

## **Our Vision:**

**To improve life chances for children and young people, particularly those whose circumstances make them vulnerable to poor outcomes.**

**Stockton-on-Tees Children and Young People's Partnership**

## **Children and Young People's Plan 2015 - 2018**

“Every individual child deserves the best opportunity to fulfil their physical, emotional, intellectual and social potential. Children need to be safe, and confident that the adult world understands their needs and recognises their vulnerability in early years and their needs for preparation for adolescence and adulthood.”

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## FOREWORD

As the Chair of our Children & Young People's Partnership, I am pleased to welcome you to our new Children and Young People's Plan which sets out our ambitions to improve outcomes for children, young people and their families in Stockton-on-Tees.

The Partnership brings together people from a number of agencies and organisations, across the statutory and voluntary and community sectors, to ensure that we all work together and focus on the things that will make the most difference, particularly for those children and young people who face some challenges in their lives and may need help and support to make progress and achieve their goals.

Engaging with children and young people will be central to the success of the Partnership. We will make sure that we listen to their views and give them the chance to contribute to and influence the priorities of the Partnership.

This Plan provides information about the population of children and young people in our Borough and what their needs are. It makes clear our key priorities for addressing needs and improving outcomes; explains how we have identified those priorities; and sets out how we will work to check that things are happening and progress is being made. More details of the members of the Partnership are provided at the end of the document.

The Plan covers services for children and young people aged 0-17 years; young people who have left care, up to the age of 21 years (or up to 25 years in certain circumstances); and young people with special educational needs or disability, up to the age of 25 years.

I do hope you will take the opportunity to look at our Plan. If you have any comments to make about the document, or want to know how you can contribute to the work of the Partnership, please see the contact details at the end of this document.

Jane Humphreys

Corporate Director for Children, Education & Social Care, Stockton-on-Tees Borough Council,  
and Chair of the Children & Young People's Partnership

## 2. PROFILE OF THE BOROUGH AND ITS POPULATION

Stockton-on-Tees Borough Council is the largