

Success for All Children Group Annual Report 2013

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1. Strategy and vision

Introduction

The Success for All Children Group has continued to work together to set challenging and ambitious targets and to improve outcomes for children and young people in Southend. The group has representatives from Southend Borough Council, South East Essex Primary Care Trust, Essex Fire and Rescue, Primary and Secondary Head Teachers, School Governors, South Essex Partnership Trust and the voluntary sector.

Our Annual Report sets out our achievements over the last year, judgements made about us by our external inspectors and our areas for improvement. **Overall we delivered 96% of the actions in our 2012 – 2013 Children and Young People's Plan for Southend-on-Sea.**

Partners of the Success for All Children Group are all continuing to operate in a difficult financial environment. As our resources become more limited we will further target our efforts where they are most needed and have developed a focussed set of priorities for 2013-2014. Innovation continues to be a key driver to our continued improvement of outcomes; as we strive to find new ways of delivering services through partnerships with voluntary sector and other organisations.

A comprehensive analysis of local needs helps us to develop our Children and Young People's Plan and realise our ambitious vision to continue improving outcomes in Southend-on-Sea. This is set within a systematic, annual cycle of service planning and commissioning, monitoring and evaluation. The annual report and needs analysis informs priorities and actions to achieve continuous improvement, particularly to narrow the gap for different groups of children and young people. Our Children and Young People's Plan and supporting Needs Assessments can be found at www.southendchildren.org.

Our vision and ambition for children in Southend-on-Sea

Our vision is simple, Success for All. We are committed to achieving success for all children but remind ourselves that this success needs to be defined with the children and young people and their families. As a partnership we recognise that our role is to fan the potential that exists in every child and work together to remove the injustices and barriers that prevent them from reaching their full potential.

One of our strengths is the way as organisations we work together in Southend. Our new vision statement clearly sets out the ways we want to continue to work together to give children and young people the best possible start in life. Our vision statement and other key documents can be found at www.southendchildren.org.

How did we do in 2012-2013?

Over the past year the Success for All Group has focussed on delivering the priorities of the Children and Young People's Plan 2012 – 2013. In this section we take a moment to highlight some of our key successes against our priorities over the year.

With our partners we delivered a total of 96% of our Children and Young Peoples Plan for Southend-on-Sea 2012-2013.

In June 2012 Ofsted inspected our Safeguarding and Looked after Children's Services and found our services to be good with many outstanding features, in particular ambition and prioritisation, partnership working, capacity to improve in safeguarding and children feeling and being safe were graded outstanding. The inspection recognised the improvement journey and measures that we have taken to ensure that we are providing the best possible support to looked after children and that our safeguarding processes and practice is on a continuum of improvement. In addition, our Youth Offending Service 2012 inspection recognised our partnership working and our leadership and vision. Our Fostering and Adoption Services were also both inspected and graded as good during 2012. Furthermore, 83% of our Ofsted inspected children centres have been rated good or outstanding against 69% of centres nationally and 61% in the East of England, we are ranked as fourth in the country for the percentage of childcare provision graded good or outstanding.

We have taken an innovative approach to the Governments Troubled Families agenda with our Streets Ahead project. Making a key contribution to one of our partnership priorities, Closing the Divide between more advantaged and less advantaged children and families in Southend, the Streets Ahead project combines a targeted evidence based family support programme with a community lead transformation programme. The project offers families the support they need now to make the life changes they want to make, whilst providing a real opportunity to mobilise local people to help address Southend's deep-seated challenges of deprivation, social exclusion and disengagement.

Our other successes are:

- We have re-commissioned the Tier 2 Child and Adolescent Mental Health service.
- We have met more children's needs at stage 2 of our early intervention model, this is evidenced by decreasing numbers of looked after children and decreasing numbers of children on child protection plans
- We have completed the establishment of Nurture Base provision across Southend and develop a quality standards framework
- Our 2012 education results show our continuing improvement trend.
- We have increased the skills in the workforce to appropriately respond at an early stage to domestic violence through a range of training programmes.

- Our continued targeted work to reduce teenage conceptions has delivered a decrease in the year on year average rate of conception. This work has included targeting vulnerable under 18s, providing 'relationships' work, and access to services, consent and sexual safety; through working across teams including Integrated Youth Support Service, health and public health and education colleagues.
- We have worked together to tackle the issue of poverty for children and their families in Southend and across the partnership there have been many successes including offering schools eligibility checking for free in early 2013.

During the course of the year the partnership landscape moved forward with Public Health joining Southend Borough Council and Children and Learning and Adult and Community Services Departments merging to become the Department for People. This gives the partnership an even stronger platform to tackle its priorities for children, young people and families moving into the future.

In summary it has been a great year and outcomes for children continue to improve locally against a challenging national backdrop, particularly for young people. Through the continued contribution and commitment of the Children's Workforce we are bucking the trends.

Commissioning

We have developed a set of underlying commissioning principles and standards that enable us to ensure that all decisions should be based on improving outcomes for children, young people and their families, and consider how best to remove barriers to equality of access and opportunity. These were built on to form part of our Commissioning Framework and Toolkit launched in November 2010 which can be found at www.southendchildren.org. The principle of services operating on an earliest possible intervention basis, meeting needs at the lowest possible level of intervention is key to the services commissioned jointly by the Success for All Children Group.

Over 2012-2013 we have continued to commission the following services:

Domestic Abuse Project – This service has now been re-commissioned. Southend on Sea Domestic Abuse Project successfully bid for the new tender with the new service starting 1st April 2013

Youth Offending Prevention – This service continues to exceed targets set and has a good evidence base of financial cost avoidance due to the success of interventions from this service. The service consistently receives positive feedback from users.

Empowering Families – This service continues to meet all targets. The success of the service is evident in supporting the reduction in numbers of

children subject to child protection plans. An independent evaluation of the service has provided evidence in the cost avoidance achieved through the success of this service. This service will now need to be retendered for a new contract to start in 2014.

Primary Mental Health Service – A new service specification is in place with a joint contract with the Clinical Commissioning Group (CCG). There is currently a work-stream across Essex with Local Authorities and CCGs to investigate possibilities regarding a single child and adolescent mental health pathway. Southend are represented in these discussions to ensure any pathway meets local need and fits with the Southend intervention and locality models.

In addition, the joint commissioning budget has also been used to commission a range of one year projects targeted at our CYPP priorities. These included targeted summer holiday activities for younger children across Southend.

We need to further focus on:

Work between the Clinical Commissioning group and the Local Authority to explore opportunities to achieve efficiencies and service improvements through joint commissioning. The South Essex Integrated Commissioning Strategic Group will explore these opportunities on a sub-regional basis.

Workforce development

We are committed to developing and maintaining the competence, enthusiasm and commitment of our workforce; after all they are key to the improved outcomes that we are sustaining. We have strong integrated strategies that have proved effective in delivering a competent and stable children's workforce. These significant improvements in workforce development have resulted in our practice being cited by Ofsted in the June 2012 inspection as having a very positive impact upon the service.

Our three localities house multi-agency and multi-skilled co-located teams which brings opportunities for professionals to work effectively together with children, young people and families identifying needs and providing support at the earliest opportunity. This facilitates a sharing of skills across professional boundaries and a more holistic understanding of the needs of children, young people and families.

We have sustained stability in our social worker workforce, with more permanent frontline staff and less reliance on agency workers. Southend Borough Council has taken steps to make Southend an attractive place to work, especially with regard to social workers, with career opportunities and council funded development programmes. Social Workers continue to receive a number of benefits by working for Southend, not least 4 year free membership to the College of Social Work and access to Research in Practice materials. We continue to develop practice educators to help develop social work students, giving experienced social work staff valuable

opportunities to reflect on their own practice and share their experience with other members of the workforce. Working with colleagues in the sub-region, we are beginning to offer more tailored masters level study to social workers across the Department of People.

Children's Services has successfully addressed on going challenges in recruiting permanent social work staff through a range of measures, including conversion of agency to permanent staffing, the introduction of an Assessed and Supported Year in Employment (ASYE) for newly qualified social workers, a clear recruitment strategy, on going support and mandatory training for staff at all levels and increased managerial capacity. We have introduced a comprehensive approach to evaluating the impact of training and development upon social work practice via audits and performance management. We continue to offer a comprehensive annual programme of professional development for social workers, with training courses commissioned on the basis of annual training needs analysis. Professional development of social workers has also been aligned with the Professional Capabilities Framework, which is being used to assess the performance of social workers in Southend.

Staff have continued to have access to e-learning, peer learning and action learning sets, coaching and mentoring, shadowing and secondment opportunities, and staff in schools continue to benefit from an annual CPD programme which brings together training and development from different areas of expertise within the Council.

The Local Safeguarding Children Board Training Sub Group has continued to organise and deliver inter-agency training and implement training standards. To date £4420 of free training has been provided to community and voluntary groups.

Voice and Influence

We have provided a number of new opportunities for children and young people to contribute their views and influence our decision making. In addition to existing tools such as the Youth Council, Voice4All and the Your Say survey we have firmly embedded to role of young people's involvement in interview panels and providing feedback into staff appraisals. We have introduced a new survey asking children in care if they feel we are keeping to our 'Pledge to looked after children' and our response to the feedback and action plans will be published on our website www.southendchildren.org.uk.

