

2010 – 2025 (Refreshed March 2014)

We are pleased to present this refreshed Children and Young People's Plan (CYPP), covering the period to 2025. Unprecedented economic changes since the initial strategy was agreed in 2010, means that transformational change is required both within organisations and communities to meet the needs of citizens in different ways in the future. The role of local authorities and their partners is necessarily shifting towards a new focus of enabling rather than always delivering.

A key development since the CYPP was originally agreed is the introduction of Health and Wellbeing Boards. In 2012 Sunderland's Children's Trust became an Advisory Board to the city's Health and Wellbeing Board and is directly responsible for delivering Objective 2 of the Joint Health and Wellbeing Strategy, *"Ensuring children and young people have the best start in life."*, as well as contributing to others. In addition, the Children's Trust has formally adopted strategic responsibility for Child and Family Poverty in the city. Other policy shifts, both locally and nationally, are set out in Appendix 1.

Our **vision** for children and young people continues to be:

'Working together to improve life chances and raise aspirations for each child and young person in Sunderland, and to narrow the gap in outcomes for our most vulnerable groups and families'.

To provide a clearer focus for the Children's Trust, the refreshed CYPP has been rationalised and contains just four strategic priorities which the Trust will performance manage in order to maintain an overview of the key outcome areas relating to children and young people. The CYPP also continues to be supported by a three year delivery plan, the first covered the period 2010-13, the second being a high level delivery plan for the period 2014-17. This second delivery plan – like the strategy – is also more streamlined, focusing on four priority areas which the Children's Trust believes it can add real value and improve outcomes for children and young people.

DESIGN PRINCIPLES

We have refreshed our design principles to reflect those of the agreed Health and Wellbeing Strategy and other emerging strategies in the city. These design principles will guide our approach to action planning, commissioning and delivering services for children, young people and their families. These design principles are:

Strengthening family and community assets

By recognising everyone has a valuable contribution to make, we will empower children, young people, their families and communities to be involved in the things that are important to them. Understanding the capabilities, skills and assets of children and young people, their families, their peers and their communities will form the starting point for any intervention. We will support children, young people and

families to help themselves and develop solutions that prevent, reduce or delay the need for public sector interventions and give them control over their own lives. We will listen to and respect children, young people and families and build services around their needs, making decisions based on sound intelligence and evidence of what works.

Prevention

We will place a greater emphasis on the insight of children, young people and their families, using local intelligence and experience to effectively identify and to work with families and communities to prevent children, young people and families developing problems.

Early Intervention

We know that early intervention with children, young people and their families can reduce more complex issues in the longer term. We will actively seek to identify and tackle issues at an early stage whenever they occur to prevent them escalating into more problematic and complex needs.

Collaborative Working

We will work together to make best use of our strengths and assets so that we can provide flexible and tailored services that are responsive to local conditions and focus on what matters to children, young people and their families.

Participation and Engagement

We will ensure that children, young people and their families have a voice and are involved in decisions that affect their lives. They will be empowered to contribute to the redesign of services which are relevant to them. We will enable positive activities for children and young people to participate in, so they can develop their skills and self-esteem to take them through to adulthood.

Equity

We know that the conditions in which people are born, grow, live, work and age are responsible for the avoidable differences in people's life chances. Inequalities exist both within Sunderland's communities, and between Sunderland and regional and national comparators. We will focus on those children, young people and families more at risk of developing adverse outcomes.

STRATEGIC OBJECTIVES

Our four strategic objectives provide the focus of our efforts to achieve our vision.

1. Improving the overall Health and Wellbeing of children, young people and families
2. Reducing the number of families with children living in poverty in the city
3. Improving educational outcomes and strengthening whole family learning
4. Improving safeguarding outcomes for children, young people and families.

These strategic objectives have been developed by reviewing the priorities in the previous CYPP Delivery Plan (2010-13) and where they fit in the recent policy

developments both locally and nationally. Young people's views have also been taken into account and a summary of these can be found at Appendix 2. During the life of the CYPP the Children's Trust will performance manage the four strategic objectives to ensure it has an overview of children and young people's outcomes measures. The former priorities of the CYPP will largely be monitored through these strategic objectives, though the detail will be delivered by the relevant services and partnerships and their associated strategies. Appendix 3 of this document sets out the governance structure for the Children's Trust and the expectations of the Trust when receiving progress updates from the relevant services and partnerships.

CHILDREN AND YOUNG PEOPLE'S PLAN 2014-17 HIGH LEVEL DELIVERY PLAN

This is the second delivery plan of the Children and Young People's Plan and covers the period 2014-17. Like the strategy, the delivery plan has been rationalised and includes four priority areas where the Children's Trust believes it can add value to the work that is already being undertaken.

The four priority areas are:

- Child and Family Poverty
- Best Start in Life
- Child Obesity
- Sexual Health (including teenage pregnancy).

CHILD AND FAMILY POVERTY

Why it matters

There can be no doubt about the devastating effect that poverty has on the lives of children, young people and their families. Poverty permeates every aspect of a child's life – from their access to material resources, to their social and emotional development, physical health, and ability to learn. Despite the best efforts of the Council and its partners, too many children in our city continue to live in poverty, and child poverty levels in Sunderland remain significantly higher than the national average – 25 per cent compared to 20 per cent in England¹. There is an urgent need for change; it is time for a new approach.

Some of the factors that influence a family's ability to move themselves out of poverty fall within the remit of central government and are beyond our control, but there is still much that we can do at a local level to address the root causes of poverty and mitigate its impact. As the city's Children's Trust, we are calling for concerted action, based on a new approach where poverty reduction is not only everyone's business, but also everyone's responsibility.

