication, and as a consequence of a number of physical disabilities.</li> <li>• Communication factors such as other language, speech impairment.</li> <li>• Medical factors, including the side effects of some prescribed medications and the effects of some medications prescribed expressly to inhibit male erection.</li> </ul> <p>Socio-economic and environmental factors, including a lack of privacy within care settings and an absence of available information and understanding by care staff.</p>	<i>Unless specifically contracted to do so, it is highly unlikely that direct care staff would be responsible for delivering such work e.g. direct situational teaching of masturbation, as this would be beyond their remit and could conceivably be construed as criminal activity under the Sexual Offences Act, 1956.</i>
<b>11.4</b>	For service users who through their own choice (if this can be ascertained) have expressed an identified need of input and help in the area of masturbation, a Professionals Meeting should be convened. The meeting should involve Senior Managers and may also include medical professionals etc. Every effort should be made to involve the person in a meaningful way, preferably by his or her direct presence at meetings.	<i>The outcome of the Professionals meeting regarding decisions about the service user's wish to undertake masturbation will result in the formulation of a written Care Plan or protocol which will detail how, by whom, where and when any such information and work is undertaken, how the process will</i>

		<i>be monitored and evaluated and by whom</i>
<b>11.5</b>	Masturbation is a private and personal issue. However, it is important for both the protection of the service user and the workers involved that decisions regarding the area of masturbation should be reached only by consensus. This will help to ensure both a transparency of process and ownership of agreed decisions at senior management level within involved services.	
<b>11.6</b>	All efforts to work with a service user to attempt to change inappropriate behaviour should be established as an integral part of an overall sexual health education programme. Matters of sexual need will then be firmly based in a context of personal relationships, required privacy, health and hygiene and rights and responsibilities.	
<b>12</b>	<b>Cross Dressing</b>	
<b>12.1</b>	It is not appropriate to meet this behaviour with ridicule, or initial presumptions that there is a deep-seated and sexual identity problem.	<i>Individual staff may, because of strongly held religious or other views and experiences, feel unable to assist service users in relation to these specific issues, which may facilitate the service user's sexual health and well being. In these circumstances it may be appropriate to arrange for another worker to be involved.</i>
<b>12.2</b>	It may be appropriate to discuss with the service user how cross-dressing meets their needs, as part of establishing a therapeutic working relationship. This will also help to demonstrate to a service user an acceptance of their behaviour as being a valid part of their sexuality and also ensure that any service provided is as sensitive to their needs as possible.	<i>However, it is vital that <u>all</u> staff always support work, which help us to meet the individual's sexual health needs as part of overall health and well being, thus following the values of the sexual health policy and values.</i>

12.3	For a person whose physical ability is diminishing there may be practical issues to resolve in a way that meets the individual's need without offending others. This should be dealt with without ridicule and sensitively in order to minimise embarrassment.	
13	<b>Lesbian, Gay, Bi Sexual, Transgender</b>	
13.1	<p>It is important to remember that everyone has a sexual orientation; it is not a term that refers solely to lesbian, gay or bisexual people. Halton Social Services supports work with its clients to discuss socially acceptable sexual orientation and to develop inclusive procedures.</p> <ul style="list-style-type: none"> <li>• Work with people regarding their personal and sexual relationships must be within the boundaries of confidentiality and privacy.</li> <li>• Workers' behaviour should be consistent and non-exploitative</li> <li>• Workers will need to be aware of their own beliefs and values and how these may impact on their own behaviour.</li> <li>• It is important to be aware of the assumptions, which surround sex and sexuality, and for staff to understand the reasons why it is important not to make assumptions about individuals.</li> <li>• Service users should be encouraged to recognise their own rights and responsibilities.</li> <li>• Staff should be aware of the sources of support and guidance in relation to working with people in respect of their personal and sexual relationships.</li> <li>• <i>Staff should be made aware of the action to take should they encounter situations in which they feel unable to cope.</i></li> </ul>	<p><i>Individual staff may, because of strongly held religious or other views and experiences, feel unable to assist service users in relation to these specific issues, which may facilitate the service user's sexual health and well being. In these circumstances it may be appropriate to arrange for another worker to be involved.</i></p> <p><i>However, it is vital that <u>all</u> staff always support work, which help us to meet the individual's sexual health needs as part of overall health and well being, thus following the values of the sexual health policy and values.</i></p> <p><i>The law means that we have to ensure that LGBT people are treated equally</i></p> <p><i>Staff and carers should avoid, as a matter of good practice, all negative images and discriminatory language that could discourage service</i></p>