At the point of case closure we invite parents and carers to participate in a case closure survey which captures the client's views on the quality of the support they received and their perceptions of how successful their journey has been.

Members of the Youth Council were awarded a Diana Award for being active community champions for their inspiring On Your Bike Event held in September 2012.

Our complaints process is well embedded into practice; the 2012 Ofsted Southend Inspection of safeguarding and looked after children referred to complaints as well established and proactive.

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2. Safeguarding, early intervention and prevention

Improving the safeguarding of children and young people in Southend through multi-agency work - An overview

With our partners and multi-agency practitioners we value and are committed to integrated working; this is the foundation for our staged model of intervention and allows us to plan and meet the needs of children in a systematic way. In June 2012 Ofsted judged our partnership working as outstanding and commented that *'Partnership arrangements are a significant strength and central to the effectiveness of achieving improvements in safeguarding services. The partnership is mature and promotes constructive challenge across the council leading to sustained improvements in outcomes for children and their families. The significant investment in the staged intervention model offers early and highly effective support to families. It is well embedded across the partnership and has contributed to the reduction in the number of children who are subject to child protection plans. There is extensive use of the CAF and evidence of effective partnership working with families.'*

Ambition and prioritisation were also judged as outstanding. Ofsted recognised that we have very clear priorities to meet the need of children in Southend-on-Sea supported by a track record of achievement, such as fewer children requiring a child protection plan. We give safeguarding children the highest priority and our Local Safeguarding Children Board (LSCB) has ensured that the understanding of thresholds is solid, regularly reviewed, and safely maintained across the partnership. Integrated locality working, using the staged model of intervention, is well embedded and fundamental to the success of the partnership in delivering highly effective services.

The use of the Common Assessment Framework (CAF) to identify preventative support for children and families is well embedded in the practice of Success for All Children and Local Safeguarding Children's Board partner agencies. Each child with a CAF has a Lead Professional who is the single point of contact for the child and family responsible for liaising and co-ordinating support. The three Locality Managers quality assure assessments and navigate them through the staged model of intervention ensuring that young people and their families' involvement is evidenced in the assessment. Unmet needs are recorded on the CAF assessment and regular reviews are undertaken by the lead professional, recording the family's progress. The CAF data and outcomes inform planning and commissioning of services to meet the needs of children, young people and families in localities.

Information sharing across the partnership is a strength. Our well-established information sharing processes are well supported by a suite of resources and a training programme. We have strengthened our early intervention by developing the locality information sharing network where a number of practitioners from a range of services will come together on a regular basis for information sharing, facilitating good joined up working practices. This practice

has been supported by co-locating staff into localities to be nearer children, young people and families. In support of our early intervention work, we have local sub groups of the Success for All Children Group who develop and lead a local strategy to deliver the Children and Young People Plan.

The evidence of impact is the high number of children's needs being met and held at stage 2 (universal) of our staged model of intervention and the well embedded and effective use of the Common Assessment Framework.

Our Toolkit for integrated locality working sets out our thresholds and arrangements for supporting children and families across all of our locally determined four stages of intervention. These processes were reviewed in 2009 and, as a result, an updated toolkit was published in 2010. Since 2010 the toolkit has now been well embedded across the partnership at an operational level. This is now common practice and serves the children of Southend who have both vulnerable and complex needs well. The Southend toolkit has received national recognition with many other Local Authorities developing their processes based on Southend's model.

Our achievements

In September 2011, the Southend Children and Learning Department (now the Peoples' Directorate) took a strategic decision to combine the Family Support and Attendance Officer services in order to strengthen our support for families in need at the earliest possible point. The outcome of this combination resulted in the formation of the Child and Family Early Intervention Team (CFEIT), which provide support and challenge to vulnerable Children and Families with complex needs. CFEIT aims to work with families and a range of agencies to remove barriers to education and learning, raising educational achievement and promoting other positive life benefits for the whole family. The cost reduction was from £764,602 to £453,068. The new CFEIT were co-located within three multi-agency locality offices across the Borough bringing together the services of professionals including educational psychologists, family information service, CAMHS and locality managers in accessible sites. This resulted in enhanced information sharing, improved integrated working and bringing together the very best information, advice and guidance for families in an accessible resource within their community.

We recognised that in order to improve attendance rates we needed to work in a co-ordinated and supported way to tackle to underlying causes of non-attendance. The challenges that the new CFEIT were drawn together to address can be summarised as:

- Entrenched generational negative attitudes towards education
- The impact of parental drug and alcohol use, mental health and health issues on children
- Cultural and language barriers within an increasingly diverse population
- A lack of knowledge of the support services available within those communities to support children and families.

The Council's Parenting Strategy provides the operational framework for the CFEIT, the strategy enables a consistent approach to supporting families a positive and responsible parenting. Using our Staged Model of Intervention, we identify the level and definition of the families' needs. CFEIT provides access to the available support which ensures that those children whose parents are finding it difficult to care for them get the right help and support to ensure that they are safe and well. A key pillar of the approach is to identify and meet their needs early enough and work across multiple agencies to prevent them escalating to more high risk and complex issues. This process supports a range of interventions which are put in place to help families with parenting strategies; improving engagement in education, developing emotional health and resilience and engaging families in positive activities.

The Child and Family Early Intervention Team work with 1,384 families bridging the gap between home, school and community by delivering: one to one support; parenting groups; self-esteem; confidence building and more specifically school attendance which has resulted in an increase in our school attendance figures since 2011: attendance at primary schools improving from 4.98% in 2010/2011 to 4.40% in 2012/2013, at secondary schools the improvement has been from 6.57% to 5.13% and at our 5 special schools 13.57% to 10.94%.

Many underlying issues within families trigger non-attendance at schools but our CFEIT service, Parenting Strategy and Staged Model of Intervention enable us to address these in partnership through:

- Use of early assessment process and team around the child/family
- Analysing, recognising and bringing together the qualities of family support and attendance approach
- Co-locating multi-agency professionals into one team supporting a locality
- Combining training and coaching to ensure a mix of skills are used to work with families who are vulnerable and have complex needs.
- Ensuring customer satisfaction is at the forefront of service development, each family/school who has received services are invited to feedback their experiences and thoughts in order to continually challenge and develop service delivery.

Our 'mature use of the staged intervention model' (IDeA Safeguarding Peer Review), our quality of social work practice, our risk management arrangements and the range and depth of preventative services we have developed across the partnership over the last 4 years has succeeded in sustaining a year on year reduced trend in the numbers of children becoming looked after, from a height of 327 in 2005 to 237 at 31st March 2013.

'Thresholds for access to children's social care are clear and have recently been reviewed with partner agencies to improve the awareness and understanding of criteria across the agencies' (Ofsted May 2011). These are well managed through our integrated locality working and referral and contact

arrangements. The number of referrals resulting in initial assessments has improved, in 2007/08 this was 77.8% and this has increased further in 2012/13 to 91.5%.

We have implemented the DWP/Reed Families programme and linked this with our existing Think Family approach. As the scheme becomes firmly embedded a comprehensive view of the impact and progress of the families being supported will be available.

In inspections of early years settings between September 2009 and August 2012 Ofsted graded 87% as good or outstanding in the area of effectiveness of safeguarding. This continues to exceed the national average performance in this area of 77% to August 2012. In this same time period Ofsted graded 88% of Southend's early year's settings as good or outstanding in the area of the extent to which children feel safe; this continues to compare well nationally with a figure of 73% to August 2012. From September 2012 a new Ofsted Framework has been in place raising the bar for providers. Safeguarding does not have a specific rating, now falling within 'the effectiveness of leadership and management' category. For inspections from September 2012 to the end of March 2013 63% of providers were graded good or outstanding compared to a national average of 67%. This is a very small sample size with only 8 group settings (7 rated as good) and 11 childminders being inspected in this period, and as Southend was 4th in the country for having the most settings rated good or outstanding overall in the year September 2011 to August 2012 it is anticipated that this statistic will improve against the national average.

We have carefully targeted new early intervention provision at the greatest need where possible. We extended our offer of free nursery places for 2 year olds. Take up exceeds other areas in the Eastern region and the allocation of this funding was firmly aligned with families known to social care at stage 4 or to our children and family panels at stage 3.

We have used the Troubled Families funding and momentum to truly address some of Southend's seemingly intractable and long standing issues. Our Streets Ahead project provides us with the opportunity to have a multi-agency, multi-response to not only those families whose children are at risk of or involved in crime and anti-social behaviour but to those challenging families where the adults behaviour is affecting the community in which they live and the children to whom they are meant to be positive role models. It enables us to work with those most difficult and out of reach families that we have living and causing fear on our estates.

By providing troubled families with the means, confidence and skills to help themselves we aim to reduce their dependency on the state whilst reducing the associated costs to the public purse. Our overarching aim is to close the divide between families that have access to opportunities and those that do not by creating role models, strengthening families, targeting services and focusing delivery in the community.

To create a better Southend we need to harness each 'troubled families' capacity to create a better life for themselves and others, by challenging and removing the barriers they face, or have created themselves, and by generating greater opportunities.

There is a continued year on year improvement in supporting children with vulnerable and complex needs through our integrated approach. There has been a slight increase in referrals to the CAF system with 677 in year referrals compared with 669 in 2011/12. Since we began using the Common Assessment Form in February 2007, overall there have been 4,028 Common Assessment Forms completed with the majority of children and young people's needs being met at the earlier stages of intervention. Since 2007 1,205 cases have decreased through the stages and 650 have increased in need and support through the model. During 2012/13 229 cases decreased through the staged model of intervention and 168 moved up a stage.

For families with complex and acute needs, the Think Family approach is an ambitious extension of the integration of children's services to all services working with children, young people and adults.

Over the course of 2012/13 we have addressed many of the areas highlighted for improvement in our Safeguarding and looked after children inspection (which judged our capacity to improve as outstanding).

We have strengthened our management oversight and monitoring of children in need plans to ensure outcomes are achieved and monitored in a timely manner. This has been achieved through embedding a robust review process through the Child Protection Practice Panel.

We have enabled the use of chronologies on our case management system to help inform on-going assessments; this will assist us to avoid drift where there is evidence of families not achieving an improvement in outcomes. We need to continue to ensure that this is fully embedded in our practice during 2013/14.

During the course of 2012/13 we have developed a methodology to ensure that we can capture and use the experiences of children in need and children involved in child protection processes throughout their journey with us.

Social work staff supervision has been effectively deployed and fully complies with the council's own guidance; supervision has been supplemented by the wider rollout of young people inputting into their social workers appraisals.

A new joint protocol has been established with our Health partners to ensure that all transitions for young people with learning disabilities and/or mental health conditions are smooth and meet individuals' needs. The South Essex ASD/Autism Group has been established and brings together key representatives from stakeholders in children and young peoples' services across South Essex.

The first GP safeguarding lead network event brought together a range of colleagues from GP surgeries with managers and practitioners of other children's partnership services. The event was planned to knowledge share and increase local GPs awareness of the variety of services available for children, young people and families in Southend. GPs had the opportunity to not only learn about what was available but contributed to an action plan to address key gaps or areas for improvement. A key part of the event was a presentation delivered by a group of young people giving a young person's perspective on GP services.

We need to further focus on the following areas:

- Our health partners, Southend University Hospital NHS Trust and NHS South Essex, should ensure that the children and young people's emergency department provision is safe, audio-visually separate, and fit for purpose.
- Ensure that with our health partners we ensure that safeguarding referrers consistently receive feedback on the status of their referral in line with the agreed standard

Reducing the impact of domestic abuse on children and young people's life chances

The domestic abuse partnership, through the work of the Domestic Abuse Strategy Group and Action Group, continue to have the commitment of all local partner organisations. In 2012 the partnership reviewed its Strategy and produced a new Action Plan for 2012-15. It contained priority actions on developing domestic abuse training, ensuring effective policies & procedures are in place, ensuring survivor feedback is at the heart of the work of the partnership, and establishing a data set to monitor and evaluate services and partnership work.

An action plan is being implemented to ensure that Southend responds appropriately to victims, survivors and perpetrators of domestic abuse who are aged under-18. The newly re-commissioned service supporting children and families during and after domestic abuse also has a remit to proactively work with teenagers who are being abused in an intimate relationship.

The Public Health Team (formerly within the PCT, now part of the Local Authority) commissioned a small piece of work in early 2013 to continue to embed effective responses to domestic abuse within Southend schools; this built on the work from 2011/12 of the Early Intervention Domestic Violence Pilot Project. This will be evaluated and work will continue to roll this out to more schools.

3. Services and outcomes for looked after children

Our services for looked after children were rated by Ofsted in 2012 as Good with a good capacity to improve. Ofsted reported 'The local authority and its partners have a track record of improvement which has resulted in the development of good quality services over a sustained period for looked after children and care leavers. The council has been consistently rated as performing well in the annual rating of children's services by Ofsted.' In relation to the Economic Wellbeing of looked after children and care leavers Ofsted rated the outcomes as Outstanding. Our Fostering Service was rated as Good by Ofsted in February 2013

Improving quality of provision and outcomes for looked after children has been a consistent feature of our Children and Young People Plan, which articulates our high ambitions for this group. Our Peer Review commented on the 'clear and strong leadership throughout the whole department' and its positive impact on staff motivation, quality and outcomes.

The Council and its partners have very significantly improved outcomes for looked after children. Over recent years there has been a year-on-year trend of improvement on most indicators and performance is now better than, or compares well with, comparator authorities.

A very strong track record is evidenced by performance indicators and inspections of fostering and adoption. Long term stability of LAC placements has an overall improving trend (65.7% in 2007/08, 72.5% in 2008/09, 75% in 2009/10, 69.8% in 2010/11) rising slightly to a provisional result of 73.5% in 2012/13. The number of children experiencing 3 or more placements improved from 12.9% in 2007/08 to 8.3% in 2008/09 against a statistical neighbour average of 9.3%, to 8.1% in 2012/13. The timeliness of placements for adoption has improved from 73.7% in 2008/09 to 89.5% in 2010/11 but has dropped to 76.5% in 2012/13; this is mainly due to a small number of children in the cohort some of which had complex disabilities. LAC reviews held within timescale has also improved from 95.4% in 2008/09 to 96.8% in 2009/10 (SN 93.9%) dropping slightly to 90.6% in 2010/11, this has improved to 97.7% in 2012/13 (provisional result). 100% (provisional) of children and young people communicated their views to their reviews in 2012/13 (up from 93.4% in 2008/09).

Reducing the need for children and young people to be looked after

There has been a year-on-year steady decline in the numbers of looked after children, in line with our strategy, from a peak in 2005 and a pattern of exceeding local targets. Improvements in care planning, a focus on permanence for all children Accommodated Section 20 and the early involvement of the adoption team in Court care planning processes has contributed to this continued improvement and permanence being secured for children more rapidly. Other contributory factors are good use of early prevention work, including extensions of our Family Support Service working with 0-16 year-olds, the 'Think Family' approach and Family Group

Conferences have ensured that children are able to remain living at home where appropriate and are able to return home in a timely manner. The numbers for looked after children for 2011/12 and 2012/13 have continued to show a decrease and have not demonstrated the risk seen in many other local authorities. Our performance in this area is of particular strength within the Eastern Region.

We need to further focus on the following areas:

- implement the revised terms of reference for the corporate parenting meeting and ensure that the meeting is attended by senior officers from all agencies and that they are held to account as corporate parents for the services to looked after children and care leavers and the implementation of the looked after children and care leavers strategy.
- ensure the role of the virtual head teacher is understood by all schools, looked after children and foster carers and that the virtual head teacher gives robust challenge in order to further raise the achievement of all looked after children
- NHS South Essex should ensure that the outcomes of the Strengths and Difficulties Questionnaires are use in the looked after children health assessment process
- Southend-on-Sea Borough Council and NHS South Essex should ensure that care leavers receive a full copy of their health histories
- the NHS South Essex should ensure that the provider arrangements (including contingency arrangements) for undertaking initial health assessments for children who become looked after, including those placed by other councils, address the demand so that timescales are met. Southend-on-Sea Borough Council should ensure that appropriate consent is secured for all it's looked after children.

Narrowing the achievement gap between looked after children and young people and others of their age

The attainment of looked after children is set out below:

KS4	Summer 07	Summer 08	Summer 09	Summer 10	Summer 11	Summer 12
% LAC achieving 1 A*-G GCSE Grades	100.00%	94.70%	94.70%	92.30%	100%	83.3%
% Southend pupils achieving 1 A*-G GCSE Grades	97.30%	97.70%	98.80%	98.10%	97.1%	99.1%
% of Non-WBRI LAC achieving 1 A*-G GCSE Grades	100.00%	66.70%	100.00%	100.00%	100%	100%

% LAC achieving 5 A*-G GCSE Grades	53.80%	57.90%	77.80%	53.80%	88.2%	58.3%
% Southend pupils achieving 5 A*-G GCSE Grades	91.20%	90.00%	93.40%	93.90%	92.6%	94.2%
% of Non-WBRI LAC achieving 5 A*-G GCSE Grades	100%	66.70%	100%	100%	100%	100%
% LAC achieving 5 A*-C GCSE Grades	15.40%	21.10%	11.10%	30.80%	41.2%	50%
% Southend pupils achieving 5 A*- C GCSE Grades	66.10%	68.50%	70.40%	78.40%	79.7%	81.8%
% of Non-WBRI LAC achieving 5 A*- C GCSE Grades	0%	66.70%	0%	0%	100%	100%

Note that some groups sizes are as low as 1 pupil.

Note that some figures are rounded.

Note that calculations count pupils even if they have not been entered for a KS4 exam.

Care Leavers in Education, Employment or Training

June 2012 the figures were 140 LAC 16-24

- 3 in custody
- 1 whereabouts unknown (19)
- 106 are in Education Employment and Training (EET)
 - 13 are attending Higher Education
 - 49 are in Further Education (sixth form or GFE)
 - 12 are with training providers or accessing alternative provision
 - 20 are in Statutory Education
 - 12 are in Employment
- 30 are Not in Employment Education or Training (NEET)
 - 11 are young mums or pregnant
 - 3 have mental health problems
 - 1 is out of county but has regular contact with the Southend Borough Council NEET Team
 - 2 are LLDD
 - 3 maintain chaotic life style
 - 10 are NEET and actively looking for education employment or training

The children's social care team and learner support team are working with a range of partners and colleagues in SBC to help identify suitable programmes to meet the complex needs of these individuals. Working with partners at the Adult Community College to delivering a reengagement work programme to

support the most vulnerable learners from this cohort. Southend Borough Council has strengthened its systems for identifying young people from vulnerable groups. Teams across Southend Borough Council have worked in partnership to further develop learning opportunities for vulnerable young people. Evaluation of our processes has shown that an increased number of young people from vulnerable groups are accessing and successfully completing programmes of education and training.

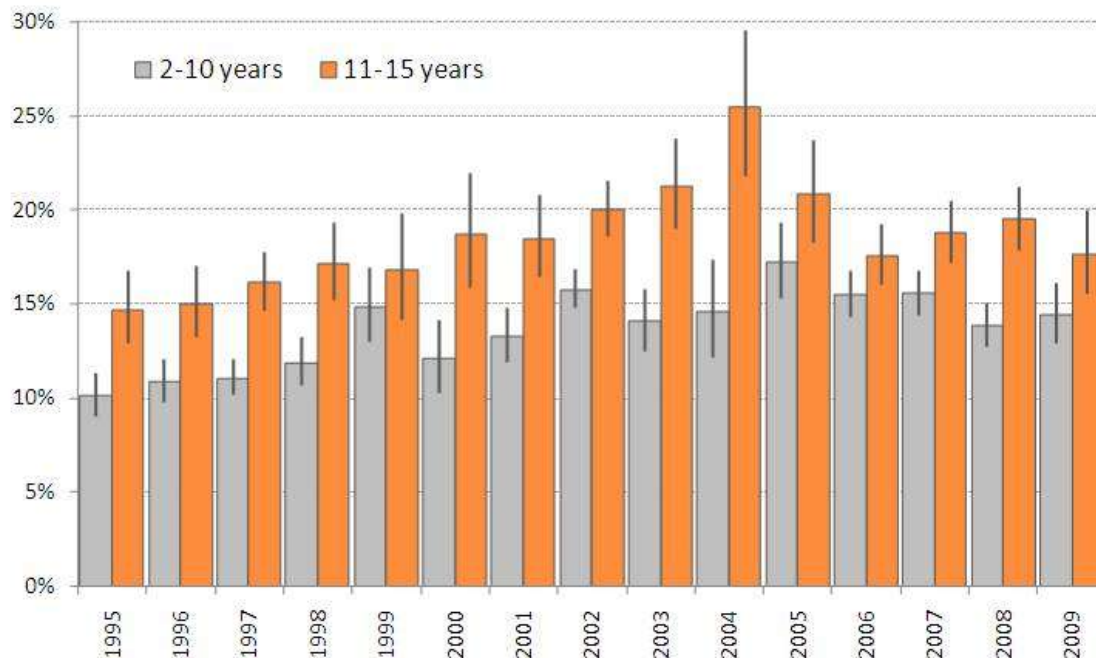
4. Outcomes for all children

4.1 Childhood Obesity

The World Health Organisation (WHO) regards childhood obesity as one of the most serious global public health challenges for the 21st century.

Data on childhood obesity has been collected as part of the Health Survey For England for a number of years. This allows us to look at trends in obesity over time. Figure 1 shows the national trend of prevalence of child obesity between 1995 and 2004. Since 2004 there is evidence of a “levelling off” in child obesity. Whilst this is encouraging, childhood obesity levels remain too high, are not reversing, and the focus on encouraging healthy weight needs to continue.

Figure 1: Prevalence of obesity by age 1995-2010 (3-year average)



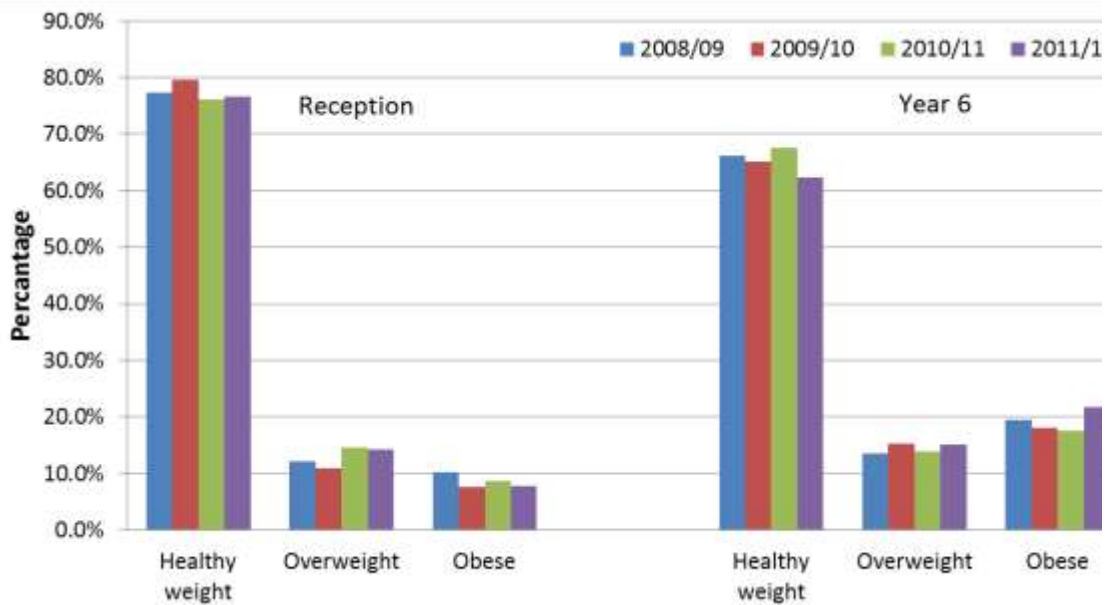
Source: NOO

The National Child Measurement Programme (NCMP) is now the main data source for levels of overweight and obesity in children. The NCMP is an annual programme that measures the height and weight of children in Reception (aged 4 – 5 years) and Year 6 (aged 10 – 11 years) in England.

This programme provides local data at high tier local authority level.

Figure 2 shows the percentages of children in Southend-on-Sea who are a healthy weight, overweight or obese over the last 4 years of measurement.

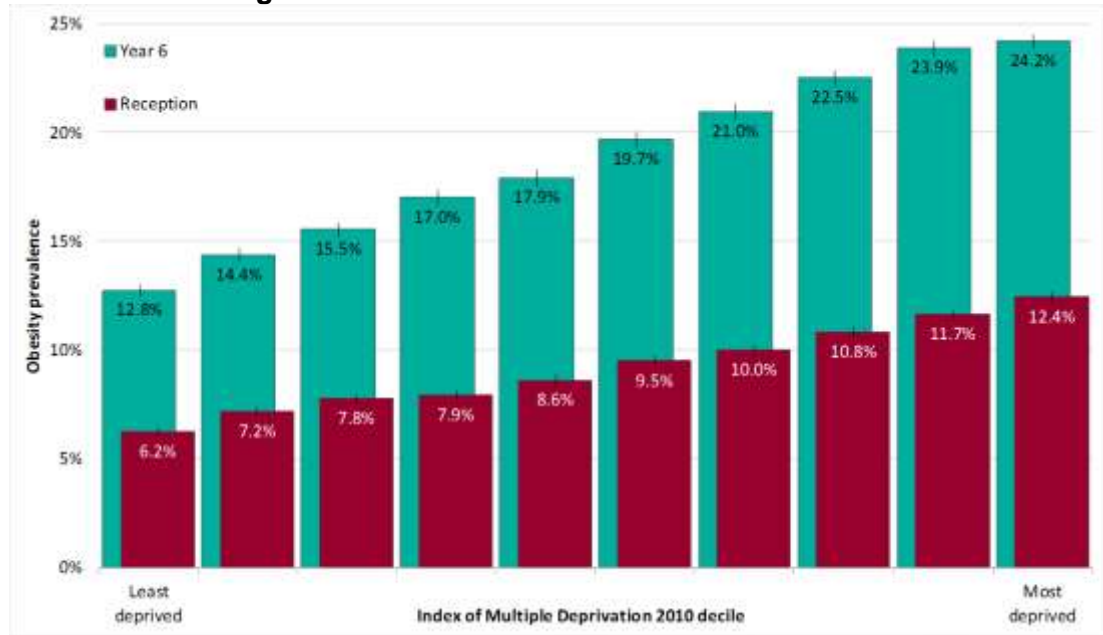
Figure 2: Trend in Healthy Weight, Overweight and Obese prevalence, Reception & Year 6, Southend-on-Sea LA, 2008/09 – 2011/12



Source: NOO

Southend-on-Sea has a similar percentage in Reception (21.9%) and a higher percentage in Year 6 (36.85%) classified as obese or overweight compared to the England average. These figures emphasise the importance of encouraging healthy eating and exercise at the start of school life in order to reduce the risk of obesity in later years.

Figure 3: Obesity prevalence by deprivation decile, National Child Measurement Programme 2011/12



Source: Health Survey for England, 2011

Child obesity prevalence is closely associated with socioeconomic status. Obesity prevalence in the most deprived 10% of the population is approximately twice that of the least deprived 10%. This is particularly important to note for Southend-on-Sea as the level of child poverty is worse than the England average with 23.3% of children aged under 16 years living in poverty compared to 21.1%

The impact of childhood obesity

Evidence suggests that obesity has a 'tracking' or 'conveyor belt' effect through the life-course, with overweight babies and children becoming overweight teenagers, and overweight teenagers becoming overweight adults. Overweight teenagers have a 70% chance of becoming overweight or obese adults, and adolescence may be, along with early childhood, a 'critical period' for intervening to develop good health habits to achieve and maintain healthy weight.

The most obvious and important way in which obesity impacts on children and young people is their social and emotional wellbeing. From a relatively young age, overweight and obese children are stigmatised and are subjected to teasing and bullying. This affects their self-image and self-confidence and reduces their opportunities for social interaction and also for physical activity.

There is evidence that obese school age children show physiological changes such as raised blood pressure and cholesterol and an altered response to insulin, compared to children of healthy weight. Type 2 diabetes, which usually appears in adulthood, is starting to be seen among some overweight children.

The full physical consequences of obesity in childhood, e.g. high blood pressure, poor lipid profile and metabolic syndrome, become manifest in adulthood.

4.2 Halting the Increase in Obesity – Examples of Some Local Initiatives

A number of local initiatives are in place to combat obesity by:

- helping people to make healthier choices
- encouraging healthy eating and regular physical activity and
- creating an environment that promotes healthy weight

As with national programmes there is focus on a both population wide prevention and targeted interventions.

4.3 Pregnancy, Infancy and Early Years

Encouraging breastfeeding and ensuring that children eat well in their early years increases the chances of a future healthy life. This also helps to reduce the risk of serious diseases such as heart disease, diabetes, stroke and cancers in later life.

Southend-on-Sea has lower rates of breastfeeding at both initiation and 6-8 weeks than the national average. Initiation rates have shown a small increase

over the last 3 years, but prevalence at 6-8 weeks has remained static at 37%.

Examples of some local initiatives include:

Healthy Child Programme: emphasises the importance of increased rates of breastfeeding initiation and continuation, as a contribution to maintaining weight in growing children.

UNICEF Baby Friendly Initiative (BFI): a global initiative to implement good practices that promote and support breastfeeding. Evidence shows that full BFI (Stage3) accreditation can add 10% to breastfeeding uptake rates.

Public Health has been working in partnership with local maternity services, health visiting services and Children's Centres to achieve UNICEF BFI accreditation for the breastfeeding support delivered in Southend-on-Sea. The partnership has achieved Stage 1 accreditation, and is on target to submit for Stage 2 in March 2014.

Peer Support: an established local programme to assist new mothers who wish to breastfeed. Peer supporters are local women who have successfully breastfed one or more babies who then complete an accredited training programme.

Support in Children's Centres: includes midwife sessions, breastfeeding support groups, peer supporters, and centre staff trained to support breastfeeding mothers.

Mapping maternal obesity care pathway: to review the care pathway for pregnant women and extend it to cover identification of women who are obese prior to or during the early stages of pregnancy and ensure appropriate lifestyle guidance and support to these women before, during and after their pregnancy.

Portion plates: the 'Me Size' plates used to assist parents to judge appropriate portion size. These are distributed to parents of children who are identified as overweight or obese following assessment by School Nurses.

Eat Better Start Better – Healthy Eating in the Early Years Setting: The Public Health and Early Years teams are working with the Children's Food Trust to pilot a training and evaluation package to help Early Years settings promote healthy eating.

Obese pregnant women: working with NHS midwives to pilot a referral programme to help encourage obese pregnant women to moderate their weight gain during pregnancy and after giving birth.

Breastfeeding Welcome Scheme: to make it easier for mothers to identify businesses and public places which have an open attitude to breastfeeding and will be particularly supportive.

Children and Young People

The National Child Measurement Programme (NCMP): measuring children in Reception and Year 6 to identify those at risk of being overweight or obese and provide support to children and parents.

Local Change4Life Partnership: local delivery of healthy eating, physical activity and social marketing with Active Southend-on-Sea.

Primary School Sport Funding: the government is providing additional funding during the academic years 2013-14 and 2014-5 to improve the provision of physical education and sport in primary schools. This funding will be allocated to primary heads and is ring-fenced.

Cook4Life: a local programme providing cookery courses (over four weeks) and healthy lunchbox sessions.

Healthy schools: helps schools promote good health by creating a healthy environment and embedding healthy lifestyles into the everyday work of the school. All schools in Southend-on-Sea are engaged with the Healthy Schools Programme

School nursing: delivers the Healthy Child Programme for all school-aged children, both universal and targeted provision.

Healthy Eating: initiatives encouraging children and young people in Southend-on-Sea to make informed choices and develop good eating habits.

Free School Meals (FSM): the application process has been revised to make it quicker and easier for parents to check eligibility and to register. In Southend-on-Sea more than 1,200 children are entitled to FSM but are not having them.

School Sport Partnerships: co-ordinating and developing joint initiatives between primary, secondary and specialist schools to increase sporting opportunities for children. Modelled estimates suggest that 67.3% of children in Southend-on-Sea participate in at least 3 hours of sport a week which is better than the England average (40.9%). To address obesity, it is important to increase participation by sedentary children and those with excess weight, of particular concern is the “drop off” in participation by teenage girls.

HENRY and MEND – Healthy lifestyle programmes: offers behavioural change techniques to help parents improve their children’s overall diet and activity patterns; exercise and play for children who do not naturally like to exercise; and healthy eating guidance including appropriate portion size.

Active Travel: Southend-on-Sea Borough Council and Partners working together to encourage active travel by assisting schools to develop or update school travel plans. A school travel plan promotes and facilitates active

healthy and sustainable travel to school as an alternative to using private cars.

4.4 Childhood Immunisation

Community-wide childhood immunisation is an effective means of reducing the burden of morbidity and mortality resulting from many infectious diseases. Apart from its protective effect, immunisation also produces an indirect effect known as 'herd immunity'. Herd immunity occurs when a high number of people directly protected by immunisation against a certain disease protect those that have not been directly protected by immunisation. The target to ensure herd immunity is 95% of the eligible population to be immunised.

The effectiveness of the national childhood routine immunisation programme is carefully monitored by the Department of Health through COVER (Cover of Vaccination Evaluated Rapidly) information e.g. the percentage of the population who has received vaccination by age 1, age 2 and age 5 within certain timeframes (i.e. quarter and annual).

Table 1 details the latest uptake figures for childhood immunisations in South East Essex (including Southend) compared with the national target for uptake.

Table 1: COVER statistics for childhood immunisations in South East Essex (2012-13)

Childhood Immunisations	Uptake of Vaccine (Q1 –Q4 data)	Target and Trend
At 12 months Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (DTaP/IPV/Hib) Meningitis C	95.1-95.9%	Target: 95% Trend: above 11/12 average of 94.7%.
At 2 years Haemophilus influenza type b, Meningitis C (Hib/MenC) and Pneumococcal vaccine (PCV)	91.6-97.9%	Target: 95% Trend: mostly meeting the target, below 95% on some booster doses.
MMR at age two	91.5-93.7%	Target: 95% Trend: Above 11/12 average of 91.2%.
At age 5 Diphtheria, Tetanus, Polio, Pertussis (DTaP/IPV)	90.7-98.0%	Target: 95% Trend: mostly meeting the target, below 95% on some booster doses.
MMR1 at age 5 MMR booster dose	93.5-94.8% 90.7-92.0%	Target: 95% Trend: increasing
HPV (tentative report)	1 st dose: 91.9%	Target: 90%

(Girls aged 12 -13)	2 nd dose: 90.2% 3 rd dose: 88%	
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Measles

Following an increase in the number of confirmed measles cases in England in March 2013, (with the greatest increase in the 10-16 year old age group) and the recent outbreak in Swansea (with over 800 confirmed cases of measles, including one death), a national catch-up programme to increase MMR vaccination uptake in children and young people was announced in April 2013.

The aim of the MMR programme catch-up is to prevent measles outbreaks by vaccinating as many unvaccinated and partially vaccinated 10-16 year olds as possible in time for the 2013/14 school year.

The NHS England Essex Area Team has implemented a local plan to deliver the following actions:

- Identification of children and young people at risk
- Offering MMR vaccine to children and young people at risk
- Improving and sustaining the current MMR programme

4.5 Healthy Schools

Currently 52 out of 54 (96%) of Southend schools have National Healthy Schools Status (NHSS). This requires them to meet the 41 criteria around PSHE, healthy eating, physical activity and emotional health and wellbeing. This also establishes a strong foundation for further health related outcomes to be achieved through the Enhanced Healthy Schools programme.

Southend schools have embraced the local Enhanced Healthy School Model with 42 (77%) having revalidated their Healthy schools status and a further 25 (46%) schools having completed enhanced action plans. Health priorities addressed so far have been healthy weight and the emotional health and wellbeing of children and young people. Three schools have achieved their outcomes and have recorded their journey and achievements in 'School stories' thus achieving Enhanced Healthy Schools Status. A Healthy Schools celebration event for the Enhanced Model is being planned for 2013-14 academic year

4.6 Sexual Health

The National Chlamydia Screening Programme (NCSP), in 2012, introduced several changes to the collection and reporting of chlamydia activity data and as a result of the revisions, chlamydia data for 2012 onwards is not directly

comparable with data reported in earlier years. From January 2012, chlamydia screening data for England is presented by calendar year (January-December) and is reported using a single laboratory reporting system, the Chlamydia Testing Activity Dataset (CTAD). The “diagnosis rate” measures how many chlamydia infections are found in a population. It is linked to expected falls in prevalence, provided testing, treatment and partner notification standards are met. The NCSP recommends that all areas aim for at least 2,300 chlamydia diagnoses per 100,000 people aged 15-24 years. At Local Authority level Southend on Sea, in 2012, achieved a diagnostic rate of 1,791 per 100,000 with 7.3 % positivity. Modelling strongly suggests that working towards a diagnosis rate of 2,300 per 100,000 people aged 15- 24 will lead to a national drop in the prevalence of chlamydia infection.