Why we need a new approach

At a national level all political parties are committed to achieving the goal of ending child poverty by 2020. However, it must be recognised that this will be a very difficult target to meet given the current economic situation, difficult labour market conditions and the approach to reform of the welfare system. In fact, a report by the Institute of Fiscal Studies² set out that child and working-age poverty was set to rise by 2013/14, and that poverty will continue to be affected beyond that time as the impact of the Government's welfare reforms take effect. It is also recognised that the nature of poverty itself is changing: in-work poverty is on the increase and families can no longer rely on income from the state to supplement earnings, or indeed provide them with a decent standard of living.

Nevertheless, the commitment to ending child poverty is given credibility through the Child Poverty Act 2010, by giving it its place in law. The Act makes child poverty everybody's business by placing a duty on local authorities and other delivery partners work together to tackle child poverty and publish a strategy on how this will be done. This Children and Young People's Plan incorporates the Child Poverty Strategy to meet those legislative requirements.

In Sunderland around one in four children are living in poverty. However poverty is not spread equally across the city with some areas suffering significantly higher levels of deprivation than others. Eleven out of the 25 wards in the city have a greater proportion of children living in poverty than the city average.

¹HMRC, September 2013.

² (Child and Working-Age Poverty from 2010 to 2020, IFS Commentary C121)

Our new approach to addressing child and family poverty will:

- Take a strengthening families perspective (focus on families' strengths in order to improve their outcomes) Give people the tools they need to lift themselves permanently out of poverty (focus on empowering the child and family)
- Create the right conditions that enable people to lift themselves permanently out of poverty (focus on the structural/institutional barriers)
- Take concerted action (work together as a city, with everyone playing their part).

What we have in place

As well as identifying Child and Family Poverty as an area for focus over the next three years, the Children's Trust, through its Children and Young People's Plan, deals with many of the impacts of poverty, both in the areas it monitors and its principles. It continues to monitor outcomes such as educational attainment, NEET, youth offending and has prioritised Best Start in Life for children and young people, Childhood Obesity and Sexual Health as areas for the Trust to focus on - all of which have either an indirect impact on poverty or are potential impacts of living in poverty. In addition, the design principles in the Plan of early intervention and prevention, strengthening families and equity (i.e. narrowing the gap) are imperative to achieving our goals and ensuring that this generation of children and young people does not become the next generation of poor adults.

There are also a number of recent local policy developments that seek to transform the way agencies work with individuals, families and communities, as well as each other. These are largely partnership strategies, which require the collaboration of a range of agencies, and which focus on asset-based ways of working so families themselves can maximise their potential and work towards improving their own health, family outcomes, prosperity etc., with support from their community. The change in approach to this way of working is entirely appropriate in achieving the longer-term goal, where families are more resilient, have improved life chances and are less reliant on support from organisations.

The design principles of this CYPP are intentionally aligned with these complementary strategies, namely the Health and Wellbeing Strategy, Strengthening Families Strategy and the Community Resilience Plan:

- **Health and Wellbeing Strategy**, identifies giving children the **best start in life** as one of its priorities
- **Strengthening Families Strategy** (incorporating **Family Focus**, which is Sunderland's contribution to the national 'Troubled Families' programme). Strengthening Families takes an **early intervention** approach to working with families, **building on their strengths** in order to achieve their desired outcomes
- The **Community Resilience Plan** sets out how partners across the public and voluntary sector in the city will work together to improve the quality of life in our communities and create conditions in which people can thrive. This includes a key objective to "**Help households to maximise their income**".

Sunderland published its first Child and Family Poverty Strategy in 2009 which was focussed on making child and family poverty everybody's business and developing integrated neighbourhood models of service delivery. Since then, much has been achieved and some examples of current practice across the city to help mitigate the impact of child and family poverty are set out below:

- **Poverty-proofing** is integral to the Council's equality impact assessment process, with our Equality Analyses considering poverty in addition to the nine 'protected characteristics'. There is also a named Lead Equality Champion for Poverty in the Council whose role is to act as a leader for diversity and equality and champion positive behaviour and good practice.
- **Joint working** between agencies to support households affected by welfare reform –examples include the provision of **Benefit Cap Advisors** funded via JobCentre Plus and working closely with the Council to assist identified families in obtaining employment, negotiating lower rent payments or finding alternative accommodation where needed; Council provision of training for front line staff in partner organisations to improve their understanding of the changes, where to signpost people for relevant help, and how households can maximise their income; and joint commissioning of welfare rights advice.
- Children living in households in receipt of qualifying benefits are automatically registered for **Free School Meals**, with families now having to 'opt-out' (rather than 'opt-in'). The Council is extending this concept to **Council Tax support** during January/February 2014 to further maximise household income.
- Implementing a locality based model through **Improving Futures** – a four year initiative funded by the Big Lottery and led by SAFC Foundation of Light. It works with one or two primary schools in each locality and aims to support families with children aged 5–11 who are living in disadvantaged communities and experiencing multiple and complex needs including poverty and financial difficulties. The project adopts a key worker approach, helping families to identify a 'neighbourhood friend' who will receive training and supervision to support and assist the family through an action plan.
- More **active engagement with the Voluntary and Community Sector** including **Food Parcel Network ('One for the Basket')** led by Sunderland Partnership's Faith Forum and **'One for the Wardrobe'** – primary school uniform recycling events organised by the Sunderland Partnership.
- **Local solutions to benefit local areas** - Washington Area Committee commissioned Sunderland North Community Business Centre to deliver a **Youth Opportunities Project (YOP)** to work intensively with young people in that area who were not in education, employment or training (NEET) and support them in to work, either paid or voluntary. Due to the success of this project, it was expanded in 2013 to include the **School Opportunities Project (SOP)**, to engage with young people of school age who are identified as being at risk of, and prevent them from becoming NEET. Three secondary schools in the area are actively signed up to this project

What more do we need to do?

These are just some examples of how we are trying to mitigate the impacts of child and family poverty. However, more needs to be done to better understand the

activity that is making an impact and to ensure we have a joined up approach to addressing child and family poverty. To that end, it is vital that the Children's Trust establishes firm links with a number of other existing strategic and local partnerships. This will support the city's understanding of the impacts of welfare reform, the scale of continuing poverty, the activity that is making a difference to families' lives and where opportunities exist to work together to end the poverty blight. Partnerships such as the Health and Wellbeing Board, the Economic Leadership Board, the Educational Leadership Board and Council's Area Committees and Welfare Reform Board each have a significant part to play in addressing child and family poverty in the city.

To improve this co-ordination and understanding, the Children's Trust will:

- 1) Champion the issue of child and family poverty within individual members' organisations and the partnerships they participate in.
- 2) Establish an Anti-Poverty Task Group which will take its membership from the Children's Trust, Adults Partnership Board and other relevant strategic partnerships. That Group will develop an Anti-Poverty Action Plan identifying priority actions for the Children's Trust and other strategic partnerships over the next three years, which will add value to existing activity and make a visible difference to the lives of children, young people and families living in poverty. This will include identifying lead agencies to drive the actions and co-ordinate partners' efforts.
- 3) Influence change - partners from the public, voluntary and private sector partners will be involved, and will include those local to Sunderland, as well as from the wider North East region.
- 4) Be intelligence-led. Actions will be developed through analysis of good practice, quality data, evidence based assessments (what services are available in the city, which ones are working well and where are the gaps) and will be influenced by customer insight (what families' say about living in poverty, as well as regional and national research into the issue).

The Children's Trust will:

- Strategically lead the development of these actions through XXXXXX
- Receive six-monthly updates in progress, providing appropriate challenge and support.

BEST START IN LIFE

Why it matters

In Sunderland we are united in our belief that early support for families is one of the most important investments for the future and that children who grow up in a loving, nurturing environment have the best chance of achieving their potential throughout their lives. The majority of children and young people do grow up in stable environments, but too many grow up in households where there is poverty, worklessness, substance misuse, domestic violence and poor mental health. To improve the life chances for these young people we must build the capacity and resilience of parents, carers and whole families, and address the interconnected issues, where they exist.

To support this belief, the city's Health and Wellbeing Board have agreed that ***'Ensuring that children and young people have the best possible start in life'*** is a key objective in their joint strategy. The Children's Trust will strategically lead this objective, ensuring the following high level actions are delivered:

- Encouraging parents and carers of children to access early years opportunities
- Acknowledging the whole of a child's journey, including the transition into adulthood.

Why we need a new approach

Sunderland's Children's Trust has long been committed to being more responsive to local needs, and focussing on an approach of early intervention and prevention as much as possible.

We now also want to develop more asset-based ways of working. This means helping families to build on their own existing strengths and help them to develop family capacity and resilience. We truly believe that this will have the greatest impact on their ability to competently deal with any future pressures they are faced with, without the need for intervention from public services.

We also need to change the way in which we work with families. It can sometimes be the case that families are reluctant to engage with public sector organisations and there is an opportunity to harness the skills of voluntary and community sector (VCS) organisations and the wider community to deliver support to families. VCS organisations and communities can bring fresh ideas with new and innovative ways of engaging families and can therefore have greater success in helping them to achieve better outcomes.

What we have in place

Sunderland has recently developed the "strengthening families" partnership model. This model takes a whole family approach to ensure that all factors that influence a child and families' outcomes are taken into consideration. A Strengthening Families Board is in place to drive forward implementation of this approach across the city,

and the Children's Trust will establish firm links with that Board to ensure that priorities and actions of the two groups complement each other.

In addition, to effectively help those families who need support, the City Council has reconfigured its services around the family with the **Early Intervention and Locality Teams** now well established, incorporating Children's Centres, Early Years and Childcare, Attendance, Educational Psychology, Risk and Resilience, Connexions, and Youth services.

Sunderland also has benefited from an expansion of its Health Visiting workforce, which continues to deliver the universal Healthy Child Programme. Health visiting teams work with families during the first five years of their child's life, providing health and development reviews, health promotion, parenting support, and screening and immunisation programmes. The aim is to identify and treat problems early, help parents to care well for their children, change health behaviours and protect against preventable diseases.

While health visiting services are available to all families, Sunderland's Family Nurse Partnership programme offers more targeted support for the most disadvantaged young families. This is a nurse-led, intensive home-visiting programme that begins in early pregnancy and continues until the child is two years old. It recognises the importance of pregnancy and the first years of life in influencing children's life chances, and is offered to first-time at-risk parents under the age of 20.

Finally, a wide range of family services and activities for children and young people are provided by voluntary and community sector organisations in the city. Many of these are preventative in nature, meaning that potentially vulnerable families never come into contact with statutory services. Examples include programmes that promote healthy eating, outdoor play and physical activity, or positive parenting skills while providing access to peer support and engaging families in their communities.

What more do we need to do?

A considerable challenge still remains and there is a need for greater intensity and targeting of support to affect change in areas such as the home learning environment. We recognise the need to improve our understanding of families in our most disadvantaged communities and the barriers they face so that resources can be better targeted towards addressing risk factors at the earliest opportunity. Where there is evidence that targeted support is having a positive impact, these initiatives need to be scaled up to increase accessibility and coverage.

We also recognise that cultural change is needed if we are to achieve the desired outcomes for children and young people, noting that family and community have a significant influence on parenting and we need to work with the wider community to secure change.