		<i>users from seeking advice they need</i>
<b>14</b>	<b>Pornography &amp; Sexually Explicit Material</b>	
<b>14.1</b>	As services users have the same rights as those of any other member of society, by definition this will include the right of service users to own legal pornographic material.	<i>Illegal/Hard Pornography Must be removed at once and action taken if any staff or carers have been involved in allowing such material to be made available.</i>
<b>14.2</b>	Although it is legal to access and own pornographic material involving adults, such material may be offensive and contrary to the value base of many individuals. Given such tensions, staff will need to balance the individual rights of service users to own such material, with their own principles and beliefs.	
<b>14.3</b>	In some cases staff could use the fact that a service users is accessing pornographic material, as an opportunity to explore underlying sexual health needs. For example, a service user may believe that pornography is their only option for sexual expression, whereas access to education and the provision of opportunities to develop more meaningful social or personal relationships may bring about positive change for the service user.	<i>Halton Borough Council computers, or computers that Halton Borough Council are responsible for, are not under any circumstances to be used to access pornographic material.</i>
<b>14.4</b>	It is important to distinguish the majority of such material from that which would breach the Obscene Publications Act. Such material would, for example, feature illegal sexual activities e.g. those involving children, animals or torture. It is illegal to purchase or own these sorts of materials. It is also an offence to obtain such material for others.	<i>Staff must never promote or initiate the introduction of pornography and sexually explicit material to any service user</i>
<b>14.5</b>	While staff may be involved with a service user who wishes to access such material, they also have a responsibility to explain issues of privacy in regard to its use, the offence it may cause to others, and the legal context of such material (e.g. not showing to or risking access by minors).	<i>Many staff will wish to stress that they do not wish pornographic material to be displayed during visits to the homes of service users and should be supported in this by</i>



		<i>management</i>
<b>14.6</b>	Services should ensure that people who wish to access or purchase pornography and sexually explicit material, do so discreetly and confine its use to within the privacy of their own rooms. Pornographic material should not be displayed in areas where this is likely to cause offence to others e.g. communal areas, day centres etc.	<i>For service users who through their own choice have expressed an identified need of input and help in the area of access to pornography, a Professionals Meeting should be convened. Every effort should be made to involve the person in a meaningful way, preferably by his or her direct attendance at subsequent meetings/discussions</i>
<b>14.7</b>	If staff are unclear or concerned about the possible consequences of a service user accessing pornography and sexually explicit material, a risk assessment should be undertaken.	
<b>15</b>	<b>Access to Sex Services</b>	
<b>15.1</b>	Situations may arise whereby a service user expresses a wish to seek the services of a sex worker (Prostitute). In such circumstances staff must act within strict guidance.	
<b>15.2</b>	Staff must not under any circumstances, become directly involved in making arrangements on behalf of a service user. Acting in this way could potentially lead to a criminal conviction for procurement for prostitution.	
<b>16</b>	<b>Staff Attitudes and Conduct</b>	
<b>16.1</b>	This policy aims to provide consistency in the approach of staff in dealing with the sexual health and relationships of service users.	<i>Staff to adopt and follow the values and principles within this policy: privacy, dignity, confidentiality and protection from abuse</i>
<b>16.2</b>	If staff deny or ignore a person's wish for sexual activity, or the development of a relationship, the person using the service is likely to be denied access to advice, knowledge and skills that are essential to making an informed choice (for example on issues of safer sex).	<i>Staff to develop an awareness of their own attitudes, and how these influence decision-making</i>