The ‘Chlamydia Positive You Haven’t Got It’ campaign was advertised, primarily targeting 18-24 year old males. The advertising was featured on local buses, bus stops, through social media sites and widely through a poster campaign. The campaign encourages the target audience to access chlamydia testing.

The ruClear? Chlamydia Screening Programme implemented a number of programmes of work including maintaining and updating its dedicated website (www.ruclear.nhs.uk), so that information is easier to find and kits easier to request, and delivered targeted outreach to hard-to-reach groups not accessing healthcare services and in targeted settings such as the Integrated Youth Support Service; the Probation Service; and, the University of Essex (Southend Campus). A dedicated campaign has been developed for General Practice, this aims to ensure that the target audience engage with their practice to request a test and that healthcare professionals promote testing opportunities within their Practice. Practices are provided with support from the Chlamydia Screening Primary Care Practitioner; a comprehensive box of resource materials; and, a newsletter. In 2012 there was an increase in the number of young people testing for chlamydia at their General Practice.

Working with Essex Police, South Essex Partnership Trust Contraception and Sexual Health Services, Teenage Pregnancy, and Southend on Sea Rape Crisis the ‘Where do you draw the line?’ consent and sexual safety programme of work has been developed to be delivered in south east Essex secondary schools. The work programme delivers five lesson plans that tackle the issues surrounding consent and the reporting of serious sexual assault. The lessons also focus upon positive sexual health and promoting healthy relationships. In 2012 the programme was delivered in two secondary schools and on-going discussions are taking place to take the programme into more schools.

The Kingsley Ward Contraception and Sexual Health Services continue to provide open access provision delivering services and providing information in clinic settings; through its dedicated website (www.thekwc.nhs.uk); through targeted interventions and outreach; and, through online social networks such as Facebook. In 2012 The Kingsley Ward Contraception and Sexual Health

Services was awarded the Department of Health 'You're welcome'- Quality criteria for young people friendly health services.

Public Health and the Department for People are continuing to work in partnership with Stonewall to deliver a whole school approach to 'Tackling and Preventing Homophobic Bullying and Celebrating Difference' in Southend Primary and Secondary Schools. The programme of work includes supporting schools to: develop anti bullying policies; implementing legislation; using appropriate resources; and, celebrating difference. Southend on Sea Borough Council following submission of its second Education Equality Index, which benchmarks all schools and the local authority against Stonewall standards, has been awarded the Stonewall 'Most improved local authority award' in the Stonewall Education Equality index 2013 awards.

"Delay" training courses, (which provides professionals with the 'tools' to support young people in their choices about when they are genuinely ready for sex, supports young people to make informed choices about their sexual health, and delves into emotional wellbeing and positive friendships) were delivered to attendees from secondary schools and Streets Ahead as well as other professionals. A bespoke 'delay' training course was also delivered at Chase High School for its learning mentors and teaching assistants.

Speakeasy training, a course that equips parents and fosters carers with the skills and tools to talk to children and young people about relationships and sexual health, was delivered to a group of 10 foster carers over two days.

We need to further focus on:

- Continuing to raise awareness of sexual health among our young person population and continuing to increase our diagnosis rate for chlamydia.

4.7 Teenage Conception

Nationally, there are about 30,000 under 18 conceptions a year. Around three quarters of those are unplanned and about half end in abortion. For conceptions that end in birth there are often costs too. For many teenagers bringing up children is incredibly difficult and often results in poor outcomes.

The outcomes for teenage mothers show:

- 15 per cent of all NEETs are teenage mothers or pregnant teenagers.
- Teenage mothers are a fifth more likely to have no qualifications by the age of 30.
- They are also 22 per cent more likely to be living in poverty at 30.
- The rate of post-natal depression is three times higher among teenage mothers.
- Children of teenage mothers have a 63 per cent increased risk of being born into poverty and are more likely to have accidents and behavioural problems.
- The infant mortality rate for babies born to teenage mothers is 60 per cent higher.

- They are three times more likely to smoke throughout their pregnancy and 50 per cent less likely to breastfeed.

Southend on Sea, in 2011, saw a decrease in the under 18 conception rate to 34.8 per 1000 women under 18, this is a percentage decrease of 38.3% of change in conception rate based on the 1998 baseline.

In Southend, school age pregnant girls and young mums (KS4) have made the following achievements in terms of gaining GCSE qualifications:

Outcomes for pregnant girls/young mums KS4	Summer 08	Summer 09	Summer 10	Summer 11
% achieving 5 A* -C Including English and Maths	9.3%	8.3%	14.3%	0.0%
% achieving 5 A*-C	11.6%	12.5%	28.6%	25.0%
% achieving 1 A* -G Including English and Maths	16.3%	33.3%	57.1%	25.0%
% achieving 1 A*-G	16.3%	33.3%	57.1%	75.0%

One area of concern in Southend is the increase in the number of school age pregnancies (18 pregnancies in Year 10 and Year 11 pupils across 5 Southend schools – 09/11-08/12).

In response to the ten year Teenage Pregnancy Strategy, Southend on Sea saw a -30.9% reduction in the under 18 rate.

Year	Southend on Sea	East of England	England
1998	56.4	37.9	46.6
2001	47.4	34.2	42.5
2005	47.7	32.7	41.4
2010	39.0	29.8	34.2
2011	34.8	26.6	30.7

In 1998 the rate per 1000 women under 18 was 56.4 (155 conceptions). Mid Strategy, 2005, the rate was 47.7 per 1000 women under 18 (136 conceptions) and in 2010, the end of the ten year strategy, it was 39.0 per 1000 women under 18 (109 conceptions). In 2011 this had decreased further to 34.8 per 1000 women under 18 (108 conceptions).

The England rate in 2011 was 30.7 per 1000 women under 18 and the East England rate was 26.6 per 1000 women under 18. Throughout the life of the

Strategy the conceptions leading to abortion has consistently been between 40-50%.

The under 18 conception rate in Southend is still higher than the England and Regions rate.

Prevention Work and Partnership Approaches

Nationally, the areas that have had the most success have made sure all young people have good sex and relationships education and access to contraception but have also specifically targeted support to at risk groups. This includes young people in and leaving care, those not in education, employment or training (NEETs) and those in the criminal justice system.

Throughout the Strategy years and beyond, Southend continues to take a multi-agency and partnership approach to reducing under 18 conceptions and supporting local young parents. The teenage pregnancy co-ordinator has successfully managed the progression of the Southend Strategy and its associated interventions to achieve its under 18 conception reduction. Programmes of work that address the underlying causes of teenage pregnancy continue to contribute to reducing inequalities and social exclusion, reducing child poverty and narrowing the education achievement gap between young people.

The multi-agency approach that has been successfully adopted allows a range of providers to deliver the services commissioned from a number of different commissioners including Children and Learning and Public Health.

Key programmes of work include:

- Integrated Youth Support Services (IYSS) - Targeted early interventions that focus upon key sexual health messages and interventions with vulnerable young people and families in high teenage pregnancy wards
- Teenage Pregnancy Advisor - Based within the IYSS and delivering work with under 18 women who are pregnant or young parents
- Contraceptive Outreach Nurse - Reaching out to vulnerable young people, promoting sexual health service access, increasing contraception uptake and preventing first time or second pregnancy
- Education Based Health Services - Provides on-site sexual health nurse interventions to 5 schools (Belfairs; Cecil Jones; Futures; Chase; Shoebury) and one FE college in Southend
- Looked After Children - Providing LAC with puberty packs (11-14 years old) and lifestyle and sexual health information packs to young people aged 15 and over
- Foster Carer Training (Speakeasy) - Training to support foster carers with delivering sexual health support to the children in their care
- Catch 22 - Delivering a skill based learning and education programme with young parents & parents to be and also a "Making choices" group to young girls at risk of early sex and pregnancy
- CEOP (Child Exploitation Online Protection) - IYSS team delivering internet and social media interventions through street engagement team

- Care To Learn - Improving access to education and training for young parents including childcare provision
- Family Nurse Partnership - Intensive and structured support for two years to young first time parents to improve parent and child outcomes
- BUMPS and Young Parents Plus - Well established multi-agency weekly ante-natal and post natal groups based at the Cambridge Road Children's Centre
- Cook4Life - Support for young parents with basic cooking skills on a budget
- Where do you draw the line? - Programme targeting young people about consent and sexual safety and positive friendships and relationships
- Delay Training - Supporting health professionals, organisations working with young people and teachers with the skills and tools to deliver Delay messages and supporting young people to delay early sex

We need to further focus on:

- Ensuring young people in general are provided with good sex and relationships education and access to contraception; provide specifically targeted support to at risk groups.

4.8 Substance Misuse

The Drug and Alcohol Team (DAAT) have continued to offer and deliver programmes of basic drug and alcohol awareness training to partner agencies. This has included consideration of substance misuse among young people themselves and also the impact of parents' and others' substance misuse on young people. 108 people attended the DAAT-led training during 2012/13, with further sessions confirmed across the coming year.

A pilot project was launched in July 2012 offering treatment services to young people aged 18-21 years old to bridge the gap between children's and adult's DAT services. Since July 2012 there have been 40 new referrals within this age range whereby 34 (85%) have completed assessment and commenced structured treatment.

We need to further focus on:

- Continuing to offer and deliver programmes of basic drug and alcohol awareness training to partner agencies

4.9 Improving outcomes for Child and Adolescent Mental Health Services

Over the course of the year 260 children and young people were referred to the Tier two CAMHS service commissioned by the Success for All Children Group with the vast majority of referrals coming from GPs and schools. This number is around 10% of the ChiMat estimates of need in the population. The

waiting times for children and young people to begin to receive a service are variable ranging from 2 weeks to a small number waiting in excess of 50 weeks. The service has continued to struggle in providing data around the strengths and difficulties questionnaire measuring outcomes for children and young people.

Work has continued between commissioners on improving child and adolescent mental health services. Services at tier two have been reconfigured and are primary mental health workers are now part of the co-located teams in each locality. A new shared specification between the Success for All Children Group and the Clinical Commissioning Group is now in place (from April 2013) with a consistent set of performance measures. Mapping of the range of universal emotional health and well-being services has indicated a great deal of variety across the borough and has demonstrated the need to develop a best practice framework to ensure consistency in quality of services available.

We need to further focus on:

Bringing improvements to Child and Adolescent Mental Health Services is a clear priority. At a strategic level, work is underway across the greater Essex area with health and local authority commissioners to agree a shared outcome framework and overarching vision for emotional health and well-being services that supports an integrated local model of delivery as part of the Southend staged approach.

Locally, the co-location of the Primary Mental Health workers as part of the integrated co-located teams will provide the opportunity for the teams to work collectively in providing early support to children experiencing difficulties with their emotional health and well being.

4.10 Narrowing the achievement gap for children on free school meals and children with learning difficulties and/or disabilities

The Free School Meal Gap narrowed at both Key Stages 1 and 2 but increased at Key Stage 4. The special educational needs (SEN) gap narrowed at both Key Stages 1 and 2; whilst it has also narrowed in mathematics and science at Key Stage 3 the gap in English is still above the 2010 level.

% of free school meal pupils making two levels of progress at Key Stage 2

	2009	2010	2011	2012
English	69.6%	78.2%	76.5%	75.7%
Maths	68.3%	73.5%	70.2%	73.8%
Science	92.8%	90.8%	78.9%	tbc

Our strategy for improving outcomes for children eligible for Free School Meals included guidance to schools on the use of the Pupil Premium and promoting a quick and efficient eligibility checking service for both parents and schools.

% of special educational needs pupils making two levels of progress at Key Stage 2

	2009	2010	2011	2012
English	63.5%	67.8%	68.2%	69.9%
Maths	56.5%	60.2%	57.2%	63.6%
Science	90.7%	88.1%	65.7%	tbc

We need to further focus on:

- Increasing take up of the Free School Meal offer
- Promoting the positive uses of pupil premium grant funds on improving outcomes for children on free school meals

4.11 Overall pupil attainment

The overall attainment of Southend pupils continues to improve. At Key Stage 1 pupils' overall achievement was better than in 2012 in all subjects. The percentage of pupils making at least two levels of progress from Key Stage 1 to Key Stage 2 was at its highest ever level and one third of Southend's secondary schools made significant improvements of between 7 and 21% in the percentage of pupils attaining 5 A*-C Grades at GCSE including English and mathematics.

We need to further focus on:

- Strengthening children's performance in schools overall through reducing the variation in individual school performance
- Reducing the gap between pupils eligible for free school meals and all pupils.

4.12 Reducing school absenteeism and incidences of poor behaviour

The absence rate has reduced from the previous year, in both the Primary and Secondary sectors. The Primary overall absence has reduced from 5.1% to 4.6%, which is in line with the improvements made nationally and by our statistical neighbours. The Secondary sector shows a similar reduction from 6.4% in 2010/11 to 5.8% in 2011/12. However, the Secondary school National average has improved markedly over the 2011/12 academic year, which means that the Authority has a slightly higher absence than the National average. The Southend average Secondary absence is still lower than our statistical neighbour average. The Department for Education did not report any persistent absence data in the spring statistical release, which means that no comparison can be made with last year.

Parameter	Primary				Secondary			
	% Auth Absence	% Un/auth Absence	% Overall Absence	% PA	% Auth Absence	% Un/auth Absence	% Overall Absence	% PA
Southend	3.8	0.7	4.6	*	4.1	1.6	5.8	*
Statistical Neighbours	3.8	0.6	4.5	*	4.8	1.3	6.3	*
England	3.7	0.6	4.4	*	4.0	0.8	4.8	*

Data Source: DfE sfr07_2012_UD and sfr18_2012_UD

*PA data was not reported in the DfE statistical first releases in this academic year

Southend's performance in reducing the number of permanent exclusions is very strong evidence of schools' commitment to ensuring that in order to improve outcomes and raise standards, all young people should be in school and learning. As with fixed term exclusions, strategies which include partnership arrangements with the Renown and other schools have contributed to this strong performance.

We need to further focus on:

- Continuing to work with a multi-agency approach to understand and address the individual cases of persistent and poor attendance.
- Educating the wider community on the importance of school attendance

4.13 Influencing the quality of sixth form colleges, reducing the number of young people Not in Education, Employment or Training (NEET) and improving level 3 achievement for those from lower income families

Southend Borough Council has worked with schools to identify gaps and duplication in provision. The Learning Support Team continues to advise schools on curriculum development. The gaps identified tend to be at Level 1 and Level 2 post-16. A wide range of Level 3 at post-16 is already delivered in the Borough, partly because the previous funding regime encouraged such delivery and partly because that is traditionally what has been offered – particularly through the Grammar Schools. The change in funding from Guided Learning Hours towards Funding per Learner and associated programmes of study may change that tendency but it is early days yet.

Currently the council is unable to identify learners from low income families progressing to Higher Education. The information is only available through the purchase of data from the Higher Education Funding Council for England (HEFCE). University applications do not require young people to state whether or not they have been in receipt of free school meals. This data

should become more easily obtainable as the effects of the Unique Learner Number reforms feed through the system.

The NEET figure currently sits at 5.9% (June 2013). Overall the total number of apprenticeships has increased to 2,016 but the number of 16-18 apprenticeships has decreased to 514 because of the economic downturn, and this is in line with national, Regional and Statistical neighbour trends. Our advanced apprenticeships have bucked these trends but the numbers are not significant.

Southend Borough Council (SBC) currently employs 30 apprentices and has committed to prioritising interviews for young people leaving care.

In 2012/13 Learning Support Team was able to offer salary subsidies to a further 80 apprentices in both the private and Public Sector, those young people not able to access National Apprenticeship Grant. This is better performance than comparator authorities and nationally. The Learning Support Team has a remit to continue to raise the profile of apprenticeship opportunities and has funding to create a further 60 Apprenticeships by providing salary subsidies in 2013/14.

124 young people in Southend accessed alternative education provision in 2012-2013. There are further opportunities for learners to access a range of Level 1 and entry vocational education and academic programmes. The programmes support the most vulnerable learners who are disengaged or at risk of becoming disengaged and have had a positive impact on the young people not in education, employment or training (NEET) figures. Catch 22 have developed a programme working with year 11 learners who have previously not engaged in intervention programmes. The programme has been very successful and young people have now identified progression opportunities for this September

There are clear targets in the Children and Young People's Plan around reducing the number of NEET young people and improving opportunities for young people from vulnerable groups. The Learning Support Team and Leaving Care team in partnership with Southend Adult Community College is continuing to fund a number of courses young people leaving care as well as programmes for Young Offenders. The programme has been successful in engaging young people by enabling them to access education and progress onto further education or apprenticeships. By supporting vulnerable learners to gain qualifications and progress into employment the NEET figure is further reduced. Southend YMCA has successfully provided a range of formal learning programmes for post-16 learners. The provision has included Foundation Learning courses and Prince's Trust programmes which are particularly targeted at vulnerable learners such as young offenders, teenage parents, SEN and disaffected/disruptive learners. The new Free School opening in September 2013 offers further opportunities particularly for those learners with BESD that currently have limited choices post-16.

The reform of the Priory and Renown into a single College offers additional support for children and young people that are designed to enable them to engage better with post-16 opportunities. This includes enhanced Alternative

Education programmes and bespoke support programmes for the most vulnerable learners.

We need to further focus on:

- Continuing to reduce our rate of not in education employment or training
- Monitoring the impact of the change in funding from Guided Learning Hours towards Funding per Learner.

4.14 Continuing to reduce the impact of anti-social behaviour and offending on children, young people and the community

Reducing offending and re-offending

Our success in diverting young people away from criminal activity has left a smaller yet more challenging cohort of young people who have complex needs and often entrenched offending behaviour.

Our understanding of youth crime, derived through our Problem Profile of youth crime for April 12-March 13, along with the strategic integration of youth services in Southend has enabled us to enhance our targeting of resources to prevent youth crime, anti-social behaviour and re-offending; and enabled us to enhance our innovative approach to the way we deliver services around the needs of hard to reach and vulnerable children, young people and their families.

Between April 2012 and March 2013, 227 offenders who received court orders committed 303 offences and these young people were subsequently supervised by the Southend Youth Offending Service as part of a Court Order. Theft and Assault were the most common offences and accounted for 50% of the total offences committed. The majority of offenders were aged 15-17 years of age.

It is a nationally recognised statistic that 20% of prolific/revolving door offenders are responsible for 80% of crime committed. The Problem Profile demonstrates that in Southend for 2012/2013, 17 prolific offenders (7% of the 227 offenders) were responsible for 30% of all youth crime committed in the borough. To address this we have provided additional support and intervention, over and above that prescribed by National Standards, to those young people who present as high risk through our Intensive Alternative Programme. Furthermore, we secured a seconded teacher from the Renown (Pupil Referral Unit) as part of a pilot project to work primarily on a 1-1 basis with those offenders who are prolific and disengaged with education.

2012/13 Achievements

- The 2012/13 re-offending performance was 27% which exceeded the

local re-offending target to ensure that no more than 36% of young people who receive a Pre-court and a Court disposal re-offend within a calendar year.

- We have continued to reduce First Time Entrants to the youth justice system since the original baseline was set in 2005/6 from 358 young people to 91 in 2012/13 evidencing a 75% reduction
- At the end of year 2012/13, 83% of young people were in suitable education employment or training at the close of Order which exceeds the local target of 80% and improves on the 10/11 figure of 77% and 11/12 of 81%.
- During this time period 1118 hours of reparation (payback to the community) were undertaken by young people with four young people receiving ASDAN Awards in Horticulture and Wood work, six young people being registered for OCN awards in Carpentry and a further two for Horticulture.
- The YOS ran a pilot intervention project during September 2012-March 2013 with 77% of young people completing successfully.
- The IAP programme worked with 51 offenders which included 15 of the prolific offenders during 2012/13
- Triage was implemented in Southend in April 2009, since then 850 young people have been through the process. Whilst initially arrested for the offences, compliance with Triage resulted in no further action being taken avoiding entering the criminal justice system and therefore not receiving a substantive outcome. In view of the fact that re-offending rates for Triage over a 4 year period are only 13% this clearly demonstrates that the programme is successfully targeting and diverting young people at the earliest point of their criminal career.

Minimising the use of remand and custody for children and young people

Southend YOS is committed to ensuring that the use of remands and custody is a last resort for young people. Consequently we provide good quality and realistic bail support packages and reports to the courts using experienced staff in order to maintain the courts confidence in both bail provision and community sentences.

Our custody rate for 2012-13 was 6.2%. This figure pertains to 14 young people receiving custody out of a total of 227 receiving court outcomes. Whilst we did not meet the target, the end year percentage is a vast improvement on the previous year's figures of 11.6%.

During 2012/13 Southend saw a rise in gang behaviour resulting in 9 custodial sentences for gang members and 2 gang injunctions which undoubtedly

affected our overall end year figure. Southend YOS will continue to work proactively with police colleagues to both prevent gang behaviour in the first instance and target any known behaviour effectively during the coming year.

Early intervention and prevention

Our 'Challenge & Support' programme involves every under 18 year old who is stopped by the police being referred through to the scheme whereby various tools and powers are used from letter, home visit, Acceptable Behaviour Contracts and structured interventions. It worked with 342 children and young people during the year April 2012 to end March 2013 through the use of Warning letters, Home visits, and Acceptable Behaviour Contracts (ABC's). 10 ABC's have been issued during the year and no ASBO's. Only 5.5% (19 young people) have gone on to offend.

Our Street Engagement Team undertake specific operations are undertaken in identified hotspots between the hours of 7pm and midnight in order to protect children left to wander the streets at night without adult supervision who are at risk of offending, target underage drinking or ASB. These are joint initiatives undertaken by YOS and Police whereby workers engage with children and young people removing them where appropriate and necessary.

Street based deployments are also undertaken delivering street based outreach where and when it is most needed. By offering young people viable and attractive alternatives to anti-social and criminal behaviour they are helping to break the damaging cycle of negative influence and raise aspirations. The team work days, evenings and weekends dependent upon intelligence across the borough, targeting areas with a high level of public concern about youth disorder with the overall aim to signpost young people to more positive activities using a triple track approach of challenge, support and enforcement. During 2012/13 there were:

- 29 Joint police operations
- 414 deployments
- 1715 children stopped
- NSPCC Child Exploitation Online Protection (CEOP) courses delivered
- 248 referred on to other agencies and/or received an intervention

Intelligence shows us Friday and Saturday between 4pm-9pm continues to be when youth ASB is most reported and therefore the most effective times for the Street Engagement team to be deployed.

- The Every School Day Matters was a pilot project undertaken between January and end March 2013 to promote the positive aspects of school attendance to children, their families and the wider community. YOS workers working alongside two Child and Family Intervention Workers undertook patrols on a daily basis. Working in partnership with the

police, (who have the authority under Section 16 of the Crime and Disorder Act to both stop young people and return them to school), the workers completed a monitoring form for all young people found out of school for whatever the reason. They informed the young person of the reasons why they had been stopped, informed the school and sent a letter to the parents or carers. 212 truancy cases were identified with the following outcomes:

- 135 parents/carers have been re-educated on the importance of sending their children to school or informing the school if their child is unwell.
- 12 were returned to school as found Truant at home.
- 1 was returned home.
- 13 young people are also known to other services such as YOT, Streets Ahead or have CAF currently open.
- Letters sent direct to 212 parents

We have successfully retained the support of 84 volunteers of which 7% are from BME groups, 6% are registered disabled, 61% are female and 38% male. A further 46 are going through the process of joining our service. The volunteers within Southend YOS are a highly motivated and well trained group of people who make a considerable contribution to our work with young people. Volunteers undertake a variety of functions, with many volunteering over more than one area, such as referral panel members, appropriate adults, mentoring, reparation and engaging young people in positive activities.

We need to further focus on:

- Continuing to deliver our programmes and packages of support that divert young people from crime or ensure that young people are supported away from re-offending and prolific offending.

4.15 Support for Young Carers

Our key priority for Young Carers in Southend is to ensure that they are safeguarded from inappropriate caring and to ensure as far as we can that they are able to enjoy and achieve to the same degree as their peers. In order to work towards achieving that again this year the a clear objective in our action plan for 2013-14 is to continue to raise awareness of Young Carers in schools, colleges, professionals and other agencies and the wider general public. We held a competitive tender for support services to help us achieve the action plan and as from January 2013 we began working with Premier Care Services who will help us achieve our targets. Our target of 25% increase in known young carers was achieved and our baseline for this coming year is a further 25% increase with our new baseline being 419.

Young Carers are planning the re-launch of their Charter to schools in the autumn term and our target is to have 50% of the schools signed up to it by

the end of the academic year and the remaining 50% the following year. We continue to pledge to have Young Carers Champions in each school as well as partner organisations through whom we will be able to have a more effective method of passing information and updates. This year we have also started to undertake some research into the transition into young adulthood and the particular challenges faced by Young Carers at this time.

The youth groups CHIL and COOL have been expanded and we now also run SYCandMore for our youngest carers from 5 – 8 years of age. All these clubs run from our centre in Shoebury. However with the support from Premier Care Services we are looking into if other alternative activities need to be established in other parts of the borough.

The Young Carers Forum continues to meet monthly and provides feedback to the Young Carers Development Group who oversees the progress made in our action plan. Quarterly feedback is taken to the Success for All Children group.

We need to further focus on:

- Continuing to raise awareness across the partnership of young carers and the support that is available.

4.16 Lifting children and young people out of poverty

National child poverty statistics are published 2 years behind, due to the reliance on benefit data. 2010 figures have been published. National figures, our statistical comparators and the other LAS in the eastern region have all shown a slight improvement. However the 1.1% improvement in Southend is better than our statistical neighbours average and one of the biggest differences in the eastern region (Luton reduced by 1.2%, Peterborough & Bedford the same as Southend).

The Council has introduced a swift and easy process to enable parents to check their entitlement for and claim free school meals and continued to run awareness raising campaigns and in partnership with schools. Over 500 children have had their entitlement confirmed through the checking service and we have we have increased the take up of free school meals in the town by 9.4% or 388 children since 2010.

The 5 for £5 project – five school meals for £5 – was undertaken in Temple Sutton and Milton Hall primary schools aimed at increasing the uptake of school meals was very well received. Milton Hall's take up increased by over 40% for that week and although the numbers started to drop again after a few weeks the Headteacher stated the impact of the initiative was positive.

The number of 2 year olds benefiting from funded child care in the year was 511. This was significantly higher than the target of 350 set at the beginning of the year when the Council invested additional funding in this area.

The 2012/13 Poverty Action Plan was 80% delivered. The only two actions not to be completed were one is in relation to a business start up course – the bid for funding to achieve this was not successful. The second is in relation to Warm Front – this strand of work is transitioning to the Governments new Green Deal.

We need to further focus on:

Continuing to increase the uptake of free school meals. Figures published by the Government show a gap of 22%, or 1200 children, between those entitled and those claiming. As well as making a significant different to individual families budgets, this could bring an additional £1,080,000 in pupil premium to school budgets.

Working proactively with the Council's Revenue and Benefits team to ensure families who will be affected by the changes to the benefits system are fully informed and as prepared as they can be for an changes.