

THE CHILDREN AND YOUNG PEOPLE'S PLAN 2010-2025

THREE YEAR DELIVERY PLAN 2010-2013

DRAFT – CONSULTATION DOCUMENT

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INTRODUCTION

This is the Children's Trust Delivery Plan for 2010-2013.

This delivery plan is the first of five plans that will set out how the Children's Trust will implement its fifteen year strategy, the CYPP 2010-2025.

The CYPP 2010-2025

- 1 Offers strategic direction from the Children's Trust for the next fifteen years
- 2 Identifies a number of priority outcomes which it aims to improve by 2025
- 3 Sets out how the Children's Trust will work towards its priorities, including an overview of current governance arrangements, roles and responsibilities of those involved and the commissioning framework

One of the ways in which the Children's Trust is working towards its priorities is through the development of three year delivery plans.

This delivery plan for 2010-2013 provides more detailed information about each of the Children's Trust's priority outcomes.

Against each of the priority outcomes, there is an identified partnership responsible for making improvements. Each partnership is responsible for having a commissioning strategy and implementation plan in place.

This delivery plan sets out an overview of the priority outcomes. In most cases, this overview is based on information contained within the commissioning strategy and implementation plan.

Where appropriate, national performance indicators and targets are aligned to the relevant priority outcome. These will form the 'base' measurement for improvement, complemented by additional outcome measures identified in the relevant strategy/implementation plan.

The Children's Trust recognises that everyone has a responsibility to think about how they can reduce child poverty and safeguard children and young people in Sunderland.

THE CHILDREN'S TRUST'S PRIORITY OUTCOMES 2010-2013

CHILD POVERTY

SAFEGUARDING

NARROWING THE GAP FOR VULNERABLE GROUPS

Learning difficulties and/or disabilities
Children in care
Children in need and in need of protection
Black Minority ethnic groups

BEING HEALTHY

1. Reduce levels of childhood obesity so there are fewer overweight or obese children and young people
2. Reduce levels of teenage pregnancy so there are fewer teenage conceptions.
3. Improve the mental health outcomes of children and young people
4. Reduce substance misuse

STAYING SAFE

5. Tackle the impact of domestic violence on children and young people
6. Reduce levels of bullying
7. Reduce numbers of children and young people who are victims of crime and reduce children and young people's fear of crime

ENJOYING AND ACHIEVING

8. Improve attainment for all children and young people by achieving national average at all key stages.
9. Improve attainment for vulnerable and under performing groups of children and young people.
10. Have locally accessible and affordable fun play and physical activities

MAKING A POSITIVE CONTRIBUTION

11. Reduce levels of offending (re-offending and first time offending)
12. Reduce levels of anti-social behaviour
13. Improve the public perception of young people

ACHIEVING ECONOMIC WELLBEING

14. Increase the proportion of young people in education, employment and training
15. Provide decent homes for young people and families
16. Improve accessibility and affordability of public transport

17. Improve the environment

Child poverty

What is child poverty

Child poverty relates to a child and their family.

A child in poverty lives in a family with resources that are far lower than the average, with the result that they cannot fully participate in society.

The vision for child poverty is

To ensure that all Council Services and Local Partners are working in a joined up way to do everything possible to reduce child poverty and mitigate its effects in the City and ensure that today's children don't become parents of poor children.

Who is responsible?

The Sunderland Partnership leads on the reduction of child poverty and drives forward the agenda through the Economic Prosperity thematic partnership. In addition to this strategic commitment, named partners have come together to establish the Child Poverty Board, which is responsible for developing the Child Poverty Strategy.

The Children's Trust recognises that everyone has a responsibility to think about how they can reduce child poverty and safeguard children and young people in Sunderland.

Current picture

The Child Poverty Bill 2009 is the Government's driver for reducing child poverty.

The Government's targets are to

- 1 Halve child poverty by 2010
- 2 Eradicate child poverty by 2020

Evidence shows that children who grow up in poverty are:

- 3 Less likely to succeed at school, secure a good job as an adult and access a range of cultural and leisure activities
- 4 More likely to suffer from poor health, to offend and to be taken into care

There are a number of indicators that contribute towards illustrating the picture in Sunderland.

- 1 Sunderland is extensively deprived, based on the evidence of the national Indices of Multiple Deprivation (IMD) 2007
- 2 51% of children live in low income families, compared to 44% in the North East and 42% nationally (2007 national dataset)
- 3 Out of a total of 25,074 households with children, 36% live in *relative poverty*. Of these, 60% are lone parent families (Local Housing Market Assessment 2007)
- 4 19% of families live in absolute poverty, of which 70% are lone parent families (Local Housing Market Assessment 2007)

- 5 It is anticipated that a high (and growing) number of poorer families will be excluded from a number of financial services.
- 6 Employment has an impact on the affluence or poverty of a family. In Sunderland, the number of unemployment claimants has grown during the recession. From April 2008 – March 2009, this grew by 90%. During this time, male unemployment doubled to 13.1%, compared to 10.2% in the North East and 6.6% nationally. As a result, more families are less affluent.

Plans to improve outcomes

In Sunderland, a Child Poverty Strategy is in place. The strategy has three key aims, to:

- 1 Provide a framework within which partners can work together with a shared vision to meet joint outcomes associated with reducing child poverty.
- 2 Enable a wide range of partners to carry out their statutory and moral duties to reduce child poverty in Sunderland.
- 3 Ensure that the views of stakeholders (families and children) are taken into consideration in the shaping of plans to reduce child poverty.

In the strategy:

- 1 There are four building blocks which clearly link to improving outcomes and together will help reduce child poverty
- 2 There are four objectives which are linked to each of the four building blocks.

The four objectives are to:

1. Target education, health and family support services to meet the needs of children and families in poverty.
 2. Remove the barriers to employment and increasing the numbers in work.
 3. Improve financial inclusion in the City and maximise family income.
 4. Raise aspirations and tackle poverty of place in order to break the cycle of poverty
- 3 Attached to each of the objectives are a number of priorities.

The Action Plan that is being prepared will be linked to the objectives and priorities in the strategy.

Performance information

Child poverty is a priority in the LAA, which means it is a priority for the city. NI116 will be used to monitor and report on performance relating to child poverty.

Ref	Description	Actual	Baseline	Year 1 target	Year 2 target	Year 3 target	In LAA 2008 - 2011?
		2008/09	2009/10	2010/11	2011/12	2012/13	
NI 116	Proportion of children in poverty						✓

The following are also commonly used to define levels of child poverty:

- 1 Absolute Low Income: A level below which people lack the necessary food, clothing or shelter to survive

- 2 Severe Poverty is often defined by an annual income of less than £7000 per annum
- 3 Relative Low Income measures the number of children living in households below 60% of median income before housing costs and adjusted for household size and dependants
- 4 Low Income and Material Deprivation: Lacking specific goods and services and being below 70% median income after adjustments

Safeguarding

The vision for safeguarding is:

Every Child and Young Person in Sunderland will feel safe and will be safe

In order to do this we will work together and make keeping children and young people safe everyone's business.

Who is responsible?

The Sunderland Safeguarding Children Board (SSCB) is the partnership responsible for this area of work.

The Children's Trust recognises that everyone has a responsibility to think about how they can reduce child poverty and safeguard children and young people in Sunderland.

Current picture

SSCB is the key multi agency statutory mechanism for coordinating the work of partner agencies and ensuring the effectiveness of that work in respect of:

- 1 Safeguarding children and promoting their well being with a particular focus on children who are in need of protection
- 2 Enhancing life chances of the most vulnerable children in relation to their health, safety, achievements, contribution to society and economic well being

The SSCB has numerous core functions including

- 1 Learning lessons about the way multi agency professionals work together to safeguard children, through serious case reviews
- 2 Reviewing the deaths of all children with the purpose to reduce the number of preventable child deaths. This is a statutory responsibility of the SSCB

The SSCB has:

- 1 An Independent Chair
- 2 A dedicated business support unit taking forward the work of the SSCB
- 2 A separate and clear budget within an appropriate financial framework
- 3 A number of sub-groups carrying out specific functions

Plans to improve outcomes

The SSCB Business Plan 2009-2012 sets out priorities, actions and targets to improve safeguarding outcomes including those listed below:

- 1 Raising awareness of outcomes and implementing the findings of Laming Report: The protection of Children in England 2009

- 2 Improving the relationship between the Children's Trust and the SSCB by establishing more robust arrangements (in having reporting arrangements, responding to national policy and guidance, having joint development days)
- 3 Establishing a safeguarding dataset to monitor, assess and challenge agency performance
- 4 Quality assuring single agency and SSCB safeguarding training
- 5 Having up to date, good quality and well-used policies and procedures
- 6 Further developing multi agency strategies around Hidden Harm
- 7 Further engaging relevant groups to secure faith and BME representation on the SSCB
- 8 Recognising the needs of specific groups of children and young people, particularly those who are most vulnerable, children in custody and children who have run away from home
- 9 Safeguarding disabled children, specifically implementing DCSF guidance and reviewing the effectiveness of services
- 10 Ensuring statutory requirements are met in respect of children missing from home and care

The SSCB plans to improve multi agency practice from Serious Case Reviews by

- 1 Developing an SSCB audit process to evaluate individual agency implementation of Serious Case Review action plans. This will allow the SSCB to challenge agencies if there is insufficient evidence of implementation
- 2 Reviewing SSCB training in line with lessons learned
- 2 Delivering specialised training sessions regarding lessons learned from national, regional and local Serious Case Reviews

Narrowing the Gap for Vulnerable groups

A number of vulnerable groups have been identified through 'Narrowing the Gap', which is a Government research and development programme that ran from June 2007 to June 2009. The programme's purpose was to make a significant difference in narrowing the gap in outcomes between vulnerable and excluded children and the rest in this country, while improving outcomes for all. The programme focused on children aged 3-13.

The identified vulnerable groups include

1. Children from poorer socio-economic groups
2. Children in care
3. Children with disabilities
4. Children with statement of Special Educational Needs
5. Children excluded from school (permanent/ fixed term)
6. Children with poor records of attendance at school (primary/secondary)
7. Children from different ethnic minority backgrounds (includes Roma/Traveller children)
8. Young offenders
9. Young carers
10. Children at risk from significant harm
11. Children living with 'vulnerable' adults
12. Pupils not fluent in English
13. Asylum seekers/refugees (Unaccompanied/those in need receiving a service)

For the purposes of the CYPP four vulnerable groups have been identified:

- 1 Children and young people from black and minority ethnic groups (identified groups 7, 12 and 13)
- 2 Children in care (identified group 2)
- 3 Children who are in need are those who are in need of protection
- 4 Children and young people with a learning difficulty and/or disability(identified group 3 and 4)

In delivering improved outcomes for the Children's Trust, all Partnerships are expected to consider specific vulnerable groups within the commissioning process, with particular reference to all those noted above.