		<i>processes and the way in which service users are supported in sensitive areas.</i>
<b>16.3</b>	Staff will also need to be aware of the need for clear boundaries where personal contact may be misinterpreted and cause confusion. Staff will then be vulnerable, and open to criticism.	
<b>16.4</b>	<p>The Professional Boundaries Guidance provides the following definitions which staff should adhere to:</p> <p><i>Infatuations:</i> You should be aware that sometimes service users can develop strong attractions to their care or support workers. If this happens to you, you should respond sensitively so that the service user is not embarrassed.</p> <p>When a service user has an infatuation with his/her care or support worker, it is more likely that your words or actions will be misinterpreted, for allegations to be made against you or for it to be interpreted as 'grooming'.</p> <p>If you discover that a service user is infatuated with you or a colleague you should:</p> <ul style="list-style-type: none"> <li>• Report any signs (verbal, written or physical) that make you think the service user is infatuated to your line manager</li> <li>• Talk with your line manager about how to deal with the situation as soon as you can</li> <li>• Whatever action you decided to take, try to avoid distressing the service user</li> </ul> <p><i>Social Contact:</i> (including mobile phone, e-mail, text messages, letter and face-to-face communication, or giving lifts to people)</p> <p>You should not:</p> <ul style="list-style-type: none"> <li>• Arrange any social contact with service users outside of work. If social contact outside of work happens by coincidence (seeing a service user at bingo, for example), you react and be aware that any social contact might be misunderstood. Tell your line manager if you have regular social contact with any service users, so that this can be noted.</li> <li>• Make contact with service users through social networking sites such as Facebook, MySpace or Bebo</li> <li>• Give your personal details to service users. This includes your home address, personal mobile or home telephone numbers and personal e-mail</li> </ul>	<p><i>'Professional Boundaries Guidance' for staff and volunteers who have contact with vulnerable people in the course of their work' [Halton Borough Council Health &amp; Community Directorate 2010]</i></p> <p><i>Give appropriate and consistent cues to people who use our services, and using language that is non-discriminatory and non-judgemental.</i></p>

	<p>addresses</p> <ul style="list-style-type: none"> <li>• Take service users to your own home</li> <li>• Give lifts to service users, unless this is part of your job role and has been agreed and recorded appropriately.</li> </ul> <p>All work communications with service users should be carried out in line with any relevant Corporate policies.</p> <p><i>Physical Contact:</i> (including physical intervention/restraint, moving and handling, intimate care, dealing with distress and sexual contact)</p> <p>Sometimes it is appropriate for you to have physical contact with a service user, but it is very important that you only do this in ways that are appropriate to your professional role. Physical contact should never be secretive, or for your own gratification. If you feel that any physical contact with service users could be misinterpreted, you should talk to your line manager so that the incident can be noted.</p>	
<b>16.5</b>	<p>If sexual activity is condemned, the person using the service is given a negative message about sexual expression. This will not promote a climate in which sexual health education programmes can be effective in improving sexual health. It also does nothing to prevent the behaviour recurring, even though this may be inappropriate. It may even give rise to further inappropriate or challenging behaviour, of a sexual nature.</p>	
<b>17</b>	<b>Partnership with Carers</b>	
<b>17.1</b>	<p>It is important to recognise that parents and carers of service users have no legal say in what their adult relative does. The law does not recognise the ability of anyone to give consent on behalf of another person. However, it must be recognised that parents and carers often have an influence, a sense of responsibility, and may have extreme difficulty coming to terms with their relative's approach to their personal relationships and their sexuality. It would be important to ensure that relatives and carers are part of all decision-making processes.</p>	<p><i>All staff need to be aware of the potential tension between the various people involved in the care of service users. This awareness should be included in induction packs and training should be on going.</i></p>
<b>17.2</b>	<p>People involved with service users need to be realistic and accept that family relationships are unique in every situation. It is preferable to initiate contact and work in partnership with carers, rather than respond to anxieties on a crisis basis. Parents/carers should only participate in discussions about personal and sexual relationships where the individual concerned has given permission to do so. This should only be undertaken in private with the individuals' confidante, key</p>	<p><i>A service may wish to develop an explicit framework, which sets out clearly what the different relationships are between the service and the</i></p>

