

**THE CHILDREN AND YOUNG PEOPLE'S
PLAN 2010-25**

THREE YEAR DELIVERY PLAN 2010-12

DRAFT – CONSULTATION DOCUMENT

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CABINET BRIEFING

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INTRODUCTION

This is the Children's Trust Delivery Plan for 2010-2012.

This delivery plan is the first of five plans that will set out how the Children's Trust aims to implement its fifteen year strategy, the CYPP 2010-25.

The CYPP 2010-25

- Offers strategic direction from the Children's Trust for the next fifteen years
- Identifies a number of priority outcomes which it aims to improve by 2025
- 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 2010-12 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 outcome. In most cases, this overview is based on information contained within the commissioning strategy and implementation plan.

THE CHILDREN'S TRUST'S PRIORITY OUTCOMES 2010-25

CHILD POVERTY SAFEGUARDING

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 alcohol consumption

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. Improve accessibility and affordability of public transport

16. Improve the environment

THE DELIVERY PLAN 2010-12

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 identified commissioning lead is Raj Singh, Child Poverty Strategy Lead, Children's Services.

What is the current picture?

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

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

Evidence shows that children who grow up in poverty are:

- Less likely to succeed at school, secure a good job as an adult and access a range of cultural and leisure activities
- 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.

- Sunderland is extensively deprived, based on the evidence of the national Indices of Multiple Deprivation (IMD) 2007
- 51% of children live in low income families, compared to 44% in the North East and 42% nationally (2007 national dataset)

- Out of a total of 25,074 households with children, 36% live in *relative poverty*¹. Of these, 60% are lone parent families (Local Housing Market Assessment 2007)
- 19% of families live in absolute poverty², of which 70% are lone parent families (Local Housing Market Assessment 2007)
- It is anticipated that a high (and growing) number of poorer families will be excluded from a number of financial services.
- 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.

What plans are in place to improve outcomes

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

- Provide a framework within which partners can work together with a shared vision to meet joint outcomes associated with reducing child poverty.
- Enable a wide range of partners to carry out their statutory and moral duties to reduce child poverty in Sunderland.
- 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:

- There are four building blocks which clearly link to improving outcomes and together will help reduce child poverty
- 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
- 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.

Local Area Agreement (LAA)

Child poverty is a priority in the LAA. This means it is a priority for the city.

¹ *Relative poverty* relates to

² *Absolute poverty* relates to a household whose income is less than £867 per month

National Indicator Set (NIS)

NI116 – proportion of children in poverty

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

- Absolute Low Income: A level below which people lack the necessary food, clothing or shelter to survive
- Severe Poverty is often defined by an annual income of less than £7000 per annum
- 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
- Low Income and Material Deprivation: Lacking specific goods and services and being below 70% median income after adjustments

Resources and finance

Safeguarding

The vision for this area of work is:

Every Child and Young Person in Sunderland will feel 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 for this?

The identified commissioning lead for safeguarding is Meg Boustead, Head of Safeguarding, Children's Services. The Sunderland Safeguarding Children Board (SSCB) is the partnership responsible for this area of work.

What is the 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:

- Safeguarding children and promoting their well being with a particular focus on children who are in need of protection
- 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

- Learning lessons about the way multi agency professionals work together to safeguard children, through serious case reviews
- 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:

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

In identifying the needs of children and young people

What is the SSCB going to do to improve the picture

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

- Raising awareness of outcomes and implementing the findings of Laming Report: The protection of Children in England 2009
- 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 guidance³, having joint development days)

- Establishing a safeguarding dataset to monitor, assess and challenge agency performance
- Quality assuring single agency and SSCB safeguarding training
- Having up to date, good quality and well-used policies and procedures
- Further developing multi agency strategies around Hidden Harm
- Further engaging relevant groups to secure faith and BME representation on the SSCB
- 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
- Safeguarding disabled children, specifically implementing DCSF guidance and reviewing the effectiveness of services
- 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

- 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
- Reviewing SSCB training in line with lessons learned
- Delivering specialised training sessions regarding lessons learned from national, regional and local Serious Case Reviews

³ Specifically the Apprenticeship, Skills, Children's and Learners Act (ASCL) 2009 and the statutory guidance on Children's Trusts

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 (looked-after children or LAC)
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 three vulnerable groups have been identified:

- Children and young people from black and minority ethnic groups (identified groups 7, 12 and 13)
- Children looked after (identified group 2)
- Children who are in need are those who are in need of protection
- 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.

BME

Section to be completed

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.

The identified commissioning lead is Meg Boustead, Head of Safeguarding, Children’s Services.

What is the current picture?

In Sunderland,

- At any one time there are approximately 390⁴ children in care. The proportion is high compared to England, but low in comparison to sub-regional neighbours.
- Health needs are well met (eg. immunisations, dental and general health)
- An Independent Advocacy Service is in place
- Placements provide a secure and stable environment
- While educational attainment is improving, there is still a gap between children in care and their peers
- There are more care leavers going to University
- Innovative prevention programmes have resulted in a 55% reduction in arrests of young people in residential homes.
- 70% of young people in care are in employment, education or training
- 100% of reviews are held within recommended timescales
- There has been a steady rise in the number of children adopted
- 92% of care leavers are in appropriate accommodation
- More children in care are engaged in service planning and decision making

Sunderland has recently developed its Children in Care 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.