Black and Ethnic Minority Groups (BME)

Children and young people from different ethnic minority backgrounds (including Roma/Traveller Children) have been identified as one of the key vulnerable groups in the 'Narrowing the Gap' national research. By improving outcomes of children and young people from BME communities, the outcomes of other vulnerable groups may also be improved including young people who are not fluent in English and asylum seekers/refugees.

The Vision for BME groups is

To understand the needs of children and young people from Black and Minority Ethnic communities in order to make a significant difference in narrowing the gap in outcomes from these communities.

Who is responsible?

The Children's Trust is responsible for identifying the needs of this particular vulnerable group of children and young people. No single partnership currently has sole responsibility for improving outcomes of BME families.

Current picture

The percentage of BME population recorded in the 2001 census was 2% of the 280,000 total population of Sunderland. The Bangladeshi population was the largest group at 0.4% of the total population.

Whilst the percentage of the BME population in the city is small compared to the nation at 8.7%, the rise in the Sunderland BME population since 2001 has increased at a much faster rate. By 2006 in Sunderland, the BME population of children and young people aged 0-15 years increased by 50%.

Current analysis of school age children indicates that the trend has continued to rise; 4.7% of school children are from BME families. The Bangladeshi school population represents the largest ethnic group, accounting for just less than a third of all BME school children (2008 school census).

There has been some research conducted to ascertain the views of young people from BME communities. In particular, considerable work has been done to assess health needs of BME groups in Sunderland, with some specific analysis of emotional and mental health needs of children and young people.

However, the Children's Trust does not have a comprehensive understanding of the holistic needs of children, young people and families in Sunderland who are from different BME groups. To do this an understanding of the positive and negative outcomes for children and young people is required.

Plans to improve outcomes

In applying the commissioning process, the Children's Trust intends to engage with children, young people and families from BME communities with the intention of building on and sustaining these relationships.

The key areas of work that have been identified by the Children's Trust to improve outcomes for BME children, young people and families are to:

- 1 Undertake a comprehensive assessment of the needs of children and young people from BME communities.
- 2 Engage and seek the views of children, young people and families from BME communities through identified networks in order to understand their needs.
- 3 Identify any gaps to ensure all partnerships delivering the CYPP have a focus on narrowing the gap in outcomes for BME groups.
- 4 Use the assessment of need to commission services that aim to meet the needs and improve the outcomes of BME groups.
- 5 Review these services to ensure they do meet needs of children and young people from vulnerable communities.

To achieve these actions the Children's Trust proposes to establish a Working Group drawing on the involvement of a range of projects and key agencies working with representatives from the BME communities.

Performance information

Performance against this priority outcome will be monitored by the Children's Trust using the following national indicators and targets:

Ref	Description	Actual	Baseline	Year 1 target	Year 2 target	Year 3 target	In LAA 2008 - 2011?
		2008/09	2009/10	2010/11	2011/12	2012/13	
NI 107	Key Stage 2 attainment for Black and minority ethnic groups (Bangladeshi)	52	58	56	59	62	
NI 108	Key Stage 4 attainment for all Black and minority ethnic groups	23	28	35	42	44	

Additionally, it is anticipated that the Children's Trust will agree local indicators and targets that are identified and monitored by the Working Group responsible for this outcome.

Children in Care

When a child comes into care, a Local Authority becomes responsible for looking after that child and is regarded as a “corporate parent”. As such, a Local Authority is responsible for ensuring a child has positive outcomes. Children who are in care are regarded as a highly vulnerable group.

The vision for children in care is

To provide children in care with the security, support and education they need to lead happy and fulfilled lives

Who is responsible?

The Multi Agency Looked After Partnership (MALAP) is responsible for identifying the needs of this group of children and ensuring outcomes are improved.

Current picture

In Sunderland,

- 1 At any one time there are approximately 390 children in care. The proportion is high compared to England, but low in comparison to sub-regional neighbours.
- 2 Health needs are well met (eg. immunisations, dental and general health)
- 3 An Independent Advocacy Service is in place
- 4 Placements provide a secure and stable environment
- 5 While educational attainment is improving, there is still a gap between children in care and their peers
- 6 There are more care leavers going to University
- 7 Innovative prevention programmes have resulted in a 55% reduction in arrests of young people in residential homes.
- 8 70% of young people in care are in employment, education or training
- 9 100% of reviews are held within recommended timescales
- 10 There has been a steady rise in the number of children adopted
- 11 92% of care leavers are in appropriate accommodation
- 12 More children in care are engaged in service planning and decision making

Sunderland has recently developed its Children in Care Council (known as the Change Council), established a pledge for children in care and appointed a Virtual School Head.

Ofsted has judged fostering and adoption services as good and all children’s homes have been judged as at least satisfactory, with some elements being outstanding.

Plans to improve outcomes

The MALAP is preparing a strategy for Children in Care 2010-2025:

The key areas of work that have been identified so as to improve outcomes for children in care are to:

- 1 Increase access to emotional and mental health services for children in short term placements

- 1 Increase foster care recruitment

To do this there is a Foster Carer Recruitment and Retention Strategy which aims to increase the number of carers in Sunderland so as to improve placement choice and flexibility. This is being implemented with a significant increase in resources (£475k in 2009/10 with an additional £140k per annum thereafter) which has enabled Sunderland to increase foster carer allowances to nationally recommended levels and provide sufficient budget for 8 additional foster care workers (fee paid carers) in 2009/2010 and a further 7 in 2010/2011.

With an increase in the number of carers, improvements will be made with regard to placement choice and flexibility. Over time it is planned to reduce the use of out of authority placements.

- 2 Reduce offending – to do this there is a multi-agency group in place that monitors trends and plans interventions to reduce the levels of offending amongst children in care. Performance began to increase in 2008 and so it is anticipated this will continue over the coming years.

- 3 Increase educational attainment

Specific areas of work have been identified that will build on current arrangements. These will include:

- 1 The LACE team will support children in care with one-to-one sessions, especially targeting literacy and numeracy. In the last school year over 500 children were supported in this way. Through the Government's "making better progress" programme, this work will be further enhanced (and will be funded through PEA funding for the next academic year)
- 2 The residential "Maths Supercamp" for children looked after in years 10 and 11 will be further developed, having been held for one year and deemed successful
- 3 The targeting of early years children looked after. The aim of this targeted work is to support children as young as possible and then throughout their educational career, to improve their educational outcomes, as well as baseline attainment

- 2 Create a stable establishment of social workers

- 1 Extend and refurbish three older children's homes to improve the facilities and environment in which children in care live

Performance information

Performance against this priority outcome will be monitored by the Children's Trust using the following national indicator and targets:

Ref	Description	Actual	Baseline	Year 1 target	Year 2 target	Year 3 target	In LAA 2008 - 2011?
		2008/09	2009/10	2010/11	2011/12	2012/13	
NI 58	Emotional and behavioural health of looked after children	12.3	not set				
NI 63	Stability of placements of looked after children: length of placement	67.3	74	75	76	77	✓
NI 147	Care leavers in suitable accommodation	88.5	86	86			
NI 148	Care leavers in education, employment or training	73.1	62	67			

Other national and local indicators and targets will be monitored by the partnership responsible for this outcome.

Children in need and in need of protection

The vision for children in need is

To improve the life chances of vulnerable children and young people, by meeting their assessed needs and protecting them from harm

Definitions

A “Child In Need” (CIN) is a child or young person who has been assessed to require services to help them achieve their developmental potential. [The term “Child in Need” also includes children who have disabilities.

A Child in Need Plan is completed following an Initial and /or Core Assessment. Child in Need Plans summarise the support services, including ongoing assessments, being offered to children and their families

A “child in need of protection” is a child who is being assessed, or has been assessed, to be at risk of harm. When an Initial Child Protection Conference determines that a child is at continuing risk of Significant Harm, a multi-agency Child Protection Plan is put in place to protect the child.

Who is responsible?

Responsibility and accountability lies with

- The Sunderland Safeguarding Children Board (SSCB), which is a statutory partnership
- The Safeguarding Service, Children’s Services, that has statutory responsibilities as the lead agency for safeguarding children

Current picture

Currently there are;

- 691 Children who have children in need plans (as of 20.1.10)
- 358 Children who have child protection plans (as of 20.1.10)

The number of children requiring child protection plans has increased significantly in the last year. This appears to have been influenced by several factors, including heightened awareness of child protection in the general public.

It is anticipated there will be an increase in unemployment and financial deprivation and a greater risk of poverty, as a result of the economic downturn. It is anticipated this could impact on children and young people’s life chances and lead to an increase in referrals of children in need

Plans to improve outcomes

The SSCB recognises a number of priority areas:

- Parental behaviour - issues such as domestic violence and parental substance misuse are factors which can have a detrimental effect on the welfare of children and young people. The interaction of the combined effects of these factors which compromise effective parenting will be considered by the SSCB and strategies adopted to address.
- Neglect and emotional abuse - The SSCB will be involved in the pilot of the Graded Care Profile which is designed to help workers assess families where neglect is a factor,
- Children missing from home and care – The SSCB has plans in place that aims to address the needs of children and young people who go missing and enables staff to be clear about their responsibilities for this group of vulnerable children
- Working with services that support adults with substance misuse difficulties - The SSCB will embed the use of a Hidden Harm Audit Tool and Common Assessment Framework assessment with relevant services, to ensure services for children and young people are able to work with families earlier on a multi-agency basis, to meet a child and their family's needs.
- Young males who sexually harm - The SSCB will assess, implement and monitor the AIM 2 model (Assessment, Intervention and moving on) to ensure this is incorporated into practice. This model intends to improve multi-agency risk assessments of young males who sexually harm.

The SSCB is also establishing a multi agency data set, which will be used to monitor the above actions.

Performance information

Performance against this priority outcome will be monitored by the Children's Trust using the following national indicator and targets:

Ref	Description	Actual 2008/09	Baseline 2009/10	Year 1 target 2010/11	Year 2 target 2011/12	Year 3 target 2012/13	In LAA 2008 - 2011?
NI 65	Children becoming the subject of a Child Protection Plan for a second or subsequent time	15	13	13			

Other national and local indicators and targets will be monitored by the partnership responsible for this outcome.

Children with learning difficulties and/or disabilities(LDD)

This outcome relates to children and young people with a learning difficulty and/or disability(LDD) aged from 0 – 25.

The vision for children and young people with a learning difficulty and/or disability is

All children and young people with a learning difficulty or disability should have the opportunity to grow up to:

- 2 Have the opportunity to grow up in a safe environment*
- 3 Are happy and confident*
- 4 Have high hopes and dreams and are supported to achieve them*
- 5 Have access to a range of learning opportunities*
- 6 Have the same opportunities as their peers to be all that they can be*
- 7 Have equal access to leisure facilities and recreational activities; and*
- 8 Are well prepared for adult life*

Who is responsible?