Actions to deliver these changes are included in Priority 2 of the Health and Wellbeing Strategy and include:

- Increasing volunteering/voluntary and community sector engagement, with volunteers trained to deliver evidence-based support
- Development and introduction of a Children's Centre Champion model
- Promoting change through a series of "key messages" to change and challenge deep-rooted social/cultural influences on parenting
- Introduce more effective ways of engaging and sharing messages including via social media.

The Children's Trust will:

- Strategically lead the development of these actions through the Head of Community and Family Wellbeing
- Receive six monthly updates on progress, providing appropriate challenge and support.

CHILD OBESITY

Why it matters

It is widely acknowledged that obesity can lead to a range of medical problems in adults, both chronic and severe, including a greatly increased risk of coronary heart disease, some cancers and type 2 diabetes. However, there is increasing evidence to show that various diseases and conditions may be associated with child obesity, particularly type 2 diabetes. There has been an alarming increase in the diagnosis of this disease in children and young people, some as young as 7 years of age, over the last decade.

Being overweight or obese in childhood and adolescence has serious consequences for health in both the short term and longer term. National data shows key risk factors for cardiovascular disease, are present in at least one quarter of obese adolescents, and conditions not previously seen in children, such as fatty liver disease, are now evident. Other conditions associated with obesity in childhood include asthma, sleep-disordered breathing and musculoskeletal conditions. Overweight and obese children are also more likely to become obese adults, and have a higher risk of morbidity, disability and premature mortality in adulthood.

Obesity in childhood has wider repercussions beyond just physical health, however. It has also been shown to impact negatively on children's psychological health, including low self-esteem and even depression, particularly in adolescence. Children who are overweight or obese are also likely to experience bullying and stigma, further impacting on self-esteem. It is also worth considering the impact of this health burden on the future adult workforce, and the impact this could have on the local and national economy.

Why we need a new approach

The World Health Organisation regards childhood obesity as one of the most serious global public health challenges for the 21st century. In England, around one third children aged between 2 and 15 years were either overweight or obese in 2012. Although the proportion of children who are overweight has remained largely unchanged since the mid-1990s, a worrying trend is that the proportion of those who are obese has increased by around 1% every 2 years until 2007.

The National Child Measurement Programme (NCMP), which measures Body Mass Index (BMI), shows that levels of obesity in Sunderland remain persistently above national levels, with higher prevalence in some areas of the city compared to others. For instance, in 2012/13:

- 24% of children in Reception (aged 4-5) and 35.5% of children in Year 6 (aged 10-11) were overweight or obese, compared to the national average of 22.2% and 33.3% respectively;
- Prevalence of obesity at Reception was 10.6% – this is similar to the regional level (10.3%) and continues to show a slow decline from earlier levels, but it

remains higher than the national average of 9.3%. In some areas of the city, the prevalence of obesity at Reception is between 13% and 17%.

- Prevalence of obesity at Year 6 was 21.3%, declining from a peak in 2011/12 – this is now close to the regional average (20.9%) and appears to be levelling off, but it too remains persistently above national levels (18.9%). Furthermore there are areas in the city where the local prevalence of obesity at Year 6 is between 26% and 34%.

At a national level, data demonstrates a strong positive relationship between deprivation and obesity in each school year. The Index of Multiple Deprivation shows the proportion of children who are obese is almost twice that for Reception and Year 6 in the 10% most deprived areas compared to the 10% least deprived. More worryingly the inequalities gap in childhood obesity is widening, with rates declining among the least deprived children in Reception, whilst there is no sign of a decline amongst the most deprived children in Reception over the 6 years of the NCMP. At Year 6 levels of obesity are remaining the same for the least deprived, but increasing amongst the most deprived.

As the evidence of the impact of child obesity on health and individuals continues to emerge it is clear that this is an issue which cannot be ignored. Obesity is particularly difficult to treat once established, so prevention and early intervention are key – especially as it has been acknowledged that up to 79% of children who are obese in their early teens are likely to remain obese as adults, with the associated increased health risks and costs to services. Early childhood is a critical time for obesity prevention as many lifestyle habits around diet and physical activity are established in the first years of life. There is a need to focus on both universal and targeted prevention across a range of settings, with action being taken as early as possible – and with the whole family – when risks are identified.

Universal prevention includes interventions such as providing walking and cycling routes, safe areas for play and improving food choices available in a range of settings, while targeted interventions might include communications campaigns directed to certain groups at risk of child obesity. In terms of early intervention, recent NICE guidance highlights the role of lifestyle weight management services to address excess weight and obesity in childhood, recommending a life course, family focused approach tailored to local needs.

There are also some emerging examples of areas using planning regulations to manage the provision of fast food outlets in close proximity to schools, although it is too early to know if this will prove effective in tackling childhood obesity.

What we have in place

Sunderland City Council commissions a healthy lifestyle and weight management service for children, young people and their families through public health funding, locally referred to as the Lifestyle, Activity and Food (LAF) programme. It is delivered by the council's Wellness Service with support from City Hospitals Sunderland and has been in place since April 2010. LAF delivers a comprehensive prevention and promotion programme as well as targeted support to overweight and

obese children aged 5-15 years. The targeted programme works with whole families through a series of healthy lifestyle activity and education sessions to encourage behaviour change and supports them to eat well, move more, and live longer.

Public Health funding is also used to commission a maternity public health programme provided by City Hospitals Sunderland which has a remit for increasing the initiation and continuation of breastfeeding. There is a strong body of evidence to demonstrate many benefits of breastfeeding for both child and mother, including a general reduced risk of obesity into childhood and adulthood.

There are also a range of activities in place locally including the GIGGLES programme which works with preschool children who are overweight and cookery sessions available through children centres.

The Children's Services Scrutiny Panel, commissioned by the Scrutiny Committee, has undertaken a spotlight review around the issue of child obesity in Sunderland. It will be important for the Children's Trust to consider the recommendations that emerge from this review, to determine which are within their scope to influence or monitor.

What more do we need to do?

As Child Obesity is a growing issue, we need to build on the good work that has already been done across the city and work with families as early as possible to encourage healthy behaviours in children and create an environment conducive to healthy choices. This will require involvement from a range of partners including local authorities, childcare providers and schools, businesses, voluntary and community sector organisations, as well as families and communities. There is a need to better understand the different barriers to positive change and how children and their families can be supported and encouraged to overcome these.

XXXXXX will strategically lead improvements and actions to deliver these will include:

- Engaging with childcare providers and schools as key settings for delivering universal preventative programmes to children and their families
- Harnessing the ability of voluntary and community sector organisations and volunteers to creatively engage with children and their families while delivering important health messages and encouraging positive behaviour change
- Working together to make better use of community assets, such as buildings and green space, to promote healthy eating and exercise
- Providing more opportunities for the whole family to participate in physical activity and healthy cooking sessions, particularly in deprived areas of the city
- Increasing awareness of, and referrals into, local lifestyle weight management services.

The Children's Trust will:

- Promote the use of Health Impact Assessments to all partners within its membership to ensure issues such as obesity are considered within the scope of core policy and decision making.
- Receive six monthly reporting on progress, providing appropriate support and challenge.

SEXUAL HEALTH

Why it matters

Sexual health is a key public health issue, impacting on both individuals and communities. The consequences of sexual ill health can be far reaching, resulting in unintended pregnancies, abortion or sexually transmitted infections (STIs). Whilst good sexual health is important at a population level, the sexual health needs of individuals vary according to factors such as age, gender, sexuality and ethnicity, which can result in some groups being at increased risk of experiencing sexual ill health. Those at highest risk include young people, gay and bisexual men and some black and ethnic minority groups.

The priority given to sexual health nationally as a key public health issue is evidenced in the inclusion of three sexual health indicators in the Public Health Outcomes Framework (2012), which Local Authorities are responsible for delivering against. These are:

- Under 18 conceptions
- Chlamydia diagnoses in the 15–24 age group
- Late diagnosis of HIV.

To improve sexual health across the city, a preventative approach is needed to ensure young people have the necessary information so they understand how to keep themselves sexually healthy and to avoid unwanted pregnancies, and be empowered to make informed and responsible decisions, particularly in relation to consent, positive relationships and the risks of unprotected sex.

Why we need a new approach

Despite the best efforts of organisations to promote good sexual health, the data shows that there is still some way to go, both in terms of STIs and teenage pregnancy.

Sexually Transmitted Infections

Young people between the ages of 16 and 24 represent 12% of the population, yet they account for nearly half of all STIs (excluding HIV) diagnosed in Genito-Urinary Medicine (GUM) clinics. The high rates of STIs amongst young people are an indication of increased levels of unsafe sexual behaviour.

Sunderland is ranked 78 out of 326 local authorities in England³ (Rank 1 being high) for rates of acute STIs in 2012, with 2,222 diagnoses, of which 67% were in young people aged 15-24 years.

Reinfection with an STI is a marker of persistent risky behaviour. Comparison of national and local data for all ages shows that men are more likely to become

³Sunderland Local Authority Sexually Transmitted Infections and HIV Epidemiology Report (Public Health England, 2013b)

reinfected with an acute STI within twelve months and rates of reinfection for women and men are slightly higher in Sunderland than nationally.

In Sunderland, during the 4-year period 2009-12, the re-infection rate in young people aged 15-19 was 11.2% for females and 11.1% for males. Teenagers may be at risk of reinfection because they lack the skills and confidence to negotiate safer sex or due to treatment compliance.

It is also worth noting that the Index of Multiple Deprivation shows a strong correlation between deprivation and rates of acute STIs and across England; this trend is reflected in data for Sunderland.

Teenage Pregnancy

Encouragingly, recent data shows that teenage pregnancy rates in England have fallen to their lowest levels since records began, although rates continue to be higher than in most other European countries. Therefore reducing rates of teenage pregnancy continues to be a priority, as there is irrefutable evidence that children born to teenagers are more likely to experience a range of negative outcomes and the impact for teenage mothers is also significant, as they are at greater risk of living in poverty, suffering from post-natal depression or being without employment. The potential far reaching impacts of teenage pregnancy for mother and child are illustrated below.

- Of all young people not in education, training or employment, 15% are teenage mothers or pregnant teenagers
- Teenage parents are 20% more likely to have no qualifications at age 30
- Teenage mothers are 22% more likely to be living in poverty at 30, and much less likely to be employed or living with a partner
- Teenage mothers have three times the rate of postnatal depression and a higher risk of poor mental health for three years after the birth
- Children of teenage mothers have a 63% increased risk of being born into poverty and are more likely to have accidents and behavioural problems
- The infant mortality rate for babies born to teenage mothers is 60% higher
- Teenage mothers are three times more likely to smoke throughout their pregnancy and 50% less likely to breastfeed, with negative health consequences for the child.

Reducing rates of teenage pregnancy can be achieved through ensuring young people receive high quality education about relationships and sex and have good quality access to effective contraception, which they use effectively.

Young people in or leaving care, daughters of teenage mothers, young people excluded or truanting from school or underperforming at school, and young people involved in crime are at increased risk of becoming teenage parents.

The teenage pregnancy rate (all conceptions in women aged under 18, per 1,000 women aged 15 to 17) in Sunderland has been consistently and significantly higher than the England rate for a number of years. In the most recent full year for which data is available (2011), the teenage pregnancy rate in Sunderland was 42.9 per 1,000 women aged 15 to 17, compared to a rate of 30.7 in England. Although the

rate in Sunderland remains significantly higher than the England rate, both have reduced markedly over the period 1998 to 2011.