What plans are in place to improve outcomes

The MALAP is preparing a strategy for Children in Care 2010-25:

⁴ accurate at January 2010

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

- Increase access to emotional and mental health services for children in short term placements
- 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 2009/10 and a further 7 in 2010/11.

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.

- 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.
- Increase educational attainment

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

- The LACE⁵ 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 PEA⁶ funding for the next academic year)
- 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
- 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 base line attainment

- Create a stable establishment of social workers

⁵ LACE – Looked After Children Education

⁶ PEA – Personal Education Allowances

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

LAA

Children in care are recognised in the Local Area Agreement. The LAA specifically identifies the stability of placements and reports on length of placement (NI63).

National Indicator Set (NIS)?

NI61 Timeliness of placements of looked after children for adoption following an agency decision that the child should be placed for adoption

NI62 Stability of placements of children looked after: number of placements

NI63 Stability of placements of children looked after: length of placement

Resources and finance

CHILDREN IN NEED AND IN NEED OF PROTECTION

Vision

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?

The commissioning lead for this vulnerable priority group is Meg Boustead, Head of Safeguarding, Children’s Services, SCC⁷.

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

What is the current picture for this theme?

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

⁷

What plans are in place to improve the 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

There are a number of national indicators within the National Indicator set that relate to children in need and in need of protection

NI59: Percentage of initial assessments for children's social care carried out within 7 working days of referral

NI60: Percentage of core assessment for children's social care that were carried out within 35 working days of their commencement

NI64: Child protection plans lasting two years or more

NI65: Percentage of children becoming the subject of Child Protection Plan for a second or subsequent time

NI67: Percentage of child protection cases which were reviewed within the required timescales

NI68: Percentage of referrals to children's social care going on to initial assessment

CHILDREN AND YOUNG PEOPLE 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.

Who is responsible?

The Strategic Partnership for Children and Young People with Learning Disabilities and/or Difficulties is responsible for this priority. The identified commissioning lead is Janette Sherratt, Health Improvement Lead.

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.

What is the current picture?

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

- 18 who are disabled and looked after
- Over 700 who are severely disabled
- Over 1000 with a statement of special educational need
- Over 4,500 who are disabled aged 0-19 (approximately 7% of the child population)
- Over 9000 identified with a LDD, including School Action⁸ and School Action Plus⁹

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

What plans are in place 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, specifically to ensure children and young people:

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

The strategy is driven by many national policies that relate to specific elements of learning difficulty and/or disability. The key drivers are DCSF¹⁰, DH¹¹, the NHS and LSC¹²

⁸ School Action – is additional support that is offered to a child in school

⁹ School Action Plus – is further additional support offered to a child in school

¹⁰ DCSF – Department for Children, Schools and Families

¹¹ DH – Department of Health

The strategy has identified six key priorities for improvement:

- **Information** – provide accurate, targeted and accessible information about available services and ensure appropriate information sharing with professionals
- **Funding** – clear pathways for identifying, accessing and pooling funds and resources.
- **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.
- **Access to services** – consistent support to working parents and families to access mainstream services
- **Workforce development** – Deliver appropriate LDD training to staff in mainstream services.
- **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.

National Indicator Set (NIS)

NI54 – services for disabled children

This is the first time there has been a specific indicator linked to disabled children. It will be particularly useful for PCTs and Local Authorities, 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.

¹² LSC – Learning and Skills Council

Priority outcome areas

Being Healthy

Being Healthy is one of the 5 Every Child Matters outcomes. The outcome aims to ensure children and young people are:

- Physically healthy
- Mentally and emotionally healthy
- Sexually healthy
- Maintaining a healthy lifestyle
- 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”¹³.

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.

There is a plethora of evidence which indicates that the early stages of adult poor health originate in early life so a healthy childhood is likely to lead to improved quality of life and increased life expectancy.

Four health related priorities have been identified in the CYPP 2010-2015:

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.

¹³ Healthy lives, brighter futures – the strategy for children and young people’s health, DCSF and DH

Priority Outcome 1- Reduce levels of childhood obesity so there are fewer overweight or obese children and young people

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 the 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. The identified commissioning lead is Marc Hopkinson, Public Health Practitioner, Primary Care Trust.

What is the 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.

- 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
- 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.
- 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.
- 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.

What plans are in place 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:

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

Performance information

One of the priority improvement indicators identified within the Local Area Agreement (LAA) relates to obesity and references NI56 of the National Indicator Set (NIS). NI55 relates to obesity in primary school age children in Reception.

Other Priority Improvement Indicators within the LAA relevant to tackling obesity include:

- **NI 50:** Emotional Health of Children
- **NI 119:** Self reported measure of peoples overall health and wellbeing
- **NI 120:** All age all cause mortality rate

Performance against this priority outcome will be monitored using the following indicators from the National Indicator Set (NIS):

Ref	Description	2008/2009 Outturn	Baseline 2009/2010 Target	Year 1 2010/11 Target	Year 2 2011/12 Target	Year 3 2012/13 Target	Link to priority outcome	In LAA
NI 55	% children in reception with height and weight recorded who are obese	10	n/a				1	
NI 56d	Percentage of children in Year 6 with height and weight recorded who are obese	21	22				1	✓

Resources and finance

Priority Outcome 2- Reduce levels of teenage pregnancy so there are fewer teenage conceptions

The vision for teenage pregnancy 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 services to address risk taking behaviours.