	worker or advocate.	<i>parents/carers and the service and the service user. It is important to achieve a balance between parental/carer involvement whilst ensuring the needs of the service user are also met. For example, your service may decide that parents have the right to information but service users have the rights to confidentiality. This may need to be clearly stated in the service information.</i>
<b>17.3</b>	Parents/carers should be offered opportunities to comment and be involved in the development of education/information about personal and social relationships for service users. Information about such areas should be available to parents/carers before their relative starts to receive a service.	
<b>17.4</b>	The differing attitudes of carers towards sexuality needs to be recognised and handled sensitively. At the same time, the rights, needs and views of service users must be the overriding consideration.	<i>Senior managers should be consulted where there is an unresolved conflict of opinion, which will have implications for the service to be delivered.</i>
<b>18</b>	<b>Equal Opportunities</b>	
<b>18.1</b>	It is commonly recognised that there are individuals in society who are part of a number of socially excluded groups. These groups of people may be denied access to a wide range of facilities and services. Members from socially excluded groups may have uniquely individual needs in the area of personal and social relationships and care must be taken to ensure equity of service provision in addressing the needs of such individuals.	<i>Before undertaking work with any service user, staff should familiarise themselves with issues around discrimination and how such issues may impact on service users in relation to the promotion of sexual health.</i>

18.2	<p>Untested assumptions about service users may exist on a number of levels. It can be easier for services to assume that older people, or disabled people have no sexuality. This serves to create barriers to those who may wish to seek help for sexual health concerns.</p>	<p><i>Services should have in place policies regarding the following Anti-oppressive practice an equal opportunities Staff at all levels should be provided with training in respect of the above.</i></p>
18.3	<p>The outcome of prejudice and discrimination can lead to:</p> <ul style="list-style-type: none"> <li>• Service users deprived of potentially therapeutic interventions</li> <li>• Service users denied protection from sexually transmitted diseases</li> <li>• Service users being unable to voice their concerns or fears</li> <li>• Vulnerable service users left open to abuse or exploitation</li> </ul>	<p><i>Where staff feel that equal opportunities are not an integral part of service delivery they should discuss these concerns with their line manager or another appropriate person (someone you feel comfortable with – this may be another manager within the department, or your professional body).</i></p>
19	<b>Confidentiality and Information Sharing</b>	
19.1	<p>The primary aim is to empower individuals (and also ensure protection, where necessary). Service users who need help with issues of sex and sexuality, have a right to expect that the confidentiality and sensitivity of the matter be respected. At the same time, they, as well as staff, need to understand that some information passed in confidence, relating to situations of abuse or other risk, will need to be shared with others (e.g. the line manager, Police).</p>	<p><i>Refer to 'Adult Protection in Halton – Inter-agency Policy, Procedures &amp; Guidance for specific procedures relating to alleged abuse, including Information Sharing and Confidentiality</i></p>
19.2	<p>The lawful criteria for the disclosure of information, in the public interest, which would in other circumstances be a breach of confidentiality, are:</p> <ol style="list-style-type: none"> <li>a) The safeguarding of the welfare of vulnerable children and adults</li> <li>b) Maintaining public safety</li> <li>c) Prevention of crime and disorder</li> <li>d) The detection of crime</li> </ol>	<p><i>A public authority that collects, and retains and/or passes on personal information without the person's consent interferes with the right to private life and will need to justify its</i></p>

	<p>e) The apprehension of offenders f) The administration of justice</p>	<p><i>actions under the Data Protection Act and Article 8(2) of the Human Rights Act. This requirement has implications for all public agencies holding personal information about individuals and the sharing of such information between all agencies.</i></p>
<p><b>19.3</b></p>	<p><b>Circumstances that justify Information Sharing</b></p> <p>The following circumstances are justification for sharing information and where necessary be considered in the decision making process. Where:</p> <p>a) There is an overriding public interest in disclosure, such as:</p> <ul style="list-style-type: none"> <li>- In the interests of national security or public safety</li> <li>- For the prevention or detection of crime, the apprehension of offenders, the administration of justice</li> <li>- In maintaining public safety, the protection of health or morals</li> <li>- For the protection of the rights or freedoms of others</li> <li>- For the safeguarding of the welfare of vulnerable children and adults</li> </ul> <p>b) Disclosure is required by court order or other legal obligation;</p> <p>c) The person to whom the duty of confidentiality is owed has given informed consent. Consent should be explicit, informed and preferably be in writing. Any verbal agreement should be recorded with the date and time. Silence is not consent;</p> <p>d) Where the subject does not consent but:</p> <ul style="list-style-type: none"> <li>- Disclosure is necessary to protect the * vital interests * of a vulnerable person who is unable to give consent, or</li> <li>- Where it is not viable to obtain consent from</li> </ul>	<p><i>This judgement may have important ramifications for people with HIV/AIDS and arguably for others with disabilities or health conditions that are known to subject people to discrimination. While there is a power to withhold publication of names under the Contempt of Court Act, under the Employment Tribunals Act and the Disability Discrimination Act, tribunals have the right to restrict reporting of litigation only until the decision is made when the matter may be reported.</i></p>

	<p>them e.g. in cases of/allegations of serious abuse or exploitation, or</p> <ul style="list-style-type: none"> <li>- Consent by or on behalf of the subject has been unreasonably withheld.</li> <li>- Information sharing without consent is necessary for the prevention or detection of crime, apprehension or prosecution of offenders and where these purposes would be likely to be prejudiced by non-disclosure.</li> </ul> <ul style="list-style-type: none"> <li>• The Information Commissioner advises that this [in the case of vital interests] is where the sharing is necessary for matters of life or death or for the prevention of serious harm to the individual. This should only be used where there is substantial chance rather than mere risk that not disclosing or informing the data subject of the intended disclosure would be likely to prejudice the prevention or detection of crime.</li> </ul>	
<b>19.4</b>	The above principles must direct decisions about whether information needs to be shared, when and with whom.	
<b>19.5</b>	Detailed confidential information should not be revealed and discussed at a review as a matter of routine. If there are real concerns relating to matters of risk or protection, these should be discussed with the individual beforehand, and, if necessary, referred to the line manager, to decide how the matter should be handled.	
<b>19.6</b>	<p><b>Schedule 1 Offenders</b></p> <p>The information that a person in Social Services' care or other community based setting is a Schedule I Offender is sensitive and confidential. The information should be shared with the minimum number of key staff and carers necessary to:</p> <ul style="list-style-type: none"> <li>• Meet the needs of the person who is the Schedule I Offender</li> <li>• Protect vulnerable individuals with whom the Schedule I Offender mixes either in the residential care or community setting.</li> </ul> <p>In normal circumstances other people should not be told of the offender's background. The only situation where information about the Schedule I offence should be revealed is when the nature of a relationship has developed to such a point where there is an identifiable likelihood of "significant harm" or abuse. Such situations require sensitive handling</p>	<p><i>Refer to 'Adult Protection in Halton – Inter-agency Policy, Procedures &amp; Guidance for specific definitions and procedures relating to significant harm and principles of Information Sharing and Confidentiality</i></p>

	both with the Schedule I Offender and the other party.	
<b>20</b>	<b>Service Standards &amp; Provision</b>	
<b>20.1</b>	As with all policies, it is essential that the policies requirements be incorporated into service specifications and contracts. All Service Specifications, Contracts and Service Level Agreements should specify that compliance with the Policy is good practice.	<p><i>It is advised that all providers of services are able to access training.</i></p> <p><i>Each Service should have a nominated member of staff who takes the lead responsibility for ensuring the Policy is implemented.</i></p> <p><i>All services should include guidance on relationships and expectations about behaviours in the Information Leaflet for Service Users and their carers so that these are clear.</i></p>
<b>21</b>	<b>Assessment and Care Planning</b>	
<b>21.1</b>	Sexual health needs may form an integral part of a service users overall health and well-being. In attempting to address these, all assessment tools should incorporate issues regarding health and emotional well-being, which may be intrinsically linked to ways of improving or maintaining sexual health.	<p><i>In providing services, great care should be taken by staff to be sensitive as to how services may impact on service users personal and social relationships. The manner in which services are provided may impinge on relationships and sexuality in ways which are not always obvious or visible to staff.</i></p> <p><i>Examples may included:</i></p> <ul style="list-style-type: none"> <li>• <i>Physical alteration of sleeping arrangements</i></li> </ul>



		<p><i>between partners e.g. moving bed to ground floor.</i></p> <ul style="list-style-type: none"> <li>• <i>Lack of privacy within residential/nursing establishments</i></li> <li>• <i>Care arrangements that may increase separation between partners e.g. extending day care provision for one partner.</i></li> <li>• <i>Prescription of medication which may reduce libido</i></li> </ul>
<b>21.2</b>	<p>Dependent on the service being provided, sexual health may not be the sole focus of an assessment. In addition, anxieties may exist, perhaps more often than not on the side of the professional, who may sometime be over cautious for fear of causing offence. However, good assessments will communicate that staff are open to understanding personal and social relationships, including issues of sexual health and sexuality.</p>	
<b>21.3</b>	<p><b>Key points to observe at all times are:</b></p> <ul style="list-style-type: none"> <li>• <b>DIGNITY</b></li> <li>• <b>CHOICE</b></li> <li>• <b>RESPECT</b></li> </ul>	
<b>21.4</b>	<p>As per National Minimum Standards for Care, fundamentally care and support workers should 'treat others as you would wish to be treated yourself'</p>	
<b>22</b>	<b>Legislation</b>	
<b>22.1</b>	<p>It should be noted that all people who use our services are subject to the same legislation in relation to matters of consent and capacity. The common law presumes that <u>all</u> adults possess the capacity to make their own decisions, unless proved otherwise.</p>	<p><i>Summaries of relevant acts can be found in Appendix 3</i></p> <p><i>Sexual Offences Act (1956)</i></p>

		<p><i>Sexual Offences Act (2003)</i></p> <p><i>Human Rights Act (2000)</i></p> <p><i>NHS &amp; Community Care Act (1990)</i></p> <p><i>The Equality Act (Sexual Orientation) Regulations 2007</i></p> <p><i>The Sex Discrimination (amendment of legislation) Regulations 2008</i></p> <p><i>Disabled Persons Act (1986)</i></p> <p><i>Disability Discrimination Act (1995)</i></p> <p><i>Disability Rights Commission Act (1999)</i></p> <p><i>Local Government Act (1988)</i></p>
<b>22.2</b>	<p>Although services may seek to promote positive sexual health, concerns will inevitably arise when service users deemed possibly unable to give consent, by way of capacity e.g. severe mental illness or learning disability, may be engaging in sexual activity. Legislation exists to protect certain categories of vulnerable persons from abuse or exploitation, yet in some case will be a major obstacle in enabling, what for some service users, may be valuable sexual relationships.</p>	
<b>22.3</b>	<p>Legal advice must be sought by any agency attempting to intervene or provide support in the context of sexual relationships between service users, for whom issues of capacity and consent appear to exist.</p>	

## Useful Contact Numbers

Organisation	Contact Details	Service/Support
After Adoption	Helpline: 0800 568 578 Merseyside Office: 0151 707 4322 <a href="http://www.afteradoption.co.uk">www.afteradoption.co.uk</a>	After Adoption is a specialist voluntary adoption agency, which provides independent advice, support and counselling
Body Positive Cheshire & North Wales	PO Box 321, Crewe, CW2 7WZ 01270 653 150	Provides information, advice, support and advocacy for people who are HIV positive, their partners, friends and families, carers and anyone who has concerns about someone who is HIV positive.
Broken Rainbow	0161 839 8574	Gay, lesbian and transgender advice line
Brook Advisory	81 London Road, L3 8JA Free & Confidential helpline: 0808 802 1234	National voluntary sector provider of free and confidential sexual health advice and services specifically for young people under 25
Cheshire Action for Sexual Health (CASH)	CASH, PO Box 321, Crewe, CW2 7WZ Helpline: 01270 653 156 Email: <a href="mailto:info@gaymenshealth.co.uk">info@gaymenshealth.co.uk</a>	Offers support, information, and advice on all aspects of sexuality and sexual health
Genito Urinary Medicine Clinic (GUM)	Hospital Way, Runcorn, WA7 2DA 01928 753 217	Provides testing and treatment for sexually transmitted infections
Health Care Resource Centre	Widnes Health Care Resource Centre, Oaks Place, Caldwell Road, Widnes 0151 495 500	Contraception and sexual health clinic. Provides contraception, emergency contraception, free condoms, pregnancy testing, sexual health advice and referrals for termination of pregnancy. Chlamydia screening available for under 25s
National AIDS Helpline	0800 137 437 <a href="http://www.aidshelpline.org.uk">www.aidshelpline.org.uk</a>	Provides confidential advice and information
NHS Choices	<a href="http://www.NHS.co.uk">www.NHS.co.uk</a>	NHS Choices is a comprehensive on line information service
Samaritans	24 hour support	Confidential, non judgemental emotional

	Call 08457 90 90 90 Email: <a href="mailto:jo@samaritans.org">jo@samaritans.org</a>	support
Terrace Higgins Trust	0845 1221 200	Terence Higgins Trust is the leading and largest HIV and sexual health charity in the UK
Women's Health	52 Featherstone Street, London, EC1Y 8RT 0845 125 5245 <a href="mailto:health@womenshealthlondon.org.uk">health@womenshealthlondon.org.uk</a>	A national charity that provides gynaecological and sexual health information for women. They provide access to independent, non judgemental health information to enable informed decisions to be taken about health and well being

## Useful Resources

<b>NHS Choices Sexual Health Resources Videos</b>	<b>Videos:</b> <ul style="list-style-type: none"> <li>• Where to get contraception</li> <li>• Talking about using a condom</li> <li>• Contraception methods</li> <li>• Chlamydia Testing</li> <li>• Living with HIV</li> <li>• Coming Out</li> <li>• STI's</li> <li>• Herpes real story</li> <li>• Sex over 60</li> <li>• Vasectomy</li> <li>• HIV real story</li> <li>• HIV &amp; AIDS real story</li> <li>• Hepitius C</li> <li>• Healthy &amp; fulfilling sex life</li> </ul>	<a href="http://www.nhs.uk/livewell/sexualhealth/">http://www.nhs.uk/livewell/sexualhealth/</a>
<b>Resources for Sexual Health &amp; Relationship Education</b>	Various resources/reference materials available to purchase from website	<a href="http://www.sreresources.co.uk/">http://www.sreresources.co.uk/</a>
<b>Brook Advisory Service</b>	Brook Publications sells an array of sex education resources, training manuals, leaflets and brochures for use by young people, teachers, health professionals, youth workers, sex advice workers and parents	<a href="http://www.brook.org.uk/content/M1_publications.asp">http://www.brook.org.uk/content/M1_publications.asp</a>
<b>F.P.A (Family Planning Association)</b>	Information booklets relating to detailed information on individual methods of contraception, common sexually transmitted infections, pregnancy choices, abortion and planning a	<a href="http://www.fpa.org.uk/information">http://www.fpa.org.uk/information</a>

	pregnancy available to download	
<b>McCarthy, M Thompson D (revised 1998) Sex and the 3 Rs (Second Edition) Right, Responsibilities and Risks – A Sex Education Package for working with people with learning difficulties</b>		Published by Pavillion

## Legislation

### Sexual Offences Act 2003

The Sexual Offences Act 2003 overhauled the legal framework relating to sexual offences and includes provision to guard against the sexual abuse of children and vulnerable adults. It repealed most of the previous law in relation to sexual offences.

The main provisions of the Sexual Offences Act 2003, relating to vulnerable adults are:

- The Act gives additional protection to children and vulnerable adults;
- The definitions of rape is amended to include intentional penetration of the vagina, anus or mouth with a penis and forced sexual penetration of objects;
- Significant changes to the issue of consent;
- A number of specific offences relating to children under the ages of 13, 16 and 18 years;
- New offences to protect vulnerable persons suffering from a mental disorder;
- New offences relating to forced sexual activity with anyone and forced self-masturbation;
- Touching over clothing may constitute an offence;
- The Act is gender neutral;
- Discrimination against homosexuals has been removed

### Sexual Offences Act (1956)

Section 7 of this act makes it unlawful for a man to have intercourse with a woman deemed to be 'defective' outside marriage. The circumstances in which the term 'defective' applies is purely a matter of clinical and/or legal judgement, but may apply to those with "a state of arrested or incomplete development of mind which includes sever impairment of intelligence and social functioning" e.g. a severe learning disability. This legislation does not apply to a male who is labelled as being 'defective'.

This legislation also makes acts, which may amount to actual sexual intercourse, unlawful. Therefore, sections 9 and 21 of the Sexual Offences Act make it unlawful for anyone to procure a woman labelled as being 'defective' to have sex with a man and for anyone to remove such a woman away from the care of a parent, with the purpose that she shall have sexual intercourse with a man, respectively.

Although the above offences are unlawful by virtue of the act of, of procuring of, sexual intercourse occurring outside of matrimony, intercourse without consent (either because consent was not given by the 'defective' woman, or she does not possess the capacity to give consent) may amount to an offence of rape both within and outside of matrimony.

Of particular relevance to staff is Section 27 of the Sexual Offences Act. This section makes it an offence for either the "owner, occupier or anyone who acts in the management or control of any premises" to "induce or knowingly suffer a woman who is a defective to resort to or be on those premises for the purposes of having unlawful sexual intercourse".

### Human Rights Act (2000)

The Human Rights Act (2000) is intended to create a cultural shift, with rights enshrined in the European Convention of Human Rights permeating the decision

making of the government and legal systems at all levels. The act has particular significance for disabled people.

*Implications for disabled people:*

Article 12 of the Human Rights Act (2000) has implications for some disabled people who are routinely discouraged by health authorities or social services from becoming parents. This may take the form of pressuring pregnant women with a disability to have an abortion. Either their disability is seen as an obstacle to effective parenting or it is feared that their disability is hereditary.

Historically some service users have been regarded by society as being inappropriate parents. For example, a disabled woman who is pregnant may encounter attitudinal discrimination at different levels and from a variety of professional associations. Physical barriers when using antenatal services also present a significant challenge in terms of access. Once a child is born, another series of barriers comes into play, as the need to demonstrate capacity as a parent is required by statutory services.

An individual with mental capacity to make decisions for him/herself has the right to marry and found a family. This may require public authorities, such as residential homes, to take positive steps to enable sexual relations to happen. See Article 8 of the HRA.

**NHS & Community Care Act (1990)**

In meeting requirements to make individual assessment of need, where appropriate the emotional and sexual health needs of service users should be sensitively considered and regularly reviewed.

**The Equality Act (Sexual Orientation) Regulations 2007**

Makes it unlawful for a person providing goods, facilities or services to members of the public to discriminate against anyone on the grounds of sexual orientation. This legislation applies to care service providers.

**The Sex Discrimination (amendment of legislation) Regulations 2008**

Means it is unlawful for providers of goods, facilities and services to discriminate against or harass people on the grounds of gender reassignment.

**Disabled Persons Act (1986)**

This reinforces the provision of the Chronically Sick and Disabled Act 1970 to meet the needs of disabled people, and extent the rights of individuals to be represented.

**Disability Discrimination Act (1995)**

The Disability Discrimination Act introduced new laws aimed at ending the discrimination faced by many disabled people. The Act gives disabled people new rights in employment, access to services and the buying or renting property.

**Disability Rights Commission Act (1999)**

The Commission began work in April 2000 and has set as its goal “a society where all disabled people can participate fully as equal citizens”.

**Local Government Act (1988)**

Section 28 of the Local Government Act 1988 prohibits elected members of a local authority from intentionally promoting homosexuality or from publishing material with the intention of promoting homosexuality, or promoting the teaching in any maintained school of the acceptability of homosexuality as a ‘pretended family



relationship'. Material relating to homosexuality within the context of a sex education programme will not be seen as a breach of the Act or in any way promoting homosexuality.