Ward level data, based on 2001 ward boundaries, shows that for 2008-10, 12 of the 25 wards in Sunderland had significantly higher teenage pregnancy rates than the England average, and two wards were significantly lower.

In addition to data, the local authority (following the transfer of public health responsibilities from the NHS in April 2013) is mandated to provide open access sexual health services covering free STI testing and treatment and notification of sexual partners of infected persons and free contraception and reasonable access to all methods of contraception.

In order to improve sexual health outcomes for young people there needs to be comprehensive sexual health services promoting consistent messages regarding how young people can keep themselves healthy. They need to be supported to make informed and responsible decisions – this can be achieved through helping them to understand issues in relation to consent, positive relationships and the risks of unprotected sex; providing access to comprehensive sexual health services which are young people friendly and meet their needs; consistently promoting the safe sex messages of always using a condom correctly when having sex with casual or new partners, until partners have had a sexual health screen; and reducing their number of sexual partners and avoiding overlapping sexual relationships.

It is also acknowledged that there are clear links between the use of alcohol and drugs and engagement in risky sexual health behaviours, thereby increasing the risk of teenage pregnancy and STIs. Consumption of alcohol can lower inhibitions and lead to poor decision making regarding sexual activity and / or use of contraception. There is also an increased likelihood that use of alcohol can lead to young people having sex at a younger age, having a greater number of sexual partners, be more likely to be coerced into engaging in sex and be at greater risk of being sexually exploited. Although it should be noted that sexual health is about choices and sexual exploitation is abuse. Therefore, any efforts to improve the sexual health outcomes of young people should be considered within the wider context of the alcohol prevention agenda.

What we have in place

Local access to sexual health services is available through the specialist services provided by City Hospitals Sunderland (GUM and Contraceptive and Sexual Health Services), which includes provision of a specialist young person's contraceptive nurse, an options adviser who supports young people in their choices when faced with an unplanned pregnancy, as well as promoting positive choices for future contraceptive use. The Chlamydia Screening Programme (under 25s) and the C-Card Scheme (under 25s) are also provided across a range of settings and venues in Sunderland. Efforts have also been made to improve access to a range of contraceptive choices through increasing the provision of access to Long Acting Reversible Contraception in primary care and Emergency Hormonal Contraception in pharmacy.

A Sex, Relationships and Education (SRE) offer is also in place through the Risk and Resilience Team at Sunderland Council, with the aim of supporting primary and secondary schools to provide high quality education about sex and relationships and raises awareness of the dangers of sexual exploitation with young people. However, the provision of a consistent offer of SRE to all young people in Sunderland is variable. The SRE offer is enhanced through a broader programme of work, including substance misuse prevention and the provision of Speakeasy Training for parents. Support to young mums to be and young parents is provided through Bumps to Babies (B2B).

The Integrated Wellness Model will incorporate non-specialist sexual health provision to ensure a more personalised approach to sexual health that is targeted at communities of greatest need.

What more do we need to do?

The local authority (Public Health) has the strategic lead for delivering and commissioning sexual health services. However, like many services, a partnership approach is required to ensure that the best outcomes are achieved for children and young people. Despite the best efforts of organisations to promote good sexual health, and recent improvements in teenage pregnancy rates, too many young women are becoming pregnant and sexually transmitted infections are too high.

XXXX will be responsible for leading improvements, with support from other partners across the Children's Trust as necessary. Further actions are identified as:

- challenge all schools to promote the delivery of at least the minimum standard of Sex and Relationship Education
- increase the number and range of outlets distributing condoms via the c-card
- ensure consistent messages regarding the easy access to sexual health services are promoted.

The Children's Trust will:

- ensure all partners within its membership are championing sexual health in their own settings as part of an integrated approach to mental and physical wellbeing
- receive six monthly updates on progress, providing appropriate challenge and support.

POLICY CONTEXT – A National and Local Picture

Changes to Children’s Trusts

In October 2010, the Coalition Government withdrew the statutory obligation to have a stand-alone Children’s Trust, however the ‘duty to co-operate’ remains, with local flexibility on how to manage this. Trust’s have the autonomy and flexibility in the way they work. For example:

- There are no guidelines setting out how often the Board should meet and operate.
- There is no prescription on the name of the Board or that it should have a clear and separate identity within the wider cooperation arrangements.
- There is no need to for a separate representative for each relevant partner. The local authority and the other relevant partners can agree that one person or body can represent others.

Local areas are therefore free to ensure the Children’s Trust Board fits within newly emerging structures in ways that best reflect and meet local needs.

With so much transformational change Sunderland has taken the stance that the Children’s Trust should continue to provide the strategic leadership as the partnership group with sole responsibility for championing the needs of children and young people. There have been some changes to the Trust: it is now one an advisory boards to the Health and Wellbeing Board on matters relating to children and young people, and has also adopted strategic responsibility for Child and Family Poverty across the city.

Child Poverty Act 2010 and national Child Poverty Strategy

The Child Poverty Act 2010 places a duty on local authorities in England to cooperate to reduce, and mitigate the effects of, child poverty in their local areas; to prepare and publish local child poverty needs assessments; and to consult children, parents and organisations representing them when preparing their strategy. The expectation is that areas will have their needs assessments and strategies in place from 2011 onwards to drive their priorities on addressing child poverty.

In addition, the Coalition has published its first national Child Poverty Strategy which places strengthening families at its heart, encouraging responsibility, promoting work, guaranteeing fairness and providing support to the most vulnerable. It requires a radical reform of the welfare state, increasing children’s life chances, a greater emphasis on early intervention, and a concentration on whole-family and whole-life measures.

Locally, the Children's Trust has adopted the responsibility for co-ordinating the work around Child and Family Poverty in the city. The Children and Young People's Plan fulfils the statutory duty of preparing a Child Poverty Strategy.

Joint Health and Wellbeing Strategy

This strategy – developed by the Health and Wellbeing Board – aims to enable and support people to enjoy much better health and wellbeing with less reliance on the public sector in the longer term. It will do this by reviewing the way agencies interact with communities, being responsive to local needs, but also to community strengths, recognising and enhancing their untapped potential which could complement the public sector's offering.

The Strategy identifies six strategic objectives to achieve its vision of the 'best possible health and wellbeing for Sunderland'. They are:

1. Promoting understanding between communities
- 2. Ensuring that children and young people have the best start in life**
3. Supporting and motivating everyone to take responsibility for their health and that of others
4. Supporting everyone to contribute
5. Supporting people with long-term conditions and their carers
6. Supporting individuals and their families to recover from ill health and crisis.

As advisory group to the Health and Wellbeing Board, the Children's Trust is responsible for delivering strategic objective 2 of the Health and Wellbeing Strategy.

To further support transformational change in Sunderland there are a number of other plans which the Children's Trust will give due regard to, these are:

Community Resilience Plan

The Community Resilience Plan recognises that individual, family and community resilience are intrinsically linked. Resilient individuals have certain skills and qualities that enable them to adapt well in the face of adversity and access the resources and support they need to succeed. However, it also recognises that external pressures (i.e. financial), poor physical and mental health and low self-esteem can make it especially difficult for an individual to cope with a challenge or take advantage of opportunities to improve their circumstances.

The Community Resilience Plan has nine strategic objectives which complement the whole ethos of the Children's Trusts. They are:

- Help households to maximise their income
- Ensure all residents have access to a decent and affordable place to live that meets the needs of their household
- Motivate and support people to take responsibility for their own health and wellbeing, and the health and wellbeing of others
- Support local people to maintain a community that is, and feels, safe and secure

- Encourage residents to take care of, and take pride in, their neighbourhood and its environment
- Ensure people have access to appropriate services and support that enable them to meet their changing needs
- Empower people to influence decisions and take control of changes that affect them and the community they live in
- Promote a sense of community belonging for people of all ages and backgrounds
- Facilitate the growth of mutual support and self-help activity in communities

Strengthening Families Framework

This framework recognises that families are the cornerstone of society and families who enjoy good health and wellbeing are less likely to require intervention.

The framework sets out our commitment to safeguarding and promoting the welfare of those who are vulnerable or potentially vulnerable by working with them at the earliest opportunity and making the best use of all resources available. It also seeks to ensure that families in Sunderland can easily access the right support, at the right time and in the right way to enable them to meet their needs and realise their aspirations. Integral to this approach is identifying and building on families' strengths, helping them to recognise and fulfil their potential and make a positive contribution to their community.

The desired outcomes from the framework are:

- **Improved quality of life for vulnerable families and their communities** through, for example, increased confidence and self-esteem; improved health and wellbeing throughout the lifecourse; and stronger, more resilient communities
- **Reduced demand on services**, as a result of, for instance, families having the capacity to solve their own problems; or communities playing a stronger role in supporting individuals
- **More effective and efficient use of resources**, by early intervention when problems arise, greater locality working and evidence based approaches
- **Greater trust in and satisfaction with the public sector and service providers** as a result of integrated and seamless service delivery.

SUMMARY OF THE VIEWS OF CHILDREN AND YOUNG PEOPLE

The refresh of the CYPP has been informed by the views of young people from three separate events, namely:

- Children's Trust Advisory Network (CTAN) 'confirm and challenge' exercise
- State of the City Debate
- Direct consultation on the proposed CYPP with CTAN.

CTAN confirm and challenge exercise

In May 2012, CTAN undertook a 'confirm and challenge' exercise of the priorities in the CYPP Delivery Plan 2010-13 to determine whether these were still relevant and important to young people. The network members worked with their peers who they represent to complete the consultation.

A total of 578 young people took part in the challenge. Young people were asked to state whether they thought a priority was relevant or not and explain the reasons for this.

The majority of young people felt that all the issues were still important and that is why the Children's Trust will retain a strategic overview of these areas. A small number of priorities are no longer being considered by the Children's Trust. Those priorities and the reasons why they are being no longer being considered by the Children's Trust are set out below:

- **Improve the public perception of young people** – this priority will be embedded into the principle of participation and engagement.
- **Improve accessibility and affordability of public transport** – the cost of transport is set regionally and so the Children's Trust is not able to influence this.
- **Improve the environment** – whilst the Children's Trust understands the importance of the environment, it is an issue which the whole population benefits from – adults and children. Therefore, this priority is best dealt with by existing services, such as the Council's Streetscene Team and its partners.

The remainder of the 2010-13 priorities are built into the four new strategic objectives. The Children's Trust will monitor these through the CYPP delivery plan 2014-17 or through the wider performance management arrangements.

Young People's State of the City Debate

The subjects debated in this year's young people's State of the City Debate in October 2013 were:

- Transport
- Student Rights
- Anti-social behaviour
- Sex education
- Discrimination.

These are issues debated and determined by young people themselves and so are clearly important to them. In support of these topics, the CYPP directly deals with Sex Education issues through the sexual health priority, and with Discrimination through the Equity design principle.

Consultation with CTAN

In November 2013, officers met with young people from CTAN to discuss the draft strategic objectives and priority areas for the refreshed CYPP. Detailed discussion took place about the different elements of the proposals, for example ways to improve health and wellbeing and the importance of educational attainment. By and large, the young people were happy with the proposals and did not feel that anything additional needed to be included in this plan.