Who is responsible?

The aligned partnership responsible for this priority is the Risk and Resilience Partnership. The identified commissioning lead is Janette Sherratt, Health Improvement Lead (Children's Services, SCC¹⁴ / Primary Care Trust).

What is the current picture?

Various statistics are monitored that relate to teenage pregnancy.

Those most pertinent include:

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

'Teenage conceptions' relates to females aged 15-17 who become pregnant. In Sunderland, the rate of teenage conceptions has improved over the last ten years and most areas in the city show similar levels to the England average. However, 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.

What plans are in place 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 teenage pregnancy:

- Reduce teenage conception rates

¹⁴ SCC – Sunderland City Council

The strategy aims to do this by providing services that offer:

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

The strategy aims to do this by:

- Increasing access to care to learn funding for young parents
- Developing courses across the city to engage young parents in learning
- Working with connexions to identify and engage young mums
- Providing a specialist resource (b2b) with onsite childcare to engage young mums in education, training and employment

Performance information

The LAA recognises teenage pregnancy as a priority and will monitor this through NI112 which relates to the under 18 conception rate.

The Risk and Resilience Partnership will monitor performance against this priority outcome using a number of other indicators from the National Indicator Set (NIS) which have an impact on and are impacted on by teenage pregnancy:

Ref	Description	2008/2009 Outturn	Baseline 2009/2010 Target	Year 1 2010/11 Target	Year 2 2011/12 Target	Year 3 2012/13 Target	Link to priority outcome	In LAA
NI 112	Under 18 conception rate	-6	34.9 per 1000 46.4%↓n				2	✓
NI 110	Young people's participation in positive activities	69.4	not set					
NI 113a	Percentage of the resident population aged 15-24 accepting a test/screen for chlamydia	6.60%	not set					
NI 113b	Prevalence of Chlamydia in under 25 year olds	17.70%	25%					

Ni 116					
	16 to 18 year olds who are not in education, employment or training (NEET)				
NI 117		13.2	9.5	12	✓

Resources and finance

Priority Outcome 3- Improve the mental health outcomes of children and young people

Vision

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 outcome 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 identified commissioning lead is Janette Sheratt, Health Improvement Lead.

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:

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

Year 4:

- There is a lower proportion of children with emotional difficulties
- There are similar levels of anger and aggression
- There are similar levels of self esteem
- There are similar levels relating to school climate

Plans in place to improve this outcome

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:

- Work with parents to promote well being, self confidence and self esteem in Children and Young People;
- 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);
- Providing accessible and dedicated mental health services to develop resilience skills and improve emotional health.

Local Area Agreement (LAA)

NI50 of the NIS relates to the emotional health of children. It is in the Local Area Agreement, which means it is a priority for the City.

National Indicator Set (NIS)?

NI51 of the NIS relates to the effectiveness of CAMHS.

Resources and finance

In 2008/09 the total budget for the CAMHS service was £1,031,000, figures for 2009/10 and beyond are currently unavailable.

Priority Outcome 4- Reduce alcohol consumption

Vision

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 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 this outcome?

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:

- **Prevent harm to children, young people and families affected by drugs and alcohol.**
 - Reduce the number of young people frequently using illicit drugs, alcohol or volatile substances.
 - Ensure appropriate services for young people in treatment as defined by NTA.
 - Reduce alcohol related Accident & Emergency admissions
 - Reduce alcohol related crime and disorder.
- **Reduce numbers of young people that smoke**
 - Reduce smoking prevalence in young people aged over 16

Ensure all secondary schools attain gold smoke free award by September 2009

Improve access to smoking cessation services across the city for under 18's

Reduce 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:

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

Local Area Agreement (LAA)

Within the Healthy City theme a Priority Improvement Indicator directly relates to Alcohol & Smoking:

- **NI 123** 16+ current smoking rate prevalence
- **NI 39** Alcohol-harm related hospital admission rates,

There are a number of National Indicators that are related to substance misuse:

- **NI 39** Alcohol-harm related hospital admission rates
- **NI 115** Substance misuse by young people

Staying Safe

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

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

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

Safeguarding is a national priority and LSCB¹⁵s 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 reducing 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

¹⁵ LSCB – Local Safeguarding Children's Board

Priority Outcome 5- Tackle the impact of domestic violence on children and young people

Who is responsible?

The aligned partnership responsible for this priority is the Sunderland Safeguarding Children Board (SSCB). The identified commissioning lead is Meg Boustead, Head of Safeguarding, Children's Services.

What is the current picture?

In Sunderland, from over 14,500 contacts in the period July 2008 to June 2009, social care services 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.

- In 35% of cases going to initial conference domestic violence is a feature
- 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 CPS.

What plans are in place 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 this.

Performance against this priority outcome will be monitored using the

Ref	Description	2008/2009 Outturn	Baseline 2009/2010 Target	Year 1 2010/11 Target	Year 2 2011/12 Target	Year 3 2012/13 Target	In LAA
NI32							✓

NI32 (Repeat Incidents of DV) -No target was set for 2008/2009 as this was a new measure. However progress to date shows that DV cases reviewed by MARAC in Q1 2009/10 are showing 34% are were repeats. The target is stable. The Home Office expect repeat MARAC case rates to rise in the 1st 18 month of a scheme before stabilising then reducing. Therefore it may be expected that Sunderland figures rise further before reducing.

Resources and finance

Priority Outcome 6- Reduce levels of bullying

Vision

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.

The identified commissioning lead is Meg Boustead, Head of Safeguarding Service, Children's Services.

What is the 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.

What plans are in place 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 are currently being updated.

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 using the following indicators from the National Indicator Set (NIS):

Ref	Description	2008/2009 Outturn	Baseline 2009/2010 Target	Year 1 2010/11 Target	Year 2 2011/12 Target	Year 3 2012/13 Target	In LAA
NI 69	Children who have experienced bullying	48	not set				
NI 50	Emotional health of children	66.90	69.5				✓

Resources and finance

For 20010/11 there is provision within the Area Based Grant, however this ends in March 2011.

Priority Outcome 7-Reduce the numbers of children and young people who are victims of crime and reduce children and young people's fear of crime

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?

The identified commissioning lead is Judith Hay, Head of Making a Positive Contribution and Economic Wellbeing, Children's Services. The commissioning lead is responsible for ensuring that this priority is progressed.

A link has been made between this priority and one of the LSP's¹⁶ priorities, namely to make Sunderland a Safer 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 LSP's thematic partnership "Safer Sunderland Partnership".

What is the current picture?

In 2008/09 there was a total reduction of 3% in recorded crime in Sunderland which translates to 782 fewer victims. In 2008/09 8.5% of all recorded victims (where details were available) were children and young people aged 18 or under.

The highest risk age group is aged 18, with nearly double the level of victims that would be expected as a proportion of the population as a whole. Young people are often most at risk of certain types of crime, which are often linked to high value goods such as mobile phones

- 44% of victims of violence against the person
- 51% of victims of robbery were aged under 25

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, a piece of research was commissioned on behalf of the SSP to collate the views of under 16s. It found that

- 52.3% of children and young people involved feel safe in Sunderland;
- 11.5% feeling very safe and 40.7% fairly safe. This is slightly higher than the 51% for the general adult population.

¹⁶ LSP – Local Strategic Partnership

- Children feel least safe during the evening.

The results of the survey indicate that children and young people's feelings of safety are significantly influenced by the press and TV coverage of crime, both documentaries and TV programmes. In some cases children gave examples citing programmes that were not appropriate for their age and many cited story lines in soaps. Within the survey, children and young people reported that they 'stay together to feel safe' but accept that in doing so are often perceived as a gang by others/adults.

The Sunderland Safer Communities Survey 2009 shows a significant improvement with 66% of respondents now saying they feel fairly or very safe compared to only 51% last year.

The largest demographic influence in feelings of safety was age of respondent with younger people feeling significantly less safe than their older peers.

People say they feel vulnerable due to age, with the highest feelings of vulnerability being reported by the youngest and oldest respondents.

Other research¹⁷ suggests crime and fear of crime is associated with drugs, alcohol, graffiti and a lack of community facilities.

What plans are in place to improve outcomes

The Safer Sunderland Strategy 2008-2023 is in place, and is delivered by the Safer Sunderland Partnership. The 15 year outcome for the SSP is 'Being and Feeling Safe and Secure'. This is about reducing crime, disorder and substance misuse and improving feelings of safety. The 2009/10 priorities support this longer term outcome. The priorities below encompass children and young people experiencing crime and fear of crime as both victims and offenders and those at risk of being both:

- Reduce re-offending;
- Tackle violent crime;
- Tackle anti-social behaviour;
- Tackle perceptions of anti-social behaviour and improve feelings of safety.
- Reduce alcohol misuse and the harm it causes, including alcohol related crime
- Reduce drug misuse and the harm it causes, including drug related crime

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.

¹⁷ Moorsley & Pete Carr

Other indicators from the National Indicator Set will also be monitored to measure performance:

Ref	Description	2008/2009 Outturn	Baseline 2009/2010 Target	Year 1 2010/11 Target	Year 2 2011/12 Target	Year 3 2012/13 Target	Link to priority outcome	In LAA
NI 15								
NI 17								
NI 20								
NI 21								

Resources and finance

Projects and programmes undertaken to deliver the strategic priorities of the Safer Sunderland Strategy are funded through a number of different mainstream budgets and external funding streams. The key interventions are captured in the Local Area Agreement's safe city delivery plan. Many of these interventions specifically support work to address risk factors of children and young people becoming involved in crime, as well as interventions to reduce re-offending by young people and action to improve feelings of safety (for all residents).

Enjoying and Achieving

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

- Ready for school
- Attend and enjoy school
- Achieve at school
- Achieve personal and social development and enjoy recreation

The Local Authority is legally responsible for ensuring that all school age children and young people are receiving full time education, as well as specific responsibilities for children and young people with specific educational needs (SEN) and those excluded from mainstream education. The Local Authority is also responsible for ensuring Early Childhood Services are available and accessible.

Current legislation & policy that are informing developments include:

- Apprenticeships, Skills, Children and Learning Act (2009)
- LAMB
- STEER
- Children's Act (2006)
- 21st Century Schools White Paper

The Local Authority fulfils its statutory responsibility through partnerships with key stakeholders including and especially schools.

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 the 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 2010-25

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

Priority Outcome 8. Improve attainment for all children and young people by achieving national averages at all stages

Priority Outcome 9. Improve attainment for vulnerable and under performing groups of children and young people

Sections for priorities 8 & 9 are under review and still to be completed.

8.1 Improving attainment of 0-5 year olds

The Right Start – an improving early years foundation stage profile

The vision for this outcome is

To improve the outcomes for all children under 5 and close the gap between those with the poorest outcomes and the rest by ensuring Early Childhood Services are integrated, proactive and accessible.

Who is responsible?

The partnership responsible for this priority is the Early Years and Childcare Strategic Partnership. The identified commissioning lead is Lynda Brown, Head of Standards, Children's Services.

There is an Early Years Outcome Duty and Childcare Sufficiency Plan 2009-2011, which sets out detailed information on plans to improve this outcome.

What is the current picture?

There is a statutory duty for the Local Authority to improve the outcome of all children under 5 and close the gap between those with the poorest outcomes and the rest.

During 2006 – 2008 Sunderland was performing below the national average and on a downward trend. However the results for 2009 show a significant improvement.

- The results for all children for the EYFSP have improved by 9% and are 1% above the national average.
- The gap between those with the poorest outcomes and the rest has closed but is still below the national average.

For those aged 0-5 two priority groups identified as areas for improvement exist, namely

- Boys - In 2009 boys achieved 19% below girls for 78 points and 6+ in PSED¹⁸ and CLLD¹⁹.
- Children from the BME²⁰ community

¹⁸ PSED -

¹⁹ CLLD -

²⁰ BME – Black and Minority Ethnic

What plans are in place to improve outcomes

The Early Years and Childcare Strategic Partnership is developing an Early Years Outcome Duty Strategy to include actions from all stakeholder groups to improve outcomes for all children from birth to 5 and to close the gap between those with the poorest outcomes and the rest. The Children's Services Standards Plan contains actions for the Extended Services and Attendance Group to deliver on improvements for the Early Years Foundation Stage.

Performance information

From the National Indicator Set (NIS), NI72 and NI92 relate to children aged 0-5 assessed using the Early Years Foundation Stage Profile (EYFSP). Both of these indicators are included within the Local Area Agreement (LAA).

Performance against this priority outcome will be monitored using the following indicators:

Description	2008/09 Outturn	Baseline	Year 1	Year 2	Year 3	In LAA?
		2009/2010 Target	2010/11 Target	2011/12 Target	2012/13 Target	
NI 92 Narrowing the gap - lowest achieving 20% the Early Yrs Foundation Stage Profile vs the rest At least 78 points across Early Years Foundation Stage with at least 6 in each of the scales	42	36.7				✓
NI 72	44	48.4				✓

Resources and finance

The Sure Start Early Years and Childcare grant to support Early Years, Children's Centres and childcare is £10,584,390 for 2009/10 and £11,113,694 for 2010/11.

Additional funding is available for the 2 year pathfinder £745,268 2009/10 £407,961 2010/11, the Graduate Leader Fund £368,000 2009/10 £450,542 2010/11, 0 – 7 Partnership Pilot £398,784 2009/10 £387,686 2010/11, Buddying Pilot £29,052 2009-10 £29,052 2010-11 Flexible Offer Pathfinder £2,112,042 2009-10 and £2,137,712 for 2010-11.

8.2 Improve attainment in GCSE English and Maths A*-C

Raising the Bar – Sunderland youngsters meeting national standards

The vision for this outcome is

To improve the proportions of pupils who achieve 5 A- C grades at GCSE including English and mathematics by challenging and supporting all secondary schools.*

Who is responsible?

The partnership between the Local Authority's School Improvement Service and secondary schools take responsibility for this priority. The identified commissioning lead is Lynda Brown, Head of Standards, Children's Services.

There is a "14-19 Strategy (Including NEET Strategy) 2009-2013 - Consultation Document", which sets out detailed information on plans to improve this outcome.

What is the current picture?

The proportion of pupils achieving 5A*-C grades (including English and maths) within Sunderland local authority has shown a year on year improvement over the last three years, leading to the best ever results in 2009. There has also been a narrowing of the gap against national performance. However, results are still below the national average.

What plans are in place to improve outcomes

The Secondary Plan sets out detailed actions and targets to improve this outcome, through national statutory targets.

The Secondary National Strategy Action Plan 2009/10– the cypp is from 2010 onwards. sets out overarching priorities, including actions, milestones and impact measures to improve this outcome. Key priorities include:

- All schools are consistently challenged on their performance through: the revised SIP programme cycle of visits; National Challenge monitoring; implementation of the Gaining Ground initiative; good quality risk analysis; the effective use of data; setting challenging targets
- The accuracy and consistency of assessment is strengthened by embedding APP and the renewed frameworks for English and mathematics.
- Intervention strategies at KS3 and KS4 are further developed and more appropriately targeted, including Study Plus, guided group work, improving subject knowledge, developing functional skills, improving planning, well-articulated consultant-school agreements.
- Strategies to reduce significantly the gap between vulnerable pupils (including SEN and G&T) and all other groups are developed and implemented in schools.

- The roll out of SEAL in order to promote overall resilience and to promote positive behaviour
- Schools have in place effective teaching and learning policies with a focus on assessment for learning.
- To support and monitor the national one-to-one tutoring initiative

Performance information

Performance against this priority outcome will be monitored using the following indicators from the National Indicator Set (NIS):

Ref	Description	2008/2009 Outturn	Baseline 2009/2010 Target	Year 1 2010/11 Target	Year 2 2011/12 Target	Year 3 2012/13 Target	In LAA
NI 75	Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths	43	51				✓
NI 78	Reduce number of schools where under 30% of pupils achieve 5 A*-C GCSE with English and Maths	2	2				

Resources and finance



8.3 Improving attainment of BME groups

Narrowing the Gap – Vulnerable and disadvantaged youngsters achieving

The vision for this outcome is

To improve the outcomes for BME pupils in schools and to narrow the attainment gap between BME pupils and non-BME pupils

Who is responsible?

The aligned partnership responsible for this priority is the 0-16 Education Improvement Partnership. The identified commissioning lead is Lynda Brown, Head of Standards, Children's Services.

What is the current picture?

Bangladeshi children and young people are the significant cohort within the BME group and as such this is the only significant cohort that allows for statistical comparison.

At key stage 2, Bangladeshi pupils performance has improved significantly year on year in English, Maths and Science. Similarly, the proportion achieving 5 + GCSEs A*-C (including English and Maths) has increased.

What plans are in place to improve outcomes

The Primary National Strategy Action Plan 2009/10 sets out overarching priorities, including detailed actions, milestones and impact measures which include the improvement of this outcome. Key priorities include:

- To support schools in their effective use of the Primary Framework to improve planning and teaching, develop pedagogy for personalisation and tackle underperformance in literacy and mathematics;
- Using the Improving Schools Programme (ISP), challenge and support schools to ensure that children make good progress and that at least 55% of children attain level 4+ in both English and mathematics;
- Implementation or embedding of the CLLD programme across EYFS and into Key Stage 1 with focus on developing subject knowledge, tracking of phonic progress, accurate assessments and guided reading and writing;
- To improve pupil progression by using formative assessment to drive pupil progress and embed APP materials;
- Building capacity to raise standards focusing on behaviour, attendance and SEAL;
- To raise standards in writing in 30 identified schools by their participation in the Every Child a Writer programme
- To narrow the gap for vulnerable groups at Key Stage 2 and Key stage 4
- To monitor and challenge the quality of provision made by schools for children from whom English is not their first language

Performance information

Performance against this priority outcome will be monitored using the following indicators from the National Indicator Set (NIS):

Ref	Description	2008/2009 Outturn	Baseline 2009/2010 Target	Year 1 2010/11 Target	Year 2 2011/12 Target	Year 3 2012/13 Target
NI 107	Key Stage 2 attainment for Black and minority ethnic groups (Bangladeshi)	52	58			
NI 108	Key Stage 4 attainment for all Black and minority ethnic groups	23	28			

Resources and finance

Standards Fund EMAG grant - £195 281

Vulnerable Children's Grant - £302 906

PNS grant – £16 000

Priority Outcome 10 Have locally accessible and affordable fun play and physical activities

The vision for this outcome 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. The identified commissioning lead is Julie D Gray

What is the 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.

What plans are in place 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:

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

- Attracting and prioritising funding to deliver key city needs
- Working with regeneration providers to ensure that child friendly neighbourhoods exists to support play and physical activity and green transport.
- Commissioning preventative activities and specific training to all staff working in play, sport and physical activity with children and young people.
- Commissioning more play and positive activities for children aged 5-13
- A childhood obesity programme, commissioned by the PCT is expanding. The new Active Bus, working through SAFC Foundation and the City Council targets young people in school and college settings to improve lifestyles

Performance information

The Active Sunderland Board is not directly responsible for any performance indicators linked to this priority outcome. However, the Board will monitor its performance using the following indicators from the National Indicator Set (NIS):

Ref	Description	2008/2009 Outturn	Baseline 2009/2010 Target	Year 1 2010/11 Target	Year 2 2011/12 Target	Year 3 2012/13 Target	In LAA
NI 56d	Percentage of children in Year 6 with height and weight recorded who are obese	21	22				✓
NI 50	Emotional health of children	66.90	69.5				✓
NI119							
NI120							
NI 55	% children in reception with height and weight recorded who are obese	10	n/a				
57							
NI 110	Young people's participation in positive activities	69.4	not set				
199							

Resources and finance

Making a Positive Contribution

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 2010-25

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

Priority Outcome 11- Reduce levels of offending (re-offending and first time offending)

The vision for this outcome is

The vision of the Youth Offending Service 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. The YOS Board also functions as one of the key delivery theme groups of the Safer Sunderland Partnership and so is clearly linked to the Local Strategic Partnership.

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

There is a Youth Justice Plan 2009/10 that sets out detailed information on plans to improve this outcome

What is the 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.

- 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.
- 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 re-offending is identified as a key priority within the Sunderland Local Area Agreement

What plans are in place to improve outcomes

National priorities are designed to provide local authorities and YOTs²¹ 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:

- Evidence of fewer young people being drawn into the youth justice system;
- Reduction in overall re-offending, and also in the frequency and severity of re-offending
- 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 2009/10 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:

- Prevention of offending by intervening early to prevent first time entrants;
- Reduce re-offending by intervening early to prevent the escalation of re-offending;
- Engagement: as the key to achieving behaviour change with robust enforcement arrangements for those who refuse to comply;
- Assessment: as the foundation to effective service planning and delivery
- 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 2010/11, 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 re-offending
5. Use of custody
6. Risk of serious harm
7. Safeguarding
8. Victim and public confidence

²¹ YOT – Youth Offending Team

Performance information

There are six (national) performance indicators that are used to monitor the performance of Youth Offending Partnerships, all of which are included in the National Indicator Set (NIS).

Ref	Description	2008/2009 Outturn	Baseline 2009/2010 Target	Year 1 2010/11 Target	Year 2 2011/12 Target	Year 3 2012/13 Target	In LAA
NI 19	Rate of proven re-offending by young offenders	0.96	1.1				✓
NI 43	Ethnic composition of offenders on Youth Justice System disposals (white)	1	1				
NI 44a	Ethnic composition of offenders on Youth Justice System disposals (mixed)	-0.5	-0.5				
NI 44b	Ethnic composition of offenders on Youth Justice System disposals (black or black british)	0.3	0.2				
NI 44c	Ethnic composition of offenders on Youth Justice System disposals (asian or asian british)	-0.4	0				
NI 44d	Ethnic composition of offenders on Youth Justice System disposals (chinese/other)	-0.5	0				
NI 44e	Young offenders engagement in suitable education, employment or training	90.5	90.6				
NI 45	Young offenders access to suitable accommodation	99.4	99.5				
NI 46	First time entrants to the Youth Justice System aged 10 - 17	766	751				
NI 111							

NI19 is included in the Local Area Agreement (LAA), which means it is a priority for the city.

Resources and finance

The YOS has a complex budget structure made up of significant Council core funding, core government funding from the YJB for England and Wales, partner agency funding, in kind contributions and a range of time-limited grant funding.

Sunderland YOS has historically been successful in attracting significant funds to the service through grant applications for specific initiatives. As a result of both the core funding in place and these additional funds, Sunderland YOS is a well resourced service and this enables the YOS to provide a range of additional and specialist services to compliment statutory and youth justice provision.

The total YOS budget for 2009/10 was £4,260,629 of which 60% is guaranteed funding, 28% is year on year approval and 12% is time limited.

Priority Outcome 12- Reduce levels of anti-social behaviour

The identified commissioning lead is Judith Hay, Head of Making a Positive Contribution and Economic Wellbeing, Children's Services. The commissioning lead is responsible for ensuring that this priority is progressed.

A link has been made between this priority and one of the LSP's²² priorities, namely to make Sunderland a Safer City.

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 thematic partnership "Safer Sunderland Partnership".

Resources and finance

²² LSP – Local Strategic Partnership

Priority Outcome 13- Improve the public perception of young people

The vision for this outcome is

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

Who is responsible?

The identified commissioning lead is Judith Hay, Head of Making a Positive Contribution and Economic Wellbeing, Children's Services. The commissioning lead is responsible for ensuring that this priority is progressed.

A link has been made between this priority and one of the LSP's²³ priorities, namely to make Sunderland attractive and inclusive. 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 LSP's thematic 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.

What plans are in place to improve outcomes

The Children's Trust will:

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

Performance information

Resources and finance

²³ LSP – Local Strategic Partnership

Achieving Economic Wellbeing

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

- a. Engage in further education, employment or training when they leave school
- b. Are ready for employment
- c. Live in decent homes and sustainable communities
- d. Have access to transport and material goods
- e. 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 2010-25

- 14. Increase the proportion of young people in education, employment and training
- 15. Improve transport
- 16. 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

Priority Outcome 14- Increase the proportion of young people who are in Education, Employment and Training (EET)

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.

The identified commissioning lead for this priority is Judith Hay, Service Manager for Positive Contribution and Economic Wellbeing, Sunderland Children's Services.

Learning Partnership

What is the 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:

- The economy and the current recession
- Local culture, where there are lower aspirations.
- The role of aspiration raising.
- The number of opportunities available to young people
- Having the opportunities that young people want to access
- 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.

What plans are in place to improve outcomes

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

- 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.
- Support young people to maintain their engagement and support staff working with them to understand issues and respond effectively.
- 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.
- Ensure that learning providers offer an appropriate curriculum for all young people.

- Increase the number of supported apprenticeships across partners.
- Improve performance management framework in relation to NEET.

Following a Turning the Curve exercise²⁴ that took place in September 2009, a refreshed action plan has been prepared and is being actioned by the NEET subgroup.

Performance information

NEET is a priority that is identified in the Local Area Agreement (LAA). As such, it is a priority for the city. The LAA also aims to increase the number of young people from low income backgrounds progressing to higher education, which will have an impact on NEET.

Performance against this priority outcome will be monitored using the following indicators from the National Indicator Set (NIS):

Ref	Description	2008/2009 Outturn	Baseline 2009/2010 Target	Year 1 2010/11 Target	Year 2 2011/12 Target	Year 3 2012/13 Target	In LAA
NI 117	16 to 18 year olds who are not in education, employment or training (NEET)	13.2	9.5 (Jan 2010)	8.8 (Jan 2011)			✓
NI 106							✓

Resources and finance

²⁴ Turning the Curve

Priority Outcome 15- Improve accessibility and affordability transport

The commissioning lead is responsible for ensuring that this priority is progressed.

A link has been made between this priority and one of the LSP's²⁵ 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

²⁵ LSP – Local Strategic Partnership

Priority Outcome 16- Improve the environment

The commissioning lead is responsible for ensuring that this priority is progressed.

A link has been made between this priority and one of the LSP's²⁶ 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.

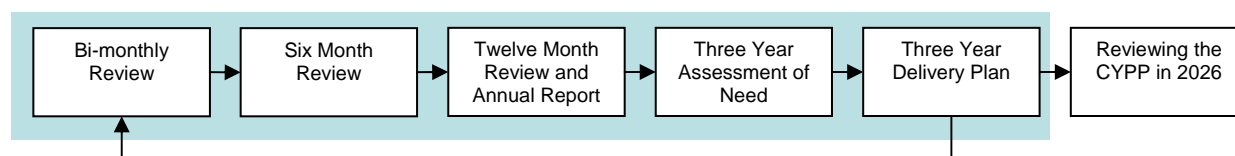
Resources and finance

²⁶ LSP – Local Strategic Partnership

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
Childhood obesity	✓					
Teenage pregnancy	✓					
Emotional and mental health	✓					
Domestic violence		✓				
Bullying		✓				
Victims of and fear of crime		✓				
Attainment at all stages			✓			
Attainment of vulnerable groups			✓			
Play and physical activities			✓			
Offending				✓		
Anti-social behaviour				✓		
Public perceptions of young people				✓		
Education, employment and training					✓	
Transport					✓	
Environment					✓	
Black and minority ethnic groups						✓
Children in care						✓
Children in need and in need of protection						✓
Learning difficulties and/or disabilities						✓

Appendix 1

PROPOSED PRIORITIES FOR THE CYPP 2010-25 AND RELATED USEFUL INFORMATION							
Version 8							
	Proposed priority outcomes	Commissioning lead	Proposed Responsible Partnership	Delivery Plan	Thematic partnership / priority (LSP)	In LAA?	NIS
	CHILD POVERTY	Raj Singh	Child Poverty Board	Child Poverty Strategy	Prosperous City (Economic Prosperity Partnership)	Y	116
	SAFEGUARDING	Meg Boustead	SSCB	Safeguarding Business Plan	Safer City (Safer Sunderland Partnership)	N	
	BEING HEALTHY						
1	Reduce levels of childhood obesity so there are fewer overweight or obese children and young people	Marc Hopkinson / Janette Sherratt	Obesity Partnership	NHS South of Tyne and Wear Overweight and Obesity Strategy (2010-2020)	Healthy city	Y	NI56
2	Reduce levels of teenage pregnancy so there are fewer teenage conceptions	Janette Sherratt	Risk & Resilience	Risk & Resilience Strategy 2008-2012	Healthy city	Y	NI112
3	Improve mental health outcomes for children and young people	Janette Sherratt	CAMHS		Healthy city	Y N	NI50 NI69
4	Reduce alcohol consumption	Janette Sherratt	Risk & Resilience	Risk & Resilience Strategy 2008-2012	Healthy city	N	
	STAYING SAFE						
5	Tackle the impact of domestic violence on children and young people	Meg Boustead	SSCB	Safeguarding Business Plan	Safer Sunderland	Y	NI32
6	Reduce levels of bullying	Meg Boustead					
7	Reduce numbers of CY&P who are victims of crime and reduce children and young people's fear of crime	Judith Hay			Safer Sunderland	N	NI21, NI27
	ENJOYING AND ACHIEVING						
8	Improve attainment at school	Lynda Brown	0-16		Learning	Y	NIs72-75, NI83, NIs92-101
9	8.1 BME	Lynda Brown	0-16		Learning	N	NIs 107-108
	8.2 Early years foundation stage	Lynda Brown	0-16	Early Years Outcome Duty and Childcare Sufficiency	Learning	Y	NIs 72 & 92

				Plan 2009-2011			
	8.3 English and Maths A*-C	Lynda Brown	0-16	14-19 Strategy (Including NEET Strategy) 2009-2013 - Consultation Document	Learning	Y	NI 75
		Lynda Brown	0-16				
10	Have locally accessible and affordable fun play and physical activities	Julie D Grey	Active Sunderland Board	Play and Urban Games Strategy 2008-2013	Attractive and inclusive	N	NI199
	MAKING A POSITIVE CONTRIBUTION						
11	Reduce levels of offending	Judith Hay	Youth Offending	Youth Justice Plan 2009 onwards - Draft document	Safer Sunderland	Y Y&N	NI111 NI19 / NI111
12	Reduce levels of anti-social behaviour	Judith Hay			Safer Sunderland	N	NI17
13	Improve the public perception of young people	Judith Hay			Attractive and inclusive	N	
	ACHIEVING ECONOMIC WELLBEING						
14	Increase the proportion of young people in education, employment and training	Judith Hay	14-19	14-19 Strategy (Including NEET Strategy) 2009-2013 - Consultation Document	Learning	Y	NI117
15	Improve accessibility and affordability of public transport	Keith Moore			Attractive and inclusive	Y	NI175
16	Improve the environment	Keith Moore			Attractive and inclusive	Y	NI195
	VULNERABLE GROUPS						
	LEARNING DIFFICULTIES AND/OR DISABILITIES	Meg Boustead	LDD	Children and Young People with Learning Difficulties or Disabilities (LDD) - A Strategy for Transformation 2009-2025 - Draft document		N	NI54
	CHILDREN LOOKED AFTER	Meg Boustead	MALAP			N	NIs58, 61, 62 & 66
	BLACK AND MINORITY ETHNIC GROUPS						
	CHILDREN IN NEED AND IN NEED OF PROTECTION	Meg Boustead	SSCB	Safeguarding Business Plan	Safer Sunderland	N	NIs 59-60, 64-65, 67-68 & 72