The Strategic Partnership for Children and Young People with Learning Disabilities and/or Difficulties is responsible for this priority.

There are a number of services and multi-agency groups that work towards improving the various needs of children and young people with a LDD.

Current picture

In a snapshot of Sunderland in 2009, of the (approximately) 65,000 children and young people aged 0-18 there are

- 9 18 who are disabled and looked after
- 10 Over 700 who are severely disabled
- 11 Over 1000 with a statement of special educational need
- 12 Over 4,500 who are disabled aged 0-19 (approximately 7% of the child population)
- 13 Over 9000 identified with a LDD, including School Action and School Action Plus

In the city, of the (approximately) 28,000 young people aged 19-25, over 2000 are identified as having a LDD.

Plans to improve outcomes

The “Children and Young People with LDD – A Strategy for Transformation 2009-2025” sets out detailed plans including actions and targets to improve this outcome. The strategy is driven by many national policies that relate to specific elements of learning difficulty and/or disability. The key drivers are DCSF, DH, the NHS and LSC

The strategy has identified six key priorities for improvement:

- 1 **Information** – provide accurate, targeted and accessible information about available services and ensure appropriate information sharing with professionals
- 2 **Funding** – clear pathways for identifying, accessing and pooling funds and resources.
- 3 **Transition to adulthood** – clear pathways upon leaving school for young people. Children’s and Adult Services to work together with health services to ensure support continues into adulthood.
- 4 **Access to services** – consistent support to working parents and families to access mainstream services
- 5 **Workforce development** – Deliver appropriate LDD training to staff in mainstream services.
- 6 **Education and learning** - Flexible transport from home to school and extended services.

The partnership is currently developing an implementation plan and will set out actions to progress these priorities.

Performance information

This is the first time there has been a specific indicator linked to disabled children, which is based on parents’ experiences of services for disabled children.

The indicator will be measured through parental surveys, of which approximately 200 will be taken per year per local authority area. An independent body will conduct these surveys and provide analysis on the findings, which will be linked to the five elements of the Aiming High for Disabled Children core offer.

Ref	Description	Actual	Baseline	Year 1 target	Year 2 target	Year 3 target	In LAA 2008 - 2011?
		2008/09	2009/10	2010/11	2011/12	2012/13	
NI 54	Services for disabled children		New indicator	63	64	65	

Other national and local indicators and targets will be monitored by the partnership responsible for this outcome.

Being Healthy is one of the five Every Child Matters outcomes. The outcome aims to ensure children and young people are:

- 1 Physically healthy
- 2 Mentally and emotionally healthy
- 3 Sexually healthy
- 4 Maintaining a healthy lifestyle
- 5 Choosing not to take illegal drugs

The key Government strategy relating to being healthy is “Healthy lives, healthy futures – the strategy for children and young people’s health”, published in 2009, which builds on the “standards and ambitions set through the National Service Framework for Children, Young People and Maternity Services and the Every Child Matters programme”.

There are also a number of national drivers relating to specific health themes, which aim to improve both the physical and mental health of children and young people.

Locally, there are a number of partnerships that work towards improving health outcomes.

Four health related priorities have been identified in the CYPP 2010-2025:

1. Obesity
2. Teenage Pregnancy
3. Emotional Health and Wellbeing
4. Drugs including alcohol and smoking.

The focus of this outcome is to create a city where
Children and young people are empowered to make healthy life choices – to improve resilience to help children and young people make informed and healthy/safe choices and to develop coping strategies as well as being able to access effective and high quality health and social care services when the need arises.

Obesity relates to the level of excess fat in a person's body. Being obese increases a person's risk to a number of health-related diseases. It is usually measured using BMI (Body Mass Index).

The vision for obesity is

To improve the health of the population by creating health enabling environments, promoting a culture of physical activity and healthy eating and having accessible, effective treatment and management programmes available in order that people can maintain a healthy weight at all life stages.

Who is responsible?

The Obesity Partnership is responsible for this priority outcome.

Current picture

Childhood obesity has been identified as a national priority and has been included within the NHS Operating Framework and the Child Health Public Service Agreement (PSA). The Government published 'Healthy Weight, Healthy Lives' in January 2008, a cross-government strategy which aims to reverse rising obesity levels and has since published further documents including 'Healthy Weight, Healthy Lives – One year on' (Feb 2009). According to this document over one fifth of children in England are overweight or obese by the time they start school and if no action is taken over 60% of males and 50% of females will be obese by 2050.

Measurements are taken at a number of different points in a child's life, which help us to understand the prevalence of obesity.

- 1 Evidence shows breastfeeding has a positive impact on a person later in life.
- 2 Data from the National Child Measurement Programme (which looks at children in Reception and in Year 6) allows comparison of local and national trends in the prevalence of childhood obesity. Whilst it is not possible to confirm a downward trend, given that data has only been collected in two years (2006/07 and 2007/08), the fact that prevalence of obesity among Reception Year pupils has fallen consistently across three years from 2005/06 to 2007/08 is encouraging. However, a higher proportion of both Reception and Year 6 pupils are obese when compared to the national averages across England as a whole
- 2 It is estimated that there are about 5,500 children aged 0-19 years who are overweight and 5,100 obese in the City of Sunderland.
- 3 Over one in five children in Year Six (i.e. aged ten or 11 years of age) are obese and could be en route to becoming obese young people and adults, exposing themselves to an increased risk of a number of poor health outcomes, including earlier incidence of diseases like diabetes.
- 4 The SHEU, Health Related Behaviour Questionnaire indicates that Children

and Young People are conscious of their weight and recognise they need to change their lifestyle.

Plans to improve outcomes

The NHS South of Tyne and Wear Overweight and Obesity Strategy (2010-2020) sets out detailed plans including actions and targets to improve this outcome.

The Obesity Partnership supports the delivery of the proposed NHS South of Tyne and Wear Overweight and Obesity Strategy, the key features of which include:

- 1 Undertaking a range of promotional campaigns including media interventions to raise awareness of what constitutes a healthy diet and appropriate physical activity levels;
- 2 Creating health enabling environments;
- 3 Ensuring consistent availability of healthier food choices in public places;
- 4 Auditing and co-ordinating and/or commissioning more preventative activities across the life course including generic multi-disciplinary, holistic health improvement programmes;
- 5 Establishing effective partnership working between all providers: public, private and third sector;
- 6 Developing, commissioning and implementing a consistent, evidenced based pathway of care for children, young people and families;
- 1 Establishing and monitoring the prevalence of obesity amongst women who are pregnant and develop and provide specific interventions for women and their families;
- 2 Focussing on the early years setting;
- 1 Providing effective continuous professional development and specific training to all staff delivering on the obesity agenda in order to better support behaviour change and healthy lifestyles;
- 2 Ensuring equitable access for targeted groups such as BME, where necessary delivering services in local communities;
- 2 Establishing an effective performance management and evaluative framework to inform future commissioning decisions.

Performance information

Performance against this priority outcome will be monitored by the Children's Trust using the following national indicator and targets:

Ref	Description	Actual	Baseline	Year 1 target	Year 2 target	Year 3 target	In LAA 2008 - 2011?
		2008/09	2009/10	2010/11	2011/12	2012/13	
NI 55	% children in reception with height and weight recorded who are obese	10	n/a	13			
NI 56d	Percentage of children in Year 6 with height and weight recorded who are obese	21	22	21			✓

Other national and local indicators and targets will be monitored by the partnership responsible for this outcome.

The vision for teenage pregnancy is

Working together to reduce teenage pregnancy rates and to improve outcomes for children and young people by raising aspirations, promoting resilience, supporting them to develop the skills to make positive lifestyle choices and delivering effective services to address risk taking behaviours.

Who is responsible?

The aligned partnership responsible for this priority is the Risk and Resilience Partnership.

Current picture

Various statistics are monitored that relate to teenage pregnancy.

Those most pertinent include:

- 1 The number of conceptions
- 2 The percentage of those conceptions leading to a legal abortion
- 3 Conception rate per 1000 females aged 15-17
- 4 Conceptions for girls aged 13-15

'Teenage conceptions' relates to females aged under 19 who become pregnant. In Sunderland, whilst the rate of teenage conceptions has improved over the last ten years the city has one of the highest rates in the North East, which in turn has one of the highest rates in the country.

Research indicates up to one third of all young people have had sex before the age of 16 years. Sex before the age of 16 is associated with greater levels of regret for young women and higher rates of teenage pregnancy.

Socio-economic status also plays an important part in teenage pregnancy. Teenage conceptions are linked to other indicators of deprivation and this is demonstrated in Sunderland where specific (deprived) wards have very high levels of teenage pregnancy. Young women living in socially disadvantaged areas are more likely to have poor education, live in poor housing, and therefore be affected by health inequalities. As such, their children are more likely to have poor health outcomes.

The national Teenage Pregnancy Strategy ran from 2000 to 2010 with a target to reduce teenage pregnancies by 50% in this time. As teenage pregnancy continues to be a priority for the country the strategy has been refreshed and Sunderland continues to work towards national targets and drivers.

Plans to improve outcomes

The Risk and Resilience Strategy 2008-2012 encompasses sexual health, teenage pregnancy, substance misuse and smoking. It sets out priorities which

include detailed actions and milestones to reduce teenage conception rates. The strategy aims to do this by providing services that offer:

- 1 Prevention
- 2 Well publicised and accessible sexual health services offering free contraception, advice and pregnancy options advice in each of the five areas of the city.
- 3 Integrated healthcare packages of support to young parents and their child
- 4 Access to childcare to support engagement in education, employment and training and appropriate benefits through Jobcentre Plus
- 5 A proactive approach to supporting young fathers
- 6 Provision of enhanced support to care leavers

The strategy aims to increase the participation of teenage parents in education, training and employment by:

- 1 Increasing access to care to learn funding for young parents
- 2 Developing courses across the city to engage young parents in learning
- 3 Working with connexions to identify and engage young mums
- 4 Providing a specialist resource (B2B) with onsite childcare to engage young mums in education, training and employment

Performance information

Performance against this priority outcome will be monitored by the Children's Trust using the following national indicator and targets:

Ref	Description	Actual	Baseline	Year 1 target	Year 2 target	Year 3 target	In LAA 2008 - 2011?
		2008/09	2009/10	2010/11	2011/12	2012/13	
NI 112	Under 18 conception rate		35 per 1000	34 per 1000			

The Risk and Resilience Partnership will monitor performance against this priority outcome using a number of other national and local indicators which have an impact on and are impacted by teenage pregnancy

The vision for improved mental health is

Working in partnership to ensure all Children and Young People are resilient and equipped with the social and emotional skills to deal with the challenges and pressures in their lives as well as narrowing the gap in outcomes between those who do well and those who do not through the delivery of a comprehensive Child and Adolescent Mental Health Service.

Who is responsible?

The aligned partnership responsible for this priority is the CAMHS partnership that sits within the Children's Trust Arrangements. The partnership comprises of the CAMHS Commissioning Group and the CAMHS Stakeholder Group.

The CAMHS Partnership reports to the Healthy City Partnership of the Sunderland Partnership on this health issue.

Current picture

Sunderland has a total population of 66,300 children and young people aged from 0-18 years. It is estimated that 1 in 4 (16,575) will have some form of mental health problem; approximately 15% (9,945) will have mild, early stage problems, 7.5% (4,972) will have moderately severe problems, 2% (1,326) will have severe and complex problems and 0.75% (50) will have very serious problems.

Statistics show the emotional health of children in Sunderland is good and better than statistical neighbours and national figures.

There is a national programme of Targeted Mental Health in Schools. Pupils in some schools in Years 4 and 7 are asked questions which relate to emotional difficulties, behavioural difficulties, self esteem and school climate (school environment).

In 2008/09 Sunderland, 8 schools (802 boys and 630 girls) from Year 7 and 23 schools (374 boys and 340 girls) from Year 4 answered the survey. The survey found, compared to national averages:

Year 7:

- 1 There is a low proportion of children with emotional difficulties
- 2 There are similar levels of anger and aggression
- 3 There are similar levels of self esteem
- 4 There are higher scores relating to school climate

Year 4:

- 1 There is a lower proportion of children with emotional difficulties
- 2 There are similar levels of anger and aggression

- 3 There are similar levels of self esteem
- 4 There are similar levels relating to school climate

Plans to improve outcomes

The CAMHS Strategy and Implementation Plan 2006-2009 sets out detailed plans including priorities and specific actions and targets to improve this outcome.

The priorities within the strategy include:

1. Partnership
2. Planning and commissioning
3. Participation
4. Meeting the mental health needs of children, young people and their families
5. Effective service delivery

Priorities for improvement include:

- 1 Work with parents to promote well being, self confidence and self esteem in Children and Young People;
- 2 Ensure Children and Young People develop personally and socially, tackling cultural, religious and moral issues through Personal, Social and Health Education (PSHE) and Social Emotional Aspects of Learning (SEAL);
- 3 Providing accessible and dedicated mental health services to develop resilience skills and improve emotional health.

Performance Information.

Performance against this priority outcome will be monitored by the Children’s Trust using the following national indicator and targets:

Ref	Description	Actual 2008/09	Baseline 2009/10	Year 1 target 2010/11	Year 2 target 2011/12	Year 3 target 2012/13	In LAA 2008 - 2011?
NI 50	Emotional health of children	66.9	69.5	72			✓

Other national and local indicators and targets will be monitored by the partnership responsible for this outcome.

Priority Outcome 4- Reduce substance misuse

The vision for reducing substance misuse is

Working together to improve outcomes for children and young people by raising aspirations, promoting resilience, supporting them to develop the skills to make positive lifestyle choices and delivering effective substance misuse services to address risk taking behaviours including drinking alcohol and smoking.

Who is responsible?

The aligned partnership responsible for this priority is the Risk and Resilience Partnership. The identified commissioning lead is the Health Improvement Lead (Children's Services, SCC/ Primary Care Trust).

Current picture

There has been a recent change of emphasis in substance misuse in Sunderland, with alcohol and smoking becoming the main area of concern. Evidence suggests that slightly less young people in Sunderland are drinking alcohol than previously, but those who are drinking are consuming larger amounts of alcohol than previously.

Parental influences are apparent - the number of parents in Sunderland who allow their children to drink alcohol is higher than nationally. Parents who allow their child to drink at home are giving the message to the child that drinking alcohol is acceptable. Parental perceptions need to change to address this. In addition, parents should be aware that their own drinking habits are influential on their children.

Research has been conducted on a national level to indicate that school pupils are more likely to drink regularly if their parents don't disapprove of them drinking. 80% of pupils who say their parents would disapprove have never drunk alcohol.

Cannabis continues to be the most common illegal substance used by young people in Sunderland. With regard to other substances, the trend of problematic use is reducing. In 2008/09, figures show zero young people who entered treatment with heroin being a problem substance. Young people in treatment have indicated that they have tried other substances, but it would appear that they are not taking these substances to the point where they become problematic.

Plans to improve outcomes

The Risk and Resilience Strategy 2008-2012 encompasses sexual health, teenage pregnancy, substance misuse and smoking. It sets out priorities which include detailed actions and milestones to improve the outcome of teenage pregnancy. The priority is to:

- 1 Prevent harm to children, young people and families affected by drugs**

and alcohol, by:

- 2 Reducing the number of young people frequently using illicit drugs, alcohol or volatile substances.
- 3 Ensuring appropriate services for young people in treatment as defined by NTA.
- 4 Reducing alcohol related Accident & Emergency admissions
- 5 Reducing alcohol related crime and disorder.
- 6 Reducing the number of women smoking at the time of delivery

1 Reduce numbers of young people and families that smoke, by:

- Reducing smoking prevalence in young people aged over 16
- Ensuring all secondary schools attain gold smoke free award by September 2009
- Improving access to smoking cessation services across the city for under 18's
- Reducing levels of smoking during pregnancy by 15% by 2010

The Risk and Resilience Strategy details the way in which we aim to address Young People's Substance Misuse including Alcohol & Smoking as part of a holistic integrated approach to promoting resilience, supporting positive lifestyle choices and addressing risk taking behaviours. Key elements of the strategy are to:

- 1 Enable young people with drug or alcohol issues to access the full range of substance misuse treatment interventions.
- 2 Re-provide services to establish locality based young people's Risk and Resilience workers to work as and integral part of 5 locality teams to offer Brief advice and support on positive lifestyle choices including drugs, alcohol & smoking
- 3 Strengthen support to parents and carers' of young people and their families with drug & alcohol issues.
- 4 Enable and support universal and targeted Services to identify the drug or alcohol related needs of young people and refer appropriately.
- 5 Increase appropriate referrals to Young People's Specialist Treatment Service from universal, targeted and specialist young people's services
- 6 Strengthen care pathways for young people attending Health & Wellbeing Services. Support schools in the planning, delivery and monitoring of high quality drug education & PSHE.
- 7 Ensure young people have an opportunity to feedback on the treatment they receive.
- 8 Increase the number of Stop Smoking advisors
- 9 Increasing the number of referrals to NHS Stop Smoking services by offering more support

Performance information

Performance against this priority outcome will be monitored by the Children's Trust using the following national indicator and targets:

Ref	Description	Actual	Baseline	Year 1 target	Year 2 target	Year 3 target	In LAA 2008 - 2011?
		2008/09	2009/10	2010/11	2011/12	2012/13	
NI 115	Substance misuse by young people						

Other national and local indicators and targets will be monitored by the partnership responsible for this outcome.

Staying Safe is one of the Every Child Matters outcomes. The outcome aims to ensure children and young people are safe from:

- 1 Maltreatment, neglect, violence and sexual exploitation
- 2 Accidental injury and death
- 3 Bullying and discrimination
- 4 Crime and anti-social behaviour (in and out of school), and to
- 5 Have security, stability and are cared for

The Sunderland Safeguarding Children Board (SSCB) is responsible for helping all children and young people stay safe.

Safeguarding is a national priority and LSCBs are working towards recommendations set out by Lord Laming, following his review into the death of Baby P.

There is a strong link between staying safe and other outcomes. There are a number of indicators in the National Indicator Set (NIS) that relate to the safety of children and young people.

Three safety related priorities have been identified in the CYPP 2010-25

1. Tackle the impact of domestic violence on children and young people
2. Reduce levels of bullying
3. Reduce numbers of children and young people who are victims of crime and reduce children and young people's fear of crime

The focus of this outcome is to create a city where...

Children and young people feel, and are, safe and secure at home, at school and in their community

Who is responsible?

The aligned partnership responsible for this priority is the Sunderland Safeguarding Children Board (SSCB).

Current picture

In Sunderland, from over 14,500 contacts in the period July 2008 to June 2009, Children's Services Social Care responded to 2,466 instances/contacts related to domestic violence. This means 17% of all contacts related to domestic violence. The proportion of contacts that relate to domestic violence is rising.

- 1 In 35% of cases going to initial conference domestic violence is a feature
- 2 All four of Sunderland's Serious Case Reviews have involved domestic abuse

During January 2009 to June 2009, for those children investigated for child protection, 25.36% were related to domestic violence. As such, there is a need to protect and support children and families when domestic violence is a feature of their lives.

Figures for 2008/2009 show that there were 6,078 domestic violence related cases reported to the Police in Sunderland of which 22% were crimed. A total of 357 defendants were prosecuted by the Crown Prosecution Service.

Plans to improve outcomes

The impact of domestic violence on children and young people has always been included in the remit of the SSCB and this issue continues to be a priority.

The SSCB plans to improve arrangements with other existing groups including the Safer Sunderland Partnership.

Reducing violent crime is a key priority for the Safer Sunderland Partnership and has an established Delivery Group with a Delivery Plan to focus on all forms of serious violence, serious sexual violence, sexual exploitation and domestic violence. The group has a heavy focus on risk protection and information for high risk victims of domestic violence.

The Sunderland Domestic Violence Partnership (SDVP) feeds into this group and takes forward actions and initiatives to tackle domestic violence.

A key focus for the SDVP will be the implementation of actions coming from the "Together We Can End Violence Against Women and Girls Strategy" launched by the Home Office in November 2009.

The Strategy stipulates the need for a coordinated approach in combating all forms of violence against women and girls (VAWG). It draws on feedback from 300 victims of violence and 9,000 written responses on its consultation of which

Sunderland Domestic Violence Partnership contributed to.

The Strategy has a key focus on awareness raising campaigns, safeguarding and educating children and young people, early identification / intervention and training.

This work will include the promotion of healthy relationships, gender equality and non-violence by working with young people and parenting guidance via family support.

This will include supporting training in the early identification of violence and abuse and promoting early intervention across the public services to minimise the harm being done to women and children at risk of violence.

In making these links, improvements should be made identifying gaps in service provision and ensuring agencies have clear plans in addressing gaps and monitoring progress.

Performance information

The Local Area Agreement (LAA) recognises domestic violence as a priority and so this is a priority for the city. NI32 of the National Indicator Set relates to domestic violence. While the indicator does not directly relate to children and young people, indirectly children and young people will be impacted on by domestic violence and so the Safeguarding Board will monitor performance against this priority outcome using NI32 Repeat Incidents of DV. Nationally, there is an expectation that figures will increase before they stabilise and so it is anticipated this will be reflected in Sunderland's figures.

Ref	Description	Actual 2008/09	Baseline 2009/10	Year 1 target 2010/11	Year 2 target 2011/12	Year 3 target 2012/13	In LAA 2008 - 2011?
NI 32	Repeat incidents of domestic violence	New Indicator	34%	30%			✓

Other national and local indicators and targets will be monitored by the partnership responsible for this outcome.

The vision for reducing bullying is

In Sunderland we are working towards a society where children and young people have the right to be safe and be able to walk among all without fear, where people are kind, helpful and friendly.

Who is responsible?

The aligned partnership responsible for this priority is the Anti-Bullying Strategy group.

Current picture

Nationally, bullying is recognised as a recurring theme that children and young people identify as a concern. About 17% of calls to ChildLine relate to bullying. Parents are also concerned about bullying, with approximately 21,500 (19%) of calls made to Parentline Plus in 2006 relating to bullying.

A national survey of 11-16 year olds in England in 2007 found that 60% reported being bullied. Of this 60%

- 10% reported having suicidal thoughts or feelings
- 12% reporting having self-harmed
- 5% reported wanting to run away from home or having run away
- To feel better 1.3% admitted taking drugs and 2.4% drinking alcohol

In Sunderland, the Tell Us survey, conducted by the DCSF, tells us that 40% of children and young people having been bullied in school and 20% in other places, similar to that of England.

A consultation was undertaken in Sunderland in November 2007 during national Anti-Bullying Week involving pupils from primary and secondary schools. The findings showed that:

- Within the community over 80% of all pupils feel safe where they live
- Within school:
 - More secondary school pupils are bullied outside of school than primary school pupils (37% compared to 28%)
 - Bullying appears to mostly take place in the street and in the park (bullying in school was not one of the options to choose)
 - Primary school pupils are more likely to tell someone they are being bullied than secondary school pupils (84% compared to 65%)
 - Children and young people are more likely to tell a member of their family or a friend that they are being bullied. Secondary school pupils are more likely to speak to a teacher than primary school pupils
 - At secondary school, boys are more likely to be physically hurt. Girls are more likely to be called names. At primary school, name calling is more prevalent
 - It would appear girls are more likely to be bullied at secondary school than

boys. And at primary school boys are more likely to be bullied than girls. Bullying at school tends to take place in break or lunchtime

- In secondary school, over 80% boys and 65% girls feel safe in school. In primary school, over 90% pupils feel safe.

Plans to improve outcomes

The Sunderland Anti-Bullying Strategy 2007 set out the overarching priorities which included detailed actions and milestones to improve this outcome. Progress against the implementation of the strategy was reviewed in January 2010 and the Strategy and Implementation plan were being updated at the time of print.

The key priorities for tackling bullying are:

- To ensure that robust anti-bullying policies are in place and children and young people are offered different options to report incidents, as well as understand what response they can expect
- To ensure that a practical method of establishing baseline information is put in place to identify local incidence of reported bullying
- To target anti-bullying services to schools and other community settings
- To ensure that children and young people have the opportunity to participate in strategy and policy development
- To review Sunderland's Anti -Bullying Charter Mark and
- To appoint a Anti-Bullying Co-ordinator to enhance and drive effective partnership working and inform commissioning
- To ensure that bullying is picked up early and that 'low level' harassment is challenged

Performance information

Performance against this priority outcome will be monitored by the Children's Trust using the following national indicator and targets:

Ref	Description	Actual 2008/09	Baseline 2009/10	Year 1 target 2010/11	Year 2 target 2011/12	Year 3 target 2012/13	In LAA 2008 - 2011?
NI 69	Children who have experienced bullying	48					

Other national and local indicators and targets will be monitored by the partnership responsible for this outcome.

The vision for this priority is

Sunderland will be a city where people are, and feel, safe and secure where they can enjoy life without the concerns of being a victim of crime or being harmed.

Who is responsible?

This is a new priority of the Children's Trust emerging from the needs assessment carried out in 2009. There is not an obvious partnership within the Children's Trust that would be responsible for this priority. As such, the commissioning lead will look to progress this priority outcome through the Safer Sunderland Partnership.

The Youth Offending Service Management Board is one of the key delivery theme groups of the Safer Sunderland Partnership and the Children's Trust..

Current picture

The Crime and Justice Survey by the Home Office in 2003 indicates that 60% of all young people have been a victim of personal crime but that only 4% of thefts from young people had come to the attention of the police. More work is therefore needed around crime prevention and improved reporting.

In 2008/09 there was a total reduction of 3% in recorded crime in Sunderland which translates to 782 fewer victims. 8.5% of all recorded victims were children and young people aged 18 or under. The highest risk group is aged 18.

In 2008, research in Sunderland found that

- 1 52.3% of children and young people involved feel safe in Sunderland;
- 2 11.5% feeling very safe and 40.7% fairly safe. This is slightly higher than the 51% for the general adult population.
- 3 children feel least safe during the evening
- 4 children and young people 'stay together to feel safe' but accept that in doing so are often perceived as a gang by others/adults.
- 5 children aged between 5-10 they felt less safe at a youth club, using public transport and in the city.

The Sunderland Safer Communities Survey 2009 shows:

- o a significant improvement with 66% of respondents now saying they feel fairly or very safe compared to only 51% last year.
- o younger people feeling significantly less safe than their older peers.
- o highest feelings of vulnerability being reported by the youngest and oldest respondents.

Other research suggests crime and fear of crime is associated with drugs, alcohol, graffiti and a lack of community facilities.

Plans to improve outcomes

The Safer Sunderland Strategy 2008-2023 is being implemented. Key actions to improve this outcome are:

- 1 continue provision of YOS Prevention Service to address anti-social behaviour or potential offending.
- 2 continue provision of the Challenge and Support Team which ensures that enforcement activity comes with greater support for young people and their parents, particularly those who are at risk of developing further problems. The Team will work with up to 20 families in the year.
- 3 strengthen the Family Intervention Project (FIP) to work with the most vulnerable and problematic families with children at risk of offending
- 4 implement the Youth Victim Action Plan, delivering effective support for young victims of crime across the city.
- 5 commission the Youth Drug and Alcohol Project (YDAP) to provide a full range of specialist substance misuse services including prescription harm reduction, relapse prevention, solution-based therapy and group work
- 6 undertake a further Fear of Crime Survey with children and young people during 2010/11.

Performance information

One of the priorities in the Local Area Agreement (LAA) relates to improving perceptions of anti-social behaviour and NI17 of the National Indicator Set measures this. While this does not directly relate to children and young people this is one of the measures that will be used to monitor performance.

Ref	Description	Actual 2008/09	Baseline 2009/10	Year 1 target 2010/11	Year 2 target 2011/12	Year 3 target 2012/13	In LAA 2008 - 2011?
NI 17	Perceptions of anti-social behaviour						

Other national and local indicators and targets will be monitored by the partnership responsible for this outcome.

Enjoying & Achieving is one of the Every Child Matters outcomes. The outcome aims to ensure children and young people are:

- 1 Ready for school
- 2 Attend and enjoy school
- 3 Achieve at school
- 4 Achieve personal and social development and enjoy recreation

The Local Authority has statutory responsibilities, which are fulfilled in partnership with key stakeholders including and especially schools. Responsibilities include (1) ensuring all school age children and young people are receiving full time education (2) specific responsibilities for children and young people with specific educational needs (SEN) and those excluded from mainstream education and (3) ensuring Early Childhood Services are available and accessible.

Current legislation & policy that are informing developments include:

- 1 Apprenticeships, Skills, Children and Learning Act (2009)
- 2 The LAMB Enquiry
- 3 STEER
- 4 Childcare Act (2006)
- 5 21st Century Schools White Paper

The commitment of all is that every child and young person has the opportunity to succeed. To support this learning environments are being transformed through Building Schools for the Future (BSF), Primary Strategy for Change, Children's Centres Buildings transformational programme and post 16 learning and Sixth form centres.

It is incredibly important that children and young people spend time taking part in activities that they enjoy.

Three priorities have been identified in the CYPP 2010-2025

4. Improving attainment for all Children and Young People by achieving national average at all key stages.
5. Improving attainment for vulnerable and under performing groups of Children and young people.
6. Having locally accessible and affordable fun play and physical activities

The focus of this outcome is to create a city where...

Children and young people enjoy their time at school and fulfil their potential – where children and young people learn in a cohesive and inclusive environment, enjoy and achieve through learning and contribute towards the city's thriving learning culture

Sections for Priorities 8 & 9 are awaiting complete text

The vision for play and physical activities is

Sunderland will work in partnership to provide, support and sustain a variety of high quality and accessible play and physical activity environments and opportunities, for all children and young people.

Who is responsible?

The aligned partnership responsible for play, sport and physical activity is the Active Sunderland Board.

The board consists of a range of sector partners who both commission and at times are commissioned.

Current picture

High quality play has been identified as a national priority and locally play has already been identified as a key priority for the city.

MORI surveys have shown increased satisfaction in children's playgrounds with 17% being satisfied in 2002 and 32% in 2008. It has also been recognised that more facilities for young people are needed.

To address the challenges the city has been actively engaged in a national programme to encourage more children and young people to play outside. Play helps to address child obesity, physical activity and overall health and well-being.

Children and young people can use a lifecard, which offers them substantially reduced access to most core activities, and free swimming to all those under 16 years old.

Plans to improve outcomes

The Active Sunderland Board currently works to meet objectives set out in key partner strategy's, including the Sport and Physical Activity Strategy (2005-2010), and the Play and Urban Games Strategy – Moving Forward (2007-2012) each of which set out overarching priorities, including detailed actions, milestones and impact measures to improve this outcome.

The Active Sunderland Board is currently developing its own strategy. This strategy is likely to build on the Board's current priorities and include:

- 7 Establishing effective partnership working between all providers: public, private and third sector
- 8 Developing clear pathways for volunteers into play, sport and physical activity
- 9 Attracting funding and develop a range of promotional campaigns and information tools.

- 10 Attracting and prioritising funding to deliver key city needs
- 11 Working with regeneration providers to ensure that child friendly neighbourhoods exists to support play and physical activity and green transport.
- 2 Commissioning preventative activities and specific training to all staff working in play, sport and physical activity with children and young people.
- 3 Commissioning more play and positive activities for children aged 5-13

Performance information

The Active Sunderland Board is not directly responsible for the performance indicators below. However, performance against this priority outcome will be monitored using the following national indicators and targets

Ref	Description	Actual 2008/09	Baseline 2009/10	Year 1 target 2010/11	Year 2 target 2011/12	Year 3 target 2012/13	In LAA 2008 - 2011?
NI 50	Emotional health of children	66.9	69.5	72			✓
NI 55	% children in reception with height and weight recorded who are obese	10	n/a	13			
NI 56d	Percentage of children in Year 6 with height and weight recorded who are obese	21	22	21			✓
NI 110	Young people's participation in positive activities	69.4	not set				

Other national and local indicators and targets will be monitored by the partnership responsible for this outcome.