GOVERNANCE AND PERFORMANCE MANAGEMENT ARRANGEMENTS

Governance

In order to ensure we have a joined up approach to driving improvements in the identified priority areas, the Children's Trust will and must engage with other partnerships and agencies. For example, the Economic Leadership Board and the Welfare Reform Board will be vital partners – though not the only partners – in devising a co-ordinated approach towards child and family poverty across the city, and the city's Area Committees will be crucial in supporting the Children's Trust's work by developing local solutions to the identified priority areas that are responsive to children, young people and families.

The diagram below shows those groups where formal and informal relationships have already been established and who the Children's Trust will work with to improve outcomes. The partnerships listed are not exhaustive, however, and the Children's Trust will engage with other partners and agencies, both those within its membership and wider, to achieve its goals.

Performance Management

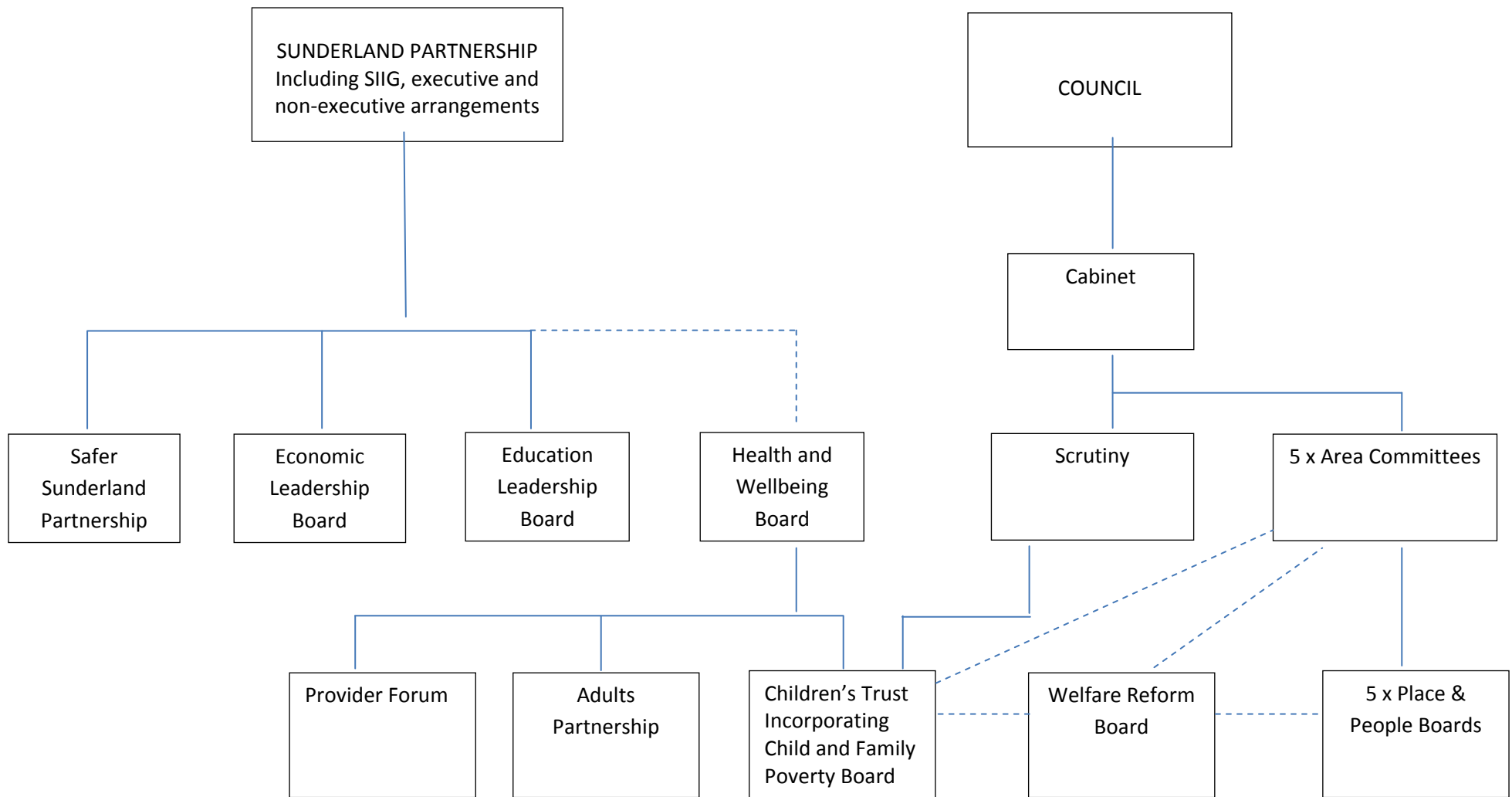
The Children's Trust will performance manage the four strategic objectives of the Children and Young People's Plan through the Council's People Services. It will receive six monthly progress reports in the relevant area and will provide appropriate challenge and support.

In terms of the priority areas, the Children's Trust will also receive six monthly progress reports.

The Children's Trust will expect to see in the reports that it receives:

- What progress is being made
- Where there are difficulties in achieving targets/goals and what the barriers are
- What the Children's Trust can do to support services in breaking down barriers.

CHILDREN'S TRUST GOVERNANCE ARRANGEMENTS, MARCH 2014



————— = denotes agreed governance arrangements
 - - - - - = denotes relationship between groups

NB. The Children's Trust is reviewing its governance arrangements to ensure that all relevant partnerships, and the appropriate relationship status, are shown in this diagram. Additional partnerships will include, for example, Sunderland Safeguarding Children Board, Strengthening Families, CAMHS Partnership, Looked After Children, Disabled Children, etc.