

Success for All Children Group Annual Report 2012

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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. Partners of the Success for All Children Group are all operating in a difficult financial environment. We will continue to target our efforts where they are most needed and will need to be more discerning about our priorities as we move forward. Innovation will be a key driver to our continued improvement of outcomes; there is a real imperative for us 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 Assessment can be found at www.southendchildren.org.

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

Our vision is simple, Success for All. As a partnership we spent time during 2011 – 2012 looking to the future and refreshing our vision for children and young people in Southend-on-Sea. We have reinforced our commitment to success for all children but reminded 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 2011-2012?

We are very pleased with the judgements in our Ofsted Safeguarding and Looked After Children Inspection in June 2012. Our Safeguarding Services were judged as good overall with an outstanding capacity for improvement and the overall effectiveness of our services and our capacity to improve for looked after children were judged as good. In addition Ofsted judged our ambition and prioritisation, partnership working, economic wellbeing and the way we keep children safe and children feel safe as 'outstanding'. Ofsted also identified that we need to make improvements in some areas of looked after children's health and the quality of provision.

Our energetic, enthusiastic and ambitious workforce has delivered the priorities of the Children and Young People's Plan 2011 – 2012; this document sets out the progress made against those priorities. Working within a challenging national economic backdrop our 2011-2012 plan focussed on the needs of vulnerable children. We have concentrated on improving outcomes and narrowing the gap between those who do well and those who do not, whilst raising expectations of what all children and young people can achieve.

A key priority of the partnership was to work together to tackle the issue of poverty for children and their families in Southend and across the partnership there have been many successes including a 'five for a fiver' school meals project, a revamped Free School Meals application process which has contributed to a 6.2% take up in free school meals between January 2011 and January 2012. A Poverty Pilot project held at Cambridge Road Children's Centre resulted in training for parents and children's centre staff being commissioned on aspects of family finance and budgeting.

Other successes include our preparedness for the raising of the participation age and sustained progress with young people not in education, employment or training. Our 2011 education results show an improvement on those for 2010 which were our best ever and performance shows a trend in improvement for five year olds and for 16-19 year olds.

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.

- Preventing offending – being delivered by the Youth Offending Service who have been working to reduce the number of young people who are at risk of Anti Social Behaviour, offending and re-

offending by diverting them away from this path by the end of the intervention.

- Young people exposed to domestic violence – being delivered by Southend-on-Sea Domestic Abuse Project who have been working to support children in families experiencing domestic violence and support mothers in making positive life choices.
- Primary mental health services – being delivered by the PCT, this aims to deliver primary mental health service at stage 2 to support young people to prevent escalation to stage 3.
- 'Empowering Families' is a project being delivered by Community Service Volunteers to support families continue their journey and remain supported after a child protection plan has finished.

All four services work closely with commissioners in a flexible way to ensure services adapt and evolve to meet local changing needs. All four services have been successful in meeting the targets laid down in their contracts.

Over the last year the joint commissioning budget has also been used to commission a range of one year projects targeted at our CYPP priorities. These included

- How not to break the bank - The commissioning of training days for schools and children's centres to skill teachers in delivering a financial awareness session as part of personal, social and health education (PSHE) and children's centre staff in supporting parents to increase their financial awareness skills.
- Additional English as an Additional Language work at Southend Adult Community College.
- Targeted summer holiday activities for younger children across Southend.
- The Taste restaurant (Shoebury Youth Centre) provided those young people not in education, employment or training (NEET) with training and employment opportunities in the catering and hospitality industry, whilst providing the local area, which has a high deprivation level, with healthier, affordable, locally sourced food. Additionally Taste provided: positive activity/ healthy food workshop, large scale events and short qualifications benefiting vulnerable and hard to reach children and young people and their families including those with disabilities.

Outcomes achieved:

- 32 workshops providing 192 opportunities; using food more frugally to avoid landfill waste
- Apprenticeship creation and completion; NVQ Level 2; 2 young people
- Starter jobs leading to full time employment; 2 young people
- Work placement opportunities; 20 young people
- SAVS Volunteering - Youth volunteering provision for young people aged 14+ focusing on community cohesion in schools linked to

developing and supporting young people to volunteer within non profit making organisations within Southend.

Roles are specifically identified to meet the young people's needs and interests and are matched carefully and appropriately.

Outcomes achieved:

- Higher level of attendance in schools.
- Stronger applications and levels of university entry
- Increased involvement for young people in positive activities
- Multi agency integrated approach to schools supporting the

The Ofsted announced inspection of safeguarding and services for looked after children in June 2012 found our commissioning intentions to be ambitious and derived from a whole systems approach which prioritises early intervention. The inspection also found the commissioning arrangements for looked after children's placements to be effective and robust and commented positively on how commissioning decisions are informed by the views of service users, particularly for short breaks for families with disabled children.

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 as exemplary by the relevant sector skills councils (e.g. Children's Workforce Development Council).

We have increased stability in our 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.

Within the Council, Specialist Services has successfully addressed ongoing challenges in recruiting permanent social work staff through a range of measures, including conversion of agency to permanent staffing, early introduction of support for newly-qualified staff, a clear recruitment strategy, ongoing support and mandatory training for staff at all levels and increased managerial capacity. We have a comprehensive approach to skills development within the service, including an annual programme of training courses commissioned on the basis of annual Training Needs Analysis, accompanied by alternative skills development methods including e-learning, peer learning and action learning sets, coaching and mentoring, shadowing and secondment opportunities. The strength of our Integrated Workforce Strategy was recognised within the Ofsted Inspection of Safeguarding and Looked After Children, June 2012.

On 21 October 2010 the Department of Health (DH) announced that they would deliver 4,200 new Health Visitors by 2015 to boost young children's and families' health and wellbeing across England. Health visitors have a strong track record of working collaboratively with Children's Centres and others to deliver services to our local communities within Southend. During 2011-2012 the Strategic Health Authority commissioned 6 full time 1 year programmes and 1 part time Health Visiting programme over 2 years for South East Essex. South East Essex has been in a unique position in that we have maintained and recruited to our funded establishment levels of Health Visitors in recent years and have ensured that we have increased our numbers of Community Practice Teachers to support the students in order to meet the planned growth in the health visiting workforce by 2015.

Voice and Influence

We have continued to provide and promote opportunities for children, young people and families to contribute their views through our Voice and Influence Strategy. Our annual Your Say survey attracted over 900 responses from school pupils and college students; we introduced a young voice for all activity meeting to compliment our Children in Care Council (Voice4All) for older looked after children. Our annual Councillors Question time event gave nearly 250 young people the opportunity to put their questions to a panel of Councillors, police and health representatives. During 2011 – 2012 we also introduced guidance for young people to be involved in recruiting and interviewing staff and guidance for officers on how to involve young people in meetings more effectively. The Youth Council continues to campaign for the rights of young people in Southend and is a recognised forum for consultation from agencies across the borough. The Youth Council was awarded a British Youth Council "Youth Led" award in 2012 in recognition of the youth contribution to running the council.

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.

Areas for improvement

Ofsted recommended that we develop a more systematic approach to obtaining and using the views of some of our key service users groups in our safeguarding and looked after children inspection in 2012.

2. Safeguarding, early intervention and prevention

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

We are particularly proud of how our partners and multi agency practitioners are committed to integrated working and see the foundation for this is the staged approach to intervention which enables services 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 lead and maintain an overview of their localities, this structure is currently under review to strengthen their ability to develop and lead a local strategy to deliver the Children and Young People Plan.

The evidence of impact is the high number and universal use of the Common Assessment Framework. Responses to information sharing using the CWDC

'One Children's Workforce Toolkit' indicate that over 75% of respondents feel that this is well established and integrated into everyday practice. In March 2010, a stock-take event established that partners consider information-sharing to be good, with outstanding features.

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 '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 241 at 31st March 2012.

'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% against a statistical neighbour average of 65.2% with 2010/11 figures showing 82.6% against a statistical neighbour average of 56.6%. This has increased further in 2011/12 to 89%.

In inspections of early years settings between September 2009 and March 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% as at December 2011. In this same time period Ofsted graded 89% 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 75% as at December 2011.

We have carefully targeted new early intervention provision at the greatest need where possible. For example, the Council has allocated additional funding to further increase the number of 2 year olds accessing funded nursery education places. 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 plans in place and funding identified to extend this offer in 2012/13.

There is a continued year on year improvement in supporting children with vulnerable and complex needs through our integrated approach. There has also been an increase in stage 2 referrals, which indicates earlier intervention

and a large proportion of children and young people are being supported at stage 2 (vulnerable). Since we began using the Common Assessment Form in February 2007, overall there have been 3,353 Common Assessment Forms completed with the majority of children and young people's needs being met at the earlier stages of intervention: 1,406 were supported at stage 1 (universal), 2,081 were supported at stage 2 (vulnerable), 388 at stage 3 (complex). An increasingly large proportion of children and young people are being supported at stages 2 and 3, with fewer moving to stage 4 indicating a downward trend in our acute cases.

We have built on universal access to parenting support and the creation of support services in some schools and school groups. This ensures that CAMHS intervention at stages 2 and 3 takes forward, rather than replicates, these services. The range of preventative services at early stage of intervention continues to develop and is supported by a robust commissioning strategy within the partnership, informed by performance information. Volunteer programmes are embedded throughout the stages of intervention.

Our Parenting Strategy provides a consistent approach to supporting positive and responsible parenting at all levels of need and thereby contributes proactively to safeguarding. Using our staged model of intervention, we identify the level and definition of needs, including the type of support available which ensures that those children whose parents are finding it difficult to care for them, get enough help and support to assure their safety and well-being and receive support early enough to minimise the risks using the multi-agency approach to addressing those needs. This framework enables services to target and plan provision to meet the needs of individual children and young people through integrated processes ensuring effective ways of identifying and reducing children and families at increased risk. We run a range of interventions across all four stages of our intervention model depending on the level of need. This process supports a range of interventions put in place to help families with parenting strategies; improving engagement in education; developing emotional health and resilience and engaging families in positive activities. For parents with vulnerable and complex needs, we offer support from the child and family early intervention team who currently work with 218 families bridging the gap between home, school and the community by delivering: one to one support; parenting groups; self esteem; confidence building and more specifically school attendance support. In addition to this, the parenting early intervention programme has improved parenting skills and familial relationships for 41 parents and 44 children.

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. Our Parent Mentoring scheme, which is being funded by the Department for Education and delivered by CSV and SBC in partnership, offers early intervention and aims to improve the lives of children and young people by offering flexible personalised volunteer support to their parents. All referrals to Parent Mentoring are via the CAF through a single point of contact. There have been

17 volunteers trained since January 2012 and training has been jointly delivered.

Areas for improvement

Although Ofsted judged our overall capacity to improve in safeguarding as outstanding we recognise that there are still areas of further improvement. These are:

- strengthen the management oversight and monitoring of children in need plans to ensure outcomes are achieved and monitored in a timely manner
- ensure that chronologies are effectively used to inform ongoing assessments, particularly in longer term work, and especially in cases of neglect, to avoid drift where evidence of families achieving improving outcomes is not apparent
- develop a coordinated approach to using the experiences of children in need and children involved in child protection processes to measure progress against stated objectives
- ensure that the frequency of staff supervision complies with the council's own guidance and that supervision records contain sufficient detailed case discussions
- 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.
- Ensure with our Health partners that all transitions for young people with learning disabilities and/or mental health conditions are smooth and meet individuals' needs.
- 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.

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

In 2011, we developed an Early Intervention Domestic Violence Pilot Project, one of the Eastern Safeguarding Projects, which aimed to support and build capacity in universal and targeted services to support families who are experiencing domestic violence. The pilot is being rolled out across the Borough over the course of the year.

In 2011-2012 the Community Safety Partnership undertook its first Domestic Homicide Review (which became a statutory requirement for local

partnerships in 2011). The Review highlighted a great deal of good practice between organisations in Southend, not least through the enhanced information sharing and safety planning for high risk victims via the MARAC. High levels of awareness of domestic abuse across organisations and practitioners were in evidence. The Review also identified challenges that the partnership Domestic Abuse Strategy Group has been working to address since the first Southend Domestic Abuse Strategy was launched in 2010, and which will be refreshed in 2011/12. All local organisations recognise and commit to the need to work together to tackle the harm caused by domestic abuse perpetrators.

3. Services and outcomes for looked after children

Our services for looked after children were rated by Ofsted 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.'

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. Services are very effective. The combination of our placements strategy, alternative commissioning of external supply, increase in internal supply and reduction in numbers of looked after children has achieved a saving of £1.72 m over four years.

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 70.7% in 2011/12. 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 10.4% in 2011/12. The timeliness of placements for adoption has improved from 73.7% in 2008/09 to 89.5% in 2010/11 but has dropped to 77.8% in 2011/12; 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 97.9% in 2011/12 (provisional result). 98.6% of children and young people communicated their views to their reviews in 2011/12 (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, reduction in drift, and successful implementation of the pre proceeding work has contributed to this continued improvement. Other contributory factors are good use of early prevention work, including extensions of our Family Support Service working with 0-16 year-olds, use of the Family Intervention Project, the 'Think Family' project, the Family Group Conference approach and the use of alternative permanency options which have ensured that children who are looked after return home quicker. The numbers for looked after children for 2010/11 and 2011/12 have not demonstrated the sharp rise which has been seen in many other authorities. Instead they have decreased.

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

Recent ranking tables published by the Department for Education show for the large majority of indicators we are in line with other authorities, we are in the top 10 performing local authorities for 5 A*-C GCSEs, care leavers in higher education and the proportion of young people leaving care aged 16 or over that remain in care until they are 18.

The attainment of looked after children is set out below:

KS4	Summer 07	Summer 08	Summer 09	Summer 10	Summer 11
% LAC achieving 1 A*-G GCSE Grades	100.00%	94.70%	94.70%	92.30%	100%
% Southend pupils achieving 1 A*-G GCSE Grades	97.30%	97.70%	98.80%	98.10%	97.1%
% of Non-WBRI LAC achieving 1 A*-G GCSE Grades	100.00%	66.70%	100.00%	100.00%	100%
% LAC achieving 5 A*-G GCSE Grades	53.80%	57.90%	77.80%	53.80%	88.2%
% Southend pupils achieving 5 A*-G GCSE Grades	91.20%	90.00%	93.40%	93.90%	92.6%
% of Non-WBRI LAC achieving 5 A*-G GCSE Grades	100%	66.70%	100%	100%	100%
% LAC achieving 5 A*-C GCSE Grades	15.40%	21.10%	11.10%	30.80%	41.2%
% Southend pupils achieving 5 A*- C GCSE	66.10%	68.50%	70.40%	78.40%	79.7%

Grades					
% of Non-WBRI LAC achieving 5 A*- C GCSE Grades	0%	66.70%	0%	0%	100%

Care Leavers in Education, Employment or Training

As at 31 June 2012 there were 136 young people in the leaving care cohort, 3 of which are in custody. Of the remaining 133 care leavers:

- 92 are in Education Employment and Training (EET)
 - 17 are attending Higher Education
 - 43 are in Further Education
 - 6 are in Statutory Education
 - 26 are in Employment
- 41 are Not in Employment Education or Training (NEET)
 - 3 are aged 16-18
 - 1 is a young mum
 - 1 has mental health problems
 - 1 is out of county but has regular contact with the Southend Borough Council NEET Team
 - 38 are aged 18-21
 - 6 are young mums 4% of total
 - 6 have mental health problems 4% of total
 - 4 are out of County but have regular contact with Southend Borough Council NEET team 3% of total
 - 7 are actively seeking employment 5% of total
 - 2 are on the Work Programme 1% of total
 - 13 are not engaged or motivated to seek employment education or training this is 9.5% of the total leaving care cohort.

The children's social care team and ONTrack Teams are working with a range of partners and colleagues in SBC to help identify suitable programmes to meet the complex needs of these individuals. Out of the 131 young people the team is working with 16 are from Black and/or Minority Ethnic groups.

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.

The recent OfSTED inspection made the following comment:

Economic well-being outcomes are outstanding. The borough ensures that all care leavers have outstanding opportunities to achieve their best and move successfully into adult life. Care leavers have high aspirations to remain in

education and training or to be employed due to the excellent range of opportunities provided by schools for vocational pathways and to the borough for providing a wide range of different interventions to support them into further education, employment or training (EET).

Areas for improvement

- We need to ensure that our record keeping for all cases is up to date and that plans clearly identify the outcomes to be achieved, actions to be taken, and timescales.
- We need to ensure that we fully embed our Pledge to looked after children and ensure that we implement the revised terms of reference for the corporate parenting.
- We need to 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.
- NHS South Essex should ensure that the outcomes of the Strengths and Difficulties Questionnaires are used in the looked after children health assessment process and ensure that care leavers receive a fully copy of their health histories.
- 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.

4. Outcomes for all children:

4.1 Health Outcomes

The health and well-being of children in Southend-on-Sea is generally similar to the England average.

4.2 Breastfeeding

Breastfeeding has continued to be a priority area for development. Recording of infant feeding status at 6-8 weeks remains robust and consistently achieves the target of 95%. Initiation rates have been maintained, but continuation (prevalence at 6-8 weeks) at 37% is still lower than expected. NHS South East Essex provided additional investment to community providers for breastfeeding through the CQUIN quality scheme. The main focus of work this year has been the implementation of the new breastfeeding and skin-to-skin” policies and basic and update training of acute, community and Children’s Centre staff to achieve Stage 1 of the UNICEF Baby accreditation. Stage 1

was awarded in February 2012. The lay peer supporter training programme was also revised and accredited through the Open College Network. Other key developments have focussed on ensuring extra support for mothers when establishing and continuing breastfeeding. We have continued to deploy peer supporters in the hospital setting, and maintained and updated the dedicated breastfeeding website, www.breastfeeding.see.nhs.uk. We are piloting the use of community support workers to provide intensive support to breastfeeding mothers after discharge, are commissioning a local review of antenatal education, including breastfeeding, and are working with Southend businesses to introduce a "Breastfeeding Mothers Welcome" scheme.

4.3 Childhood Immunisation

Throughout the year coverage of all childhood immunisations including MMR has increased and action has been taken to address uptake in areas/practices with low coverage. With Public Health transferring to local authority in 2012-13 a key area of work is to strengthen links with Children's Centres and other Early Years settings, and to provide training for the Early Years workforce. Staff working in Early Years settings will be trained to:

- promote childhood immunisations
- display and distribute information on the current vaccination schedule
- support parents/carers to attend scheduled appointments
- identify children who are unvaccinated, have missed doses or have come from overseas where there may be different schedules and help their parents/ carers to access vaccination
- signpost parent/carers with concerns about vaccination to relevant health Professionals

The Public Health Nurse is currently working with practices that have lower uptake of childhood immunisations to identify and immunise children with incomplete immunisation status.

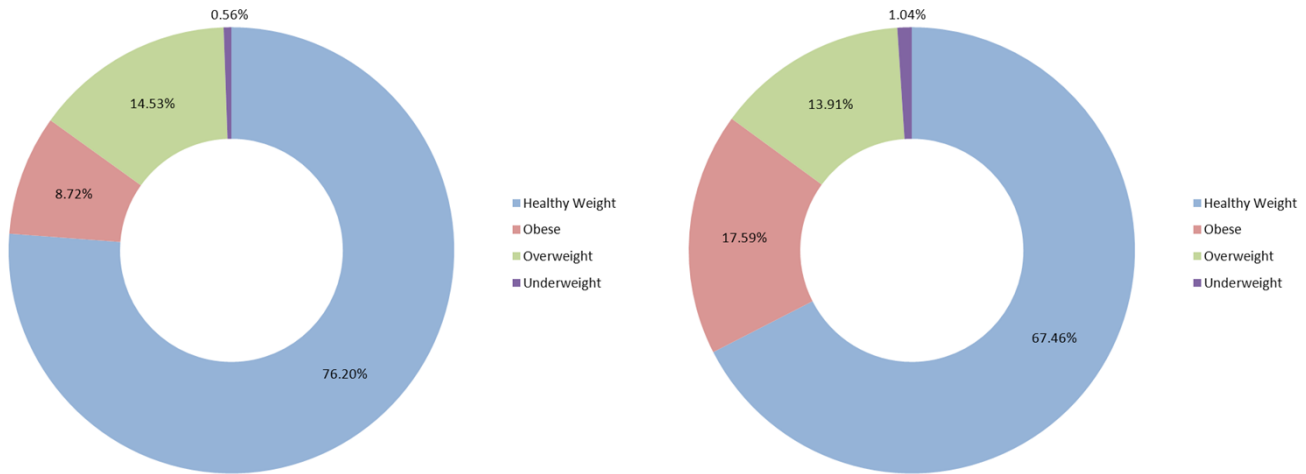
Public Health will commission additional clinics from community providers in 2012-13 to be delivered in school /Early Years settings. These will target new school entrants and primary aged pupils to offer immunisation to those children, and their siblings, who may have incomplete immunisation history. There will also be focussed work to improve the immunisation rate of look-after children.

4.4 Encouraging Healthy Weight

Children in Southend-on-Sea have average levels of obesity. 9% of children in Reception and 18% of children in Year 6 are classified as obese. Obesity rates in the Reception year group are second lowest in the region

**Southend Reception NCMP 2010-11
Results**

Southend Year 6 NCMP 2010-11 Results



NHS South East Essex has a comprehensive childhood obesity pathway from aged 2-13years. This was revised and the new pathway implemented in 2011/12. Public Health is working closely with the Children and Learning Team to increase the number of referrals to healthy weight interventions from non-NHS staff in the Children's Workforce, to help identify and intervene with children at an earlier stage.

New work delivered in 2011-12 included:

- ParkLife a scheme to encourage active outdoor play using the newly refurbished play areas
- social marketing insight on school food, review of school meals, and development of a toolkit for increasing the uptake of school meals
- BodyTots – a healthy living programme for early years.

Public Health is working with Early Years team to plan joint workforce training on healthy eating and physical activity in September 2012. This will support the implementation of the Early Years Foundation Stage key theme of physical development, the adoption of the School Food Trust voluntary guidelines for Early Years settings, and the implementation of the Chief Medical Officer guidelines on physical activity for the under-fives.

Southend on Sea has received additional funding for walking and cycling via the Local Sustainable Transport Fund (LSTF) and there is an action plan focussed on increasing the number of primary age children who cycle for school journeys and for leisure. There is a focus on Year 5/6 to develop independent travel prior to transition to secondary school.

Ensuring a healthy diet and physically active lifestyle remains a challenge in Southend where 1 in 4 children (24%) aged under 16 years are living in poverty. Childhood obesity has been identified as a priority by the Health and Wellbeing Board with whole system sign up, and a multi-agency childhood obesity strategy is being developed.

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 35 (64%) having revalidated their Healthy schools status, and a further 20 (37%) 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. Some schools have achieved their outcomes and have recorded their journey and achievements in 'School stories'. A Healthy Schools celebration event for the Enhanced Model is being planned for 2012-13 school year.

4.6 Sexual Health

The National Chlamydia Screening Programme (NCSP) introduced a new way of monitoring coverage for the programme. The "diagnosis rate" measures how many chlamydia infections are found in a population. It is linked to expected falls in prevalence, provided treatment and partner notification standards are met. The NCSP recommends that all areas aim for at least 2,400 chlamydia diagnoses per 100,000 people aged 15-24 years. NHS South East Essex in 2011-2012 achieved a diagnostic rate of 1721.3 per 100,000 with 7.3 % positivity. At Local Authority level Southend on Sea achieved a 2066 diagnoses rate per 100,000 with 7.6% positivity.

A Social Marketing Programme of work was undertaken to investigate why there is currently a low uptake of chlamydia testing amongst 18-24 year old males in the south east Essex area and to identify means of improving uptake. To engage this audience eight face to face focus groups, two online focus groups and a paper questionnaire were used to talk to and learn more about the barriers to uptake and what would motivate future uptake. A number of recommendations were identified and these were used to develop the 'Chlamydia Positive You Haven't Got It?' campaign specifically targeting this audience.

The ruClear? Chlamydia Screening Programme implemented a number of programmes of work including upgrading 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. 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 quarterly newsletter.

Working with Essex Police, South Essex Partnership Trust Contraception and Sexual Health Services, Teenage Pregnancy, Rape Crisis and NHS South East Essex Public Health Team 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.

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.

Public Health and Children and Learning are working 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. The programme has delivered training to graduate training programme students.

"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 the Integrated Youth Support Service, Secondary Schools and healthcare professionals.

Our performance for 2010 places us in the upper middle quartile nationally, which means we are in the top 26% to 50% of Local Authorities nationally. Our reduction rate at the end of 2010 places us 51st out of 149 Local Authorities, which is consistent with our reduction rate at the end of 2009 when we were placed 52nd out of 149 Local Authorities. Our result of 17% reduction in rate from the 1998 baseline is only 2.5% off the Top Quartile threshold of a 19.5% reduction, which would then place us in the top 25% of Local Authorities Nationally. Overall our percentage decrease is nearly a third – which is currently - 30.9% based on the 1998 baseline.

4.7 Teenage Conception

Southend continues to take a multi-agency and partnership approach to addressing teenage pregnancy. Targeted early interventions with a focus to engage our more vulnerable young people and families in high rate areas are underway. This includes sexual health awareness sessions, referrals into Kingsley Ward Centre, youth work outreach, self esteem and relationships work to delay early sex and understand consent. We are currently particularly focussing this work with more boys and young men.

All statutory school age pregnant girls and younger parents are offered support, direction and options around pregnancy and remaining in education. It is anticipated that in a normal healthy pregnancy, the pupil will remain in mainstream education for as long as possible with a planned and supported reintegration following the birth. Over recent years this role has become embedded and embraced within Southend schools and 90% of our school age parents are remaining in mainstream education or further education. Our

Care to Learn uptake for (May 2012 data) shows uptake by young parents under 20 is 13.85%, significantly higher than the East of England rate of 8.13%.

The BUMPS Ante natal group meets weekly and is very well established within one of our central and busy children's centres. The service is a partnership initiative with Southend Hospital Foundation Trust, Integrated Youth Support Service and Cambridge Road Children's centre. The Teenage Pregnancy midwife attends the session and parentcraft and breastfeeding sessions are delivered. A room has been set up for ante natal appointments on site. This has improved uptake of appointments by younger women who prefer to see the midwife in a friendlier informal setting. Over April and May 2012, 27 young parents or parents to be visited the groups a total of 103 times. A successful and well attended Cook4life programme was delivered during April/May 2012.

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. 50 people attended the DAAT-led training during 2011/12. The DAAT also commissioned a wide range of training for partner agencies, including Open College Network qualifications in line with the Drug and Alcohol National Occupational Standards for both children's and adult service practitioners.

The Young People's Drug and Alcohol Team (YPDAT) continues to have the highest rate of young people accessing its services across the Eastern Region (147 young people were in treatment with YPDAT during 2011/12). A relatively high proportion of these referrals (15%) come from local authority children and families services, such as the Children Looked Team, who are seen as a priority group due to their increased risk of developing substance misuse problems. YPDAT conduct robust assessments with young people referred to them and use these assessments to develop care plans and involve other agencies/ parents/carers as appropriate, including completion of the Common Assessment Framework where additional needs are identified. A transition protocol has been established between young people's and adults treatment services and is working effectively.

4.9 Improving outcomes for Child and Adolescent Mental Health Services

We have driven our transformation of the Child and Adolescent Mental Health Services (CAMHS) in order to improve access to a range of flexible responsive integrated services. Child and adolescent mental health services in Southend (CAMHS) offer support through all stages of intervention from universal provision through to acute and complex. We have continued to

reconfigure stage 2/3 and stage 4 services in order to co-ordinate intervention and ensure smooth access to provision for children and families.

The Targeted Mental Health in Schools (TaMHS) project has been successful in supporting staff in universal services to understand the emotional health and wellbeing needs of their students/service users and has provided a range of resources.

Following the move of our performance up from level 2 to level 3 for early intervention and prevention and up from level 3 to level 4 for 24 hour access to specialist CAMHS assessment in 2009-10; our performance for early intervention and prevention moved from 3 to 4 in 2010-11 with the embedding of TaMHS. (These scores are based on CAMHS key performance indicator definitions). A crisis outreach team attached to a tier 4 inpatient unit has further been developed, and the service has been able to demonstrate earlier intervention and has prevented some young people being admitted to hospital. It has also enabled a reduced length of stay for others.

The new CAMHS contract and service model has required whole system, continual service improvement, which is now being implemented across the 4 tiers. The new model delivers consultancy, support, training and supervision at all stages of the Southend staged intervention model and as this is further developed, it will deliver a single point of access closer to home, developing community services alongside clinic-based services. A priority set for the Emotional Health and Well-being subgroup for 2011/12 was to ensure children with disabilities who also have mental health challenges have a good service. The group prioritised children on the ASD spectrum and a report to the Success for All Children Group detailed key actions for improvements in pathways.

Areas for improvement

To be discussed at the Success for All Children Group.

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

After a strong performance at Key Stage 2 in 2010 with significantly greater numbers of children eligible for Free School Meals making two levels of progress, this slowed in 2011 but in 2012 there was an improvement in free school meal pupils making two levels of progress in Maths. Work was undertaken with individual schools to understand and address any issues to support further improvement in the 2012 outturns.

% 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, promoting and increasing the take-up of school lunches by 6.2% through the Five for a Fiver project and strengthening communication to all households via the Council Tax concerning eligibility for FSM. Strengthened monitoring and tracking of pupil progress has also contributed to ensuring that the learning needs of this vulnerable group are appropriately managed.

A similar picture emerges for children with Special Educational Needs. Whilst more children with SEN made progress in English than did so in 2010, fewer children made two levels of progress from Key Stage 1 to 2 in mathematics and science. Again work was undertaken with individual schools to understand the reasons and address any outstanding issues.

Our strategy for improving outcomes for children with special educational needs has included strengthened monitoring through the School Support Partner Programme (which includes responsibility for the broader monitoring of vulnerable groups), continuing to support and promote the SENCO network and ensuring that appropriate training, advice and guidance is available for the management of statutory assessment at all key stages in respect of children with special educational needs.

% 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

4.11 Reducing school absenteeism and incidences of poor behaviour

Exclusions are an integral part of all schools' behaviour improvement policies. A decision to exclude is never taken lightly, whether for a short time limited period (known as a fixed term exclusion), or permanently, (which means a place in another school needs to be sought). Our strategy is to work in partnership with schools to identify factors contributing to unacceptable behaviour and to address them strategically with the school as well as operationally with individual children and families. The downward trend is due to the success of this strategy based on effective behaviour management and targeted intervention to address difficulties that are more acute.

The fixed term exclusion figures show a positive trend for both the primary and special schools and the strategy of pursuing nil exclusions is starting to impact in these phases. The increase in secondary school fixed term exclusions is due mainly to school's policies of zero tolerance for specific misdemeanours. Whilst it is proving more difficult to achieve a low number in the secondary sector, strategies to reverse this trend such as internal isolation

units and working in partnership with other schools or the Renown will contribute to an anticipated reduction for 2012.

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.

4.12 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 ONTrack Team continues to advise schools on curriculum development. The gaps identified tend to be at Level 2 post-16. The Borough delivers a wide range of Level 3 at post-16. Essex, Southend and Thurrock are in discussion around post-16 funding being devolved to the Local Authorities. If this does happen it will mean that the Local Authorities will have greater control and influence over post-16 delivery.

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 is an area that requires further work.

The NEET figure currently sits at 5.8% (March 2012). The number of apprenticeships increased in 2011/12 to 1,768, a 31% increase on the previous year. Southend Borough Council (SBC) currently employs 29 apprentices and has committed to prioritising interviews for young people leaving care. In 2010/11 the Economic Participation Programme (EPP) enabled SBC to offer a wage subsidy for apprentices in both the private and public sectors allowing 82 young people to access apprenticeship programmes. European Regional Development Funding (ERDF) has enabled a further 70 young people to access apprenticeships with a further 19 recruited for a March 2012 start. In 2011/12 ONTrack was able to offer salary subsidies to a further 30 apprentices in the Public Sector, those young people not able to access ERDF. This is better performance than comparator authorities and nationally. ONTrack has a target to develop an apprentice ambassador in each secondary school with a remit to raise the profile of apprenticeship opportunities.

298 young people in Southend accessed alternative education provision in 2012-2013. 50 of these are completing the final year of a Level 2 Young Apprenticeship qualification. The programme has proved so successful that ONTrack has sourced funding opportunities to continue to deliver Young

Apprenticeships. 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.

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. ONTrack, in partnership with Southend Adult Community College, is continuing to fund a number of courses for Young Offenders and young people leaving care. 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. The programmes are particularly targeted at vulnerable learners such as young offenders, teenage parents, SEN and disaffected/disruptive learners.

Areas for improvement

- Continue to work to address curriculum gaps identified at Level 2 post 16.

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

The Targeted Youth Support Service has identified children, young people and families' difficulties before they have reached a point at which the children's development and well being is seriously compromised, tackled public perceptions of anti-social behaviour by maintaining a high visible presence in hot spot areas and attended all Neighbourhood Action Panels which enable communities to have a say in where and when work is deployed across the borough. Both centre based and outreach work has been maintained and indeed increased. The Service has expanded its volunteer base in universal settings with youth groups established in a variety of different settings.

The Southend Youth Offending Service (YOS) has supervised 147 young people subject to a Court Order. Analysis of the individual Youth Offending crime types for period April 2011-March 2012 shows that 226 offenders who received court orders committed 322 offences. However, 70 of these young people committed more than one crime type they consequently appear in more than one section.

The two most frequent offence types are assault and theft and these accounted for 51% (166) of the overall offences committed. The majority of offenders were aged 16 and 17 years of age with a significant proportion of offences occurring within Central Locality.

It is a nationally recognised statistic that 20% of prolific/revolving door offenders are responsible for 80% of crime committed. The Problem Profile completed by the YOS demonstrates that in Southend for 2011/2012, 22% of prolific offenders were responsible for 60% of all youth crime committed in the borough. This data will consequently inform the 2012/13 Youth Justice Strategic Plan whereby further analysis of this 22% determined that:

- 90% of them had family & personal relationship issues
- 81% had issues around ETE
- 72% had substance misuse issues
- 62% had emotional/mental health issues (e.g. ADHD)
- 40% were LAC
- 31% had issues around accommodation

Despite the existing and varied interventions and programmes available in Southend YOS we clearly have a revolving door population of young people (the *who*) that we needed to address the *what* (content), and the *how* (delivery) of the programmes available to them if we are to address the multiple dimensions of their needs *and* target the factors that support or contribute to their repeat offending. The intention therefore is to deliver the Intensive Alternative Programme (IAP) to all young people within this target group

In respect of young people subject to Triage, 218 further young people committed 253 offences and went through the Triage process and were subsequently supervised by Southend Youth Offending Service as part of our pre-court diversionary programme. The most frequent offence types committed by young people who received Triage were theft and criminal damage. These offence categories accounted for 49% of the overall offences committed during 2011-2012. The majority of offenders were aged 14 years with a significant proportion of offences again occurring in the central locality.

The programme is successfully targeting young people at the earliest point of their criminal career and diverting them away from the youth justice system particularly in view of the fact that re-offending rates for Triage over a 3 year period are 9%.

All young people subject to court orders are required to undertake payback to the community as well as, where appropriate, restorative justice interventions. Undertaking community payback acts as an effective deterrent to further offending and a restriction of liberty. Furthermore it benefits both young people and the wider community as it improves our local communities, develops young people's skills and knowledge bases, whilst encouraging them to take responsibility for the communities in which they live. During April 11 – March 12 1109 hours of reparation were undertaken by young people, this included creating a Silver Award winning display at the Hampton Court Flower Show.

The Challenge and Support Project worked with 572 children and young people during April 11 – March 12. Only 3% (17 young people) of these have gone on to offend and receive substantive orders, all of whom were already known to the service.

46 Specific street engagement team Operations were undertaken during 2011-2012 in identified hotspots between the hours of 6pm and midnight in order to protect children out and about at night without adult supervision who are at risk of offending or underage drinking. In total during 2011-2012 684 children were engaged. These are joint initiative undertaken by YOS and Police whereby workers engage with children and young people removing them where appropriate and necessary. 538 street based deployments delivered 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. There was a 16% reduction in phone calls to the Police about youth anti-social behaviour and youth crime compared to April 2010 – March 2011.

Moving forward into 2012/13 - *'Strong families make strong communities'* Local public and voluntary sector partners intend to take an approach that better addresses the challenges presented by 'troubled families' in Southend on Sea. Under the banner of 'Streets Ahead' the intention is to co-design new ways of meeting the needs of over 400 chaotic families over the next three years. We recognise that, done well, there is an unprecedented opportunity to provide a much more cohesive service to the families themselves whilst making significant financial savings or cost avoidances.

Areas for improvement

- We need to continue to work to reduce the rate of repeat offending through the delivery of our Intensive Alternative Programme

4.14 Support for Young Carers

An In depth scrutiny was conducted with Young Carers in January 2011 which high lighted several key areas that needed further development to support young carers in Southend. A key priority in the revised Young Carers Strategy was continue to raise awareness of Young Carers in schools and other agencies that we work with and the wider general public. A new Memorandum of Understanding between Children's and Adults Services in line with the strategy along with a clearer referrals process. Progress against the strategy is reviewed by members of the Young Carers Forum. Our targets to increase the number of Young Carers known to the Council are ambitious and we are looking for a 25% increase from our known baseline of 370 in April 2012. Young Carers are planning the re-launch of their Charter to schools (25th September 2012) and our target is to have 100% of the schools signed up to it by the end of the spring term 2013. We are also pledged 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.

4.15 Lifting children and young people out of poverty

Reducing the impact of poverty of children continues to be an overarching priority for the Success for All Children Group. Our original Child Poverty Strategy developed in 2009 was reviewed and revised in 2011 and we are well on track with the new supporting action plan, 80% of which has now been fully delivered. The Council's Children & Life Long Scrutiny Committee carried out an in depth study into Child Poverty in Southend titled 'Are we Doing Enough?'. The findings of this study have just been published and while recognising that there is no quick fix in eradicating child poverty it found a significant amount of work being undertaken in Southend to tackle and address the issues around child poverty.

Our children's centres continue to work to increase the number of families from low income backgrounds accessing their services. The commissioning of financial awareness and management training for staff and families through children's centres has supported this. Job Centre Plus has allocated dedicated adviser time to work in Children's Centres across all three localities. In advance of the Government's target increase in funded child care places for disadvantaged two year olds by 2013/14 the Council has allocated an additional £200,000 to increase the number of funded places available from April 2012.

The Make a Difference Fund through the Child and Family Panels provides a resource for lead professionals to support families in meeting assessed needs where financial circumstances would be a barrier. Working in partnership with the DWP we have successfully introduced the Reed Families Programme as an additional resource to support families where worklessness is an issue on their journey back to work.

A Partnership bid led by Family Action with Estuary Housing, Youth at Risk, Barons Court Primary School, Southend Citizen's Advice Service, The Family Matters Institute and the Council has been successful in securing £900,000 over the next 4 years to work with families in the centre of Southend. The project is focused on supporting families to achieve transformational change and has three strands to its delivery.

- Flexible, professional, and home based family support services that are tailored to each family's circumstances supporting them to effect positive changes in their own and children's lives.
- Multi-agency learning and development opportunities will be created for our partner agencies staff and volunteers, who will be able to gain a qualification, knowledge and ability to deliver a 'truly' integrated service to children and families.
- Community Development Projects will empower local people to have a stronger voice in service delivery and development.

The Council has introduced a swift and easy process to enable parents to check their entitlement for and claim free school meals. Combined with an awareness raising campaign and in partnership with schools this has lead to a

6.2% increase in the number of school children claiming free school meals. 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.

Areas for improvement

Continuing to reduce the percentage of children and young people in poverty

DRAFT