Making a Positive Contribution is one of the Every Child Matters outcomes. The outcome aims to ensure children and young people are:

- ⌚ Engaging in decision making and supporting the community and environment
- Engaging in law abiding and positive behaviour in and out of school
- Developing positive relationships and choosing not to bully and discriminate
- Developing self-confidence and successfully dealing with significant life changes and challenges
- Developing enterprising behaviour

There are a number of partnerships that work towards improving this outcome. Most of the areas of work that link to this outcome cut across all of its aims.

Three priorities have been identified in the CYPP 2010-2025

- 11 Reduce levels of offending (re-offending and first time offending)
12. Reduce levels of anti-social behaviour
13. Improve the public perception of young people

The focus of this outcome is to create a city where...

Children and young people contribute towards the development of services for all people in the city – where children and young people give their views and are listened to, and are able to help Sunderland become a clean, green city

The vision for reducing offending is

To deliver high quality services in partnership with others to achieve our principle aim of preventing offending and reducing re-offending by children and young people.

Who is responsible?

The Youth Offending Service (YOS) Board is responsible for this priority. The YOS Board, chaired by the Executive Director of Children's Services, provides the strategic oversight and governance of youth justice services in Sunderland.

Current picture

Nationally within the Youth Justice System, preventing offending and reducing reoffending are two of four national strategic aims and part of the Public Service Agreement priorities. Sunderland is making significant progress in these areas.

- 1 In preventing offending, in 2008/09 a reduction of 16.3% was achieved in first time entrant set against a national target goal of reducing first-time entrants by 20% by 2020.
- 2 In reducing re-offending, in 2008/09, a 18.3% reduction was achieved, far exceeding our own target

The Sunderland YOS Partnership performs well against national performance indicators by consistently achieving high overall performance for Youth Offending Teams in England and Wales across the range of reducing re-offending pathways of parenting, accommodation, education, substance misuse and mental health.

Reducing offending is identified as a key priority within the Sunderland Local Area Agreement

Plans to improve outcomes

National priorities are designed to provide local authorities and YOTs with a means to measure and address issues relating to offending by children and young people, as well as providing a focus for targeting services and demonstrating that offending is being tackled through:

- 1 Evidence of fewer young people being drawn into the youth justice system;
- 2 Reduction in overall re-offending, and also in the frequency and severity of re-offending
- 3 Providing a focus for improving the coordination of key services that positively impact on offending by young people, eg resettlement and the provision of suitable accommodation and accessing and sustaining education, training and employment.

Sunderland's Youth Justice Plan sets out the purpose and 5 key aims of the YOS and describes how these key aims will be achieved through the setting of clear priorities for the service at a strategic and operational level.

The 5 key aims are critical to the success of the YOS as a service and provide the focus for the delivery plans linked to each aim. The 5 key aims are:

- 1 Prevention of offending by intervening early to prevent first time entrants;
- 2 Reduce re-offending by intervening early to prevent the escalation of re-offending;
- 3 Engagement: as the key to achieving behaviour change with robust enforcement arrangements for those who refuse to comply;
- 4 Assessment: as the foundation to effective service planning and delivery
- 5 Risk management: to manage offender risk of reoffending, harm to others and vulnerability/safeguarding.

The delivery of these aims is underpinned by specific work plans and monitored through the YOS Partnership Board and Youth Justice Board.

For 2010/2011, the YOS will be required under the YJB Planning Improvement Framework, to develop a Youth Justice Plan and a Capability and Capacity assessment by 31 March 2010. The Performance Improvement Framework includes a range of elements that work together to improve YOT practice and performance across the 8 outcome areas of:

1. Assessment, planning interventions and supervision (APIS)
2. Resourcing and Workforce Development
3. Reductions in first-time entrants
4. Reducing reoffending
5. Use of custody
6. Risk of serious harm
7. Safeguarding
8. Victim and public confidence

Performance information

Performance against this priority outcome will be monitored by the Children's Trust using the following national indicator and targets:

Ref	Description	Actual	Baseline	Year 1 target	Year 2 target	Year 3 target	In LAA 2008 - 2011?
		2008/09	2009/10	2010/11	2011/12	2012/13	
NI 19	Rate of proven re-offending by young offenders	0.96	1.1	3% reduction			✓
NI 111	First time entrants to the Youth Justice System aged 10 - 17	766	751	1.9% reduction			

Other national and local indicators and targets will be monitored by the partnership responsible for this outcome.

Who is responsible?

This is a new priority of the Children's Trust emerging from the needs assessment carried out in 2009. There is not an obvious partnership within the Children's Trust that would be responsible for this priority. As such, the commissioning lead will look to progress this priority outcome through the Safer Sunderland Partnership.

The identified commissioning lead is Head of Making a Positive Contribution and Economic Wellbeing, Children's Services.

Current picture

Key services are the Youth Offending Service (YOS) Prevention Service, Youth Inclusion and Support Panel (Wear Kids), Youth Inclusion Project (YIP), Challenge and Support Team, Family Intervention Project (FIP)

NI 17 Perceptions of ASB: Resident's perceptions of ASB as a problem is currently 23.5%. There has been a 6.5% reduction from 2006 to 2008 so this is on track.

There has been almost a 28% improvement in perceptions of anti-social behaviour (ASB) as a problem, reducing from 51% in 2003 to 23.5% in 2008. There has also been a reduction in perceptions of young people hanging around. This is matched with excellent reductions of recorded incidents of ASB to the police and reductions in recorded youth disorder.

There have also been sustained reductions in recorded ASB incidents with almost 5900 fewer incidents in 2008-09 (down 16%) and almost 4000 fewer youth related ASB incidents (down 25%).

In spite of this improvement, 'young people involved in anti-social behaviour' was top of the list of disorder problems prioritised by the public in 2009.

Feelings of safety on transport appear to be less of an issue for young people. The 2008 TellUs 3 survey of young people asked how safe (from being hurt by other people) they felt on public transport. In Sunderland, 28% felt very safe compared to 23% nationally and only 4% felt very unsafe compared to 5% nationally.

Plans to improve outcomes

Key to tackling anti-social behaviour is:

- 1 Community empowerment is a key factor in tackling ASB
- 2 Identify the alternatives that youths want and involve them in the solution
- 3 Use resources wisely, balancing the funding of new initiatives (eg Youth Village) with sustaining established youth provision accessed and valued

- by young people. Drinking dens and not enough being done to engage with young people involved in ASB.
- 4 ASB linked to private rented issues and repeated displacement (e.g. using selective licensing, ASBOS and other tools and powers to tackle bad landlords).
 - 5 Reducing alcohol misuse, the harm it causes and alcohol related crime and disorder

Both the grant funded Challenge and Support team and the Family Intervention Project will be embedded into mainstream service provision from 2011 onwards.

The development of a community resolution scheme by Northumbria Police will bring an alternative way of dealing with less serious crimes, allowing officers to use their professional judgement when dealing with offenders, for offences such as low level public order, criminal damage, theft and minor assaults. This scheme will have a direct impact on anti-social behaviour, reducing first time entrants into the youth justice system and will also enable victims to have quick resolutions and closure to their crime and offenders will receive speedy justice.

Effective information sharing arrangements with partners across the city, linking through key preventative services within the City will support the delivery of reductions in first time offending, antisocial behaviour and reoffending.

We will routinely collect and monitor information on levels of youth related ASB and on perceptions of teenagers 'hanging around', and better inform our understanding from specific consultations with young people.

The Children's Trust will actively explore the relationship with this outcome and the outcome around public perceptions of children and young people

Performance information

Performance against this priority outcome will be monitored by the Children's Trust using the following national indicator and targets:

Ref	Description	Actual 2008/09	Baseline 2009/10	Year 1 target 2010/11	Year 2 target 2011/12	Year 3 target 2012/13	In LAA 2008 - 2011?
NI 17	Perceptions of anti-social behaviour	23.5		20.5			
NI 111	First time entrants to the Youth Justice System aged 10-17	16.6% reduction	1.9% reduction	1.9% reduction			

Other national and local indicators and targets will be monitored by the partnership responsible for this outcome.

The vision for improving public perceptions is

To raise positive public perceptions and images of children and young people across the city.

Who is responsible?

A link has been made between this priority and one of the LSP's priorities, namely to make Sunderland attractive and inclusive. There is a delivery partnership linked to each of the LSP's priorities.

This is a new priority of the Children's Trust emerging from the needs assessment carried out in 2009. There is not an obvious partnership within the Children's Trust that would be responsible for this priority. As such, the commissioning lead will look to progress this priority outcome through the LSP's delivery partnership "Sunderland Strategic Partnership".

The Children's Trust recognizes that it is everybody's business to improve public perceptions of children and young people and the Trust is committed to developing strategies with the Sunderland Strategic Partnership.

Plans to improve outcomes

The Children's Trust will:

- 1 Align with the Sunderland Strategic Partnership on this priority outcome for improvement and identify a partnership to take this priority forward
- 2 Review use of promotional and publicity material including investment plans for the funding.
- 3 Carry out needs assessment across generations, identify issues to be resolved and set baselines for measuring improvement.
- 4 Apply the 'turning the curve' exercise to improve this outcome.
- 5 Research and identify opportunities for intergenerational projects
- 6 Developing the notion that communities are all age communities.
- 7 Promote positive image of young people, their activities and their need for 'Space'.
- 8 Have a communications strategy which places positive stories about young people in council publications and the Sunderland Echo.
- 9 Establish performance indicators and measurements during 2010/2011 and set targets for 2011 and beyond.

Performance information

This is a new priority outcome for the Children's Trust and performance indicators, measures and targets will be set for 2011.

Achieving economic wellbeing is one of the Every Child Matters outcomes. The outcome aims to ensure children and young people:

- 🕒 Engage in further education, employment or training when they leave school
- Are ready for employment
- Live in decent homes and sustainable communities
- Have access to transport and material goods
- Live in households free from low income

There are a number of partnerships that work towards improving health outcomes.

Three priorities have been identified in the CYPP 2010-2025

14. Increase the proportion of young people in education, employment and training
15. Provide decent homes for young people and families
16. Improve accessibility and affordability of public transport
17. Improve the environment

The focus of this outcome is to create a city where...

Children and young people are able to fulfil their potential – where children and young people are skilled and motivated and have lots of opportunities to progress their careers, helping Sunderland be an enterprising and productive global city with a strong and diverse economy

This priority outcome is often also referred to as reducing the proportion of young people who are not in education, employment or training (NEET).

Who is responsible?

The 14-19 Sub-Group of Strategic Learning Partnership is responsible for this priority. The partnership has a NEET subgroup which drives forward the NEET agenda.

Current picture

- The proportion of young people in Sunderland who are NEET is traditionally high when with significant improvements, when compared with comparable authorities.

The proportion of young people NEET is impacted on by a number of factors, including:

- 1 The economy and the current recession
- 2 Local culture, where there are lower aspirations.
- 3 The role of aspiration raising.
- 4 The number of opportunities available to young people
- 5 Having the opportunities that young people want to access
- 6 Having opportunities for progression

There are a number of indicators that suggest a young person is more likely to become NEET if they have poor school attendance, do not attain at school and are from an area of deprivation.

Plans to improve outcomes

The 14-19 Strategy sets out detailed plans including actions and targets to improve this outcome. Key overarching actions are to

- 1 Ensure that all key stakeholders are engaged in the development of a robust and deliverable action plan and that they are committed to timely delivery.
 - 2 Support young people to maintain their engagement and support staff working with them to understand issues and respond effectively.
 - 3 Enable young people to have good information, advice and guidance and support at transition. Partners will have a collective responsibility for ensuring young people are appropriately placed.
 - 4 Ensure that learning providers offer an appropriate curriculum for all young people.
 - 5 Increase the number of supported apprenticeships across partners.
 - 6 Improve performance management framework in relation to NEET.
- - Following a Turning the Curve exercise that took place in September 2009, a refreshed action plan has been prepared and is being actioned by the NEET

subgroup.

- **Performance information**

Performance against this priority outcome will be monitored by the Children's Trust using the following national indicator and targets:

Ref	Description	Actual	Baseline	Year 1 target	Year 2 target	Year 3 target	In LAA 2008 - 2011?
		2008/09	2009/10	2010/11	2011/12	2012/13	
NI 117	16 to 18 year olds who are not in education, employment or training (NEET)	13	10	9	8	7	✓

Other national and local indicators and targets will be monitored by the partnership responsible for this outcome.

Children and Young People are the future residents of the city and need to have decent homes in safe, secure, healthy and sustainable communities.

The vision for decent homes is

Everyone in the city and those wanting to come to Sunderland should have the opportunity of a decent home at a price they can afford, in a place in which they want to live and work, and to be part of safe, strong, diverse, healthy and sustainable communities.

Who is responsible?

The Strategic Housing Partnership is responsible for this priority outcome and for the housing priority of the Sunderland Strategy 2008-2025.

Current picture

The quality and availability of housing has an impact on all children and young people.

The Government has set targets for all homes to be decent. "A decent home is one which is wind and weather tight, warm and has modern facilities". In Sunderland, it is a priority for the decent homes standard to be achieved for vulnerable residents. This includes families with young children in both the social and private sectors.

The level of decent homes in the

- | | | |
|--------------------------|----|-------|
| - Socially rented sector | is | 99.5% |
| - Private sector | is | 72.2% |

Within the private sector there are some emerging issues:

- 1 There are above average rates of homes in a poor condition in the Town Centre/Deptford, Hendon/East End and Low Moorsley/Easington Lane areas
- 2 The continued poor performance of the private-rented sector
- 3 The continued concentration of condition problems in the pre-1919 terraced housing sector
- 4 Remaining links between vulnerable households and non-decent housing

Homelessness is identified as an issue that impacts on children and families where

- 1 Parents who are no longer willing or able to accommodate a young person is the main reason for homelessness
- 2 Domestic violence is the second major cause of homelessness

Figures show over 90 people sleep rough in Sunderland over the course of a year. It is estimated approximately 35% of these are aged 16 to 21.

Bed and breakfast (B&B) accommodation is deemed unsuitable for young people but it is sometimes used and is sometimes out of the area.

Poor housing and inadequately heated housing lead to health problems and poor educational attainment.

Disabled children are an identified vulnerable group. The City Council has a Home Improvement Agency (HIA) that undertakes work for people with disabilities. It is anticipated the number of children and young people requiring aids and adaptations will increase. In 2008/09 the HIA undertook 41 adaptations for people aged 21 and under.

Young people as they move from the transition to adulthood are particularly vulnerable

Children and young people who are part of the gypsy and travelling communities that pass through the City are vulnerable. A welfare assessment of these children and young people is undertaken and links are made between Housing and Children's Services to ensure any issues are highlighted and acted on.

Plans to improve outcomes

Actions to improve various aspects of housing are in the Sunderland Strategy 2008/2025 linked to the priority to make the Sunderland an "attractive and inclusive City".

Improving housing is identified within the Local Area Agreement 2008-2011, particularly linked to one of the themes, which is around "developing high quality places to live".

The Housing Strategy 2006-2011 supported by our aligned strategies sets out detailed interventions to provide decent homes for children and young people.

Key actions that aim to improve this outcome are:

- 1 The Council's work on fuel poverty has made available a specially subsidised price for cavity wall and loft insulation for families with children under 4 who don't qualify for free measures – thus ensuring that children and young people do not suffer from the effects of fuel poverty
- 2 Information on energy efficiency support to families with young children is being made available through nurseries and parent groups.
- 3 The procurement of a supported housing project of 18 units for homeless young people aged 16-21 aims to reduce the chronic shortage of immediate access accommodation for people aged 16-21
- 4 The Homelessness Business Improvement Programme is aimed at eradicating homelessness
- 5 A 'Gateway' assessment approach will be introduced for young people to be placed in the most appropriate accommodation and support service available
- 6 Actions to minimise rough sleeping amongst young people.
- 7 Provide suitable provision for young people.
- 8 Trying to reduce costs to the Council by spending less on bed and breakfast.

Performance information

The Strategic Housing Board is not directly responsible for the performance indicators below. However, performance against this priority outcome will be monitored using the following national indicators and targets:

Ref	Description	Actual 2008/09	Baseline 2009/10	Year 1 target 2010/11	Year 2 target 2011/12	Year 3 target 2012/13	In LAA 2008 - 2011?
NI 116	Proportion of children in poverty						✓
NI 141	Percentage of vulnerable people achieving independent living	90.6	77.7 (at Q2)				
NI 142	Percentage of vulnerable people who are supported to maintain independent living	98.1	98.8 (at Q2)				
NI 147	Care leavers in suitable accommodation	88.5	86				
NI 156	Number of households living in temporary accommodation	9					

A link has been made between this priority and one of the LSP's priorities, namely to make Sunderland an Attractive and Inclusive City. There is a delivery partnership linked to each of the LSP's priorities.

This is a new priority of the Children's Trust emerging from the needs assessment carried out in 2009. There is not an obvious partnership within the Children's Trust that would be responsible for this priority. As such, the commissioning lead will look to progress this priority outcome through the relevant delivery partnership.

A link has been made between this priority and one of the LSP's priorities, namely to make Sunderland an Attractive and Inclusive City. There is a thematic partnership linked to each of the LSP's priorities.

This is a new priority of the Children's Trust emerging from the needs assessment carried out in 2009. There is not an obvious partnership within the Children's Trust that would be responsible for this priority. As such, the commissioning lead will look to progress this priority outcome through the relevant thematic partnership.

RESOURCES AND FINANCE

Section to be completed

MONITORING AND EVALUATING THE DELIVERY PLAN

The CYPP Delivery Plan will be monitored and evaluated through a process of monthly, six monthly and annual reviews. An annual report will be prepared to set out the findings of these reviews.

Every three years a new assessment of need will be prepared and a new delivery plan published setting out priority outcomes for the following three years.

The Joint Commissioning Board meets every two months. It is at these meetings that the bi-monthly review will take place. At each meeting representatives for priority outcomes will be expected to attend. The representative will provide a report, speak to this report and answer any questions at the meeting.

	2010/11 and 2011/12 and 2012/13					
	Apr / May	Jun / Jul	Aug / Sept	Oct / Nov	Dec / Jan	Feb / Mar
Child Poverty						✓
Safeguarding					✓	
Black and minority ethnic groups					✓	
Children in care		✓				
Children in need and in need of protection		✓				
Learning difficulties and/or disabilities		✓				
Childhood obesity	✓					
Teenage pregnancy			✓			
Emotional and mental health			✓			
Substance Misuse			✓			
Domestic violence		✓				
Bullying			✓			
Victims of and fear of crime				✓		
Educational attainment	✓					
Play and physical activities	✓					
Offending				✓		
Anti-social behaviour				✓		
Public perceptions of young people				✓		
Education, employment and training					✓	
Decent Homes						
Transport						✓
Environment						✓

APPENDICES Appendix 1: Summary of priorities for the CYPP 2010-2013 and related useful information

	Priority outcomes	Commissioning lead	Job Title	Proposed Responsible Partnership	Delivery Plan
	CHILD POVERTY	Raj Singh	Assistant Head of Service, Child Poverty	Child Poverty Board	Child Poverty Strategy
	SAFEGUARDING	Meg Boustead	Head of Safeguarding	Sunderland Safeguarding Children Board (SSCB)	Safeguarding Business Plan
	VULNERABLE GROUPS				
	Learning Difficulties and/or disabilities (LDD)	Meg Boustead	Head of Safeguarding	LDD	Children and Young People with Learning Difficulties or Disabilities (LDD) - A Strategy for Transformation 2009-2025
	Children in care	Meg Boustead	Head of Safeguarding	MALAP	
	Black and minority ethnic groups				
	Children in need and in need of protection	Meg Boustead	Head of Safeguarding	SSCB	Safeguarding Business Plan
	BEING HEALTHY				
1	Reduce levels of childhood obesity so there are fewer overweight or obese children and young people	Marc Hopkinson	Head of Health Improvement	Obesity Partnership	NHS South of Tyne and Wear Overweight and Obesity Strategy (2010-2020)
2	Reduce levels of teenage pregnancy so there are fewer teenage conceptions	Janette Sherratt	Head of Health Improvement	Risk & Resilience	Risk & Resilience Strategy 2008-2012
3	Improve mental health outcomes for children and young people	Janette Sherratt	Head of Health Improvement	Child and Adolescent Mental Health (CAMHS)	CAMHS Strategy
4	Reduce substance misuse	Janette Sherratt	Head of Health Improvement	Risk & Resilience	Risk & Resilience Strategy 2008-2012
	STAYING SAFE				

5	Tackle the impact of domestic violence on children and young people	Meg Boustead	Head of Safeguarding	SSCB	Safeguarding Business Plan
6	Reduce levels of bullying	Meg Boustead	Head of Safeguarding	SSCB	Anti Bullying Strategy
7	Reduce numbers of CY&P who are victims of crime and reduce children and young people's fear of crime	Judith Hay	Head of Positive Contribution and Economic Well-being	Safer Sunderland	Safer Sunderland Strategy
ENJOYING AND ACHIEVING					
8	Improve attainment at school	Lynda Brown	Head of Standards	0-16 Education Improvement	
9	Improve attainment of vulnerable groups at school	Lynda Brown	Head of Standards	0-16 Education Improvement	
10	Have locally accessible and affordable fun play and physical activities	Julie D Grey	Head of Positive Contribution and Economic Well-being	Active Sunderland Board	Play and Urban Games Strategy 2008-2013
MAKING A POSITIVE CONTRIBUTION					
11	Reduce levels of offending	Judith Hay	Head of Positive Contribution and Economic Well-being	Youth Offending	Youth Justice Plan 2009 onwards
12	Reduce levels of anti-social behaviour	Judith Hay	Head of Positive Contribution and Economic Well-being	Safer Sunderland	Safer Sunderland Strategy
13	Improve the public perception of young people	Judith Hay	Head of Positive Contribution and Economic Well-being	Attractive and Inclusive	
ACHIEVING ECONOMIC WELLBEING					
14	Increase the proportion of young people in education, employment and training	Judith Hay	Head of Positive Contribution and Economic Well-being	14-19	14-19 Strategy (Including NEET Strategy) 2009-2013 -
15	Provide decent homes for young people and families	Alan Caddick	Head of Housing		Housing Strategy
16	Improve accessibility and affordability of public transport				
17	Improve the environment				

Appendix 2: Priority Outcomes for the Children's Trust, as identified in the Children and Young People's Plan 2010-13

The LSP has identified a number of priority outcomes to make the City:

The Children's Trust has identified a number of priority outcomes, themes and vulnerable groups

There are two overarching themes that cut across the Children's Trust:

Four vulnerable groups have been identified.

All outcomes for children and young people are linked to the Every Child Matters (ECM) Outcomes Framework **Appendix 3: Performance indicators and targets**

Ref	Description	Actual	Baseline	Year 1 target	Year 2 target	Year 3 target	In LAA 2008 - 2011?	Direct and <i>indirect</i> link to priority outcome	
		2008/09	2009/10	2010/11	2011/12	2012/13			
NI 116	Proportion of children in poverty						✓		Child poverty
NI 107	Key Stage 2 attainment for Black and minority ethnic groups (Bangladeshi)	52	58	56	59	62			
NI 108	Key Stage 4 attainment for all Black and minority ethnic groups	23	28	35	42	44			
NI 58	Emotional and behavioural health of looked after children	12.3	not set					NTG	CLA
NI 63	Stability of placements of looked after children: length of placement	67.3	74	75	76	77	✓	NTG	CLA
NI 147	Care leavers in suitable accommodation	88.5	86	86				NTG 16	CLA <i>Decent homes</i>

NI 148	Care leavers in education, employment or training	73.1	62	67				NTG	CLA
NI 65	Children becoming the subject of a Child Protection Plan for a second or subsequent time	15	13	13				NTG	CIN & CP
NI 54	Services for disabled children		New indicator	63	64	65		NTG	LDD
NI38	Drug-related (Class A) offending rate								
NI39	Rate of hospital admissions per 100,000 for alcohol related harm								
NI 50	Emotional health of children	66.9	69.5	72			✓	3 6	Mental health <i>Bullying</i>
NI 51	Effectiveness of child and adolescent mental health (CAMHs) services	16	16	16	16	16			
NI52	Take up of school lunches								
NI 53a	Percentage of infants being breastfed at 6-8 weeks (breastfeeding prevalence)	17.30%	not set						
NI 55	% children in reception with height and weight recorded who are obese	10	n/a	13				1 10	Obesity <i>Play and physical activities</i>
NI 56d	Percentage of children in Year 6 with height and weight recorded who are obese	21	22	21			✓	1 10	Obesity <i>Play and physical activities</i>
NI 112	Under 18 conception rate		35 per 1000	34 per 1000					
NI 115	Substance misuse by young people								
NI 57	Children and young people's participation in high quality PE and sport								
NI 15	Serious violent crime							7	<i>Crime</i>
NI 17	Perceptions of anti-social behaviour							7	<i>Crime</i>
NI 20	Assault with injury crime rate						✓	7	<i>Crime</i>
NI 21	Dealing with local concerns about anti-social behaviour and crime issues by the local council and police							7	<i>Crime</i>
NI 32	Repeat incidents of domestic violence						✓	5	<i>Domestic violence</i>
NI 59	Percentage of Initial assessments for children's social care carried out < 7 working days	66	76						
NI 60	Percentage core assessments for children's social care carried out < 35 working days	74.9	85						
NI 61	Timeliness and stability of adoption of looked after children	67.6	82						
NI 62	Stability of placements of looked after children: number of moves	10.2	12						
NI 64	Child protection plans lasting 2 years or more	3.8	4						
NI 66	Looked after children cases which were reviewed within required timescales	96.8	100						
NI 67	Percentage of child protection cases which were reviewed within	100	100						

NI 68	Percentage of referrals to children's social care going on to initial assessment	78.2	88						
NI 69	Children who have experienced bullying	48	not set					6	Bullying
NI 70	Hospital admissions caused by unintentional and deliberate injuries to CYP	2.21	not set						
NI 71	Children who have run away from home/care overnight	7	15						
NI 134	The number of emergency bed days per head of weighted population								
NI 148	Care leavers in education, employment or training								
NI 72	At least 78 points across Early Years Foundation Stage with at least 6 in each of the scales	44	48.4	49	59	60	✓		
NI 73	Achievement at level 4 or above in both English and Maths at Key Stage 2 (Threshold)	72	73				✓		
NI 74	Achievement at level 5 or above in both English and Maths and key stage 3						✓		
NI 75	Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths	43	51	53	54	57	✓		
NI 76	Reduce number of schools where under 55% of pupils achieve level 4 in KS2 English and Maths	8	7						
NI 77	Reduction of schools where fewer than 50% of pupils achieve level 5 or above in both English and Maths and KS3								
NI 78	Reduce number of schools where under 30% of pupils achieve 5 A*-C GCSE with English and Maths	2	2	0	0	0			
NI 79	Achievement of a Level 2 qualification by the age of 19								
NI 80	Achievement of a Level 3 qualification by the age of 19								
NI 81	Inequality gap in the achievement of a Level 3 qualification by the age of 19								
NI 82	Inequality gap in the achievement of a Level 2 qualification by the age of 19								
NI 83	Achievement at Level 5 or above in Science at KS3						✓		
NI 84	Achievement of 2 or more A*-C grades in Science GCSEs or equivalent	45	52						
NI 86	Secondary schools judged as having good or outstanding standards of behaviour	88							
NI 87	Secondary school persistent absence rate	5.2	6.4				✓		
NI 88	Percentage of schools providing access to extended services	95	100						
NI 89	Reduction of number of schools judged as requiring special measures and improvement in time taken to come out of the category								
NI 92	Narrowing the gap - lowest achieving 20% the Early Yrs	42	36.7	37	33	30	✓		

NI 94	Progression by 2 levels in Maths between Key Stage 1 and Key Stage 2	80	80				✓		
NI 95	Progression by 2 levels in English between Key Stage 2 and Key Stage 3						✓		
NI 96	Progression by 2 levels in Maths between Key Stage 2 and Key Stage 3						✓		
NI 97	Progression by 2 levels in English between Key Stage 3 and Key Stage 4						✓		
NI 98	Progression by 2 levels in Maths between Key Stage 3 and Key Stage 4						✓		
NI 99	Children in care reaching level 4 in English at Key Stage 2	79	50	45	63	55	✓	Vul group: CLA	
NI 100	Looked after children reaching level 4 in mathematics at Key Stage 2	93	55	45	50	55	✓	Vul group: CLA	
NI 101	Looked after children achieving 5 A*-C GCSEs (or equivalent) at KS 4 (with English and Maths)	6	20	26	13	22	✓	Vul group: CLA	
NI 102a	Achievement gap between pupils eligible for free school meals and their peers (KS2)	24	20						
NI 102b	Achievement gap between pupils eligible for free school meals and their peers (KS4)	28	23						
NI 103a	Special Educational Needs - statements issued within 26 weeks excluding exceptions	100	100						
NI 103b	Special Educational Needs - statements issued within 26 weeks	80	75						
NI 104	The SEN/non-SEN gap - achieving Key Stage 2 English and Maths threshold	52	50						
NI 105	The SEN/non-SEN gap - achieving 5 A*-C GCSE inc. English and Maths	49	46						
NI 106	Young people from low income backgrounds progressing to higher education						✓		
NI 109	Delivery of Sure Start Children's Centres	89	100						
NI 114	Rate of permanent exclusions from school	0.03							
NI 199	Children and young people's satisfaction with parks and play areas								
NI 19	Rate of proven re-offending by young offenders	0.96	1.1	3% reduction			✓	11	Offending
NI 22	Perceptions of parents taking responsibility for the behaviour of their children in the area								
NI 24	Satisfaction with the way the police and local council dealt with anti-social behaviour								
NI 25	Satisfaction of different groups with the way the police and local council dealt with anti-social behaviour								
NI 27	Understanding of local concerns about anti-social behaviour and crime issues by the local council and police								
NI 28	Serious knife crime rate								
NI 29	Gun crime rate								

NI 35	Building resilience to violent extremism								
NI 43	Young people within the Youth Justice System receiving a conviction in court who are sentenced to custody								
NI 44a	Ethnic composition of offenders on Youth Justice System disposals (white)	1	1						
NI 44b	Ethnic composition of offenders on Youth Justice System disposals (mixed)	-0.5	-0.5						
NI 44c	Ethnic composition of offenders on Youth Justice System disposals (black or black british)	0.3	0.2						
NI 44d	Ethnic composition of offenders on Youth Justice System disposals (asian or asian british)	-0.4	0						
NI 44e	Ethnic composition of offenders on Youth Justice System disposals (chinese/other)	-0.5	0						
NI 45	Young offenders engagement in suitable education, employment or training	90.5	90.6						
NI 46	Young offenders access to suitable accommodation	99.4	99.5						
NI 79	Achievement of a Level 2 qualification by the age of 19								
NI 80	Achievement of a Level 3 qualification by the age of 19								
NI 85	Post-16 participation in physical sciences (A Level Physics, Chemistry and Maths)								
NI 90	Take up of 14-19 learning diplomas								
NI 91	Participation of 17 year-olds in education or training								
NI 110	Young people's participation in positive activities	69.4	not set					10	Play and physical activities
NI 111	First time entrants to the Youth Justice System aged 10 - 17	766	751	1.9% reduction				11	Offending
NI 150	Adults in contact with secondary mental health services in employment								
NI 174	Skills gaps in the current workforce reported by employers						✓		
NI 195	Improved street and environmental cleanliness (levels of litter, detritus, graffiti and fly-posting)						✓		
NI 22	Perceptions of parents taking responsibility for the behaviour of their children in the area								
NI 23	Perceptions that people in the area treat one another with respect and consideration								
NI 117	16 to 18 year olds who are not in education, employment or training (NEET)	13	10	9	8	7	✓	14	NEET
NI 118	Take up of formal childcare by low-income working families		17						
NI 141	Percentage of vulnerable people achieving independent living	90.6	77.7 at Q2					16	Decent homes
NI 142	Percentage of vulnerable people who are supported to maintain independent living	98.1	98.8 at Q2					16	Decent homes
NI 156	Number of households living in temporary accommodation	9						16	Decent homes

NI 177	Local bus and light rail passenger journeys originating in the authority area								
NI 178	Bus services running on time								
NI 198	Children travelling to school – mode of transport usually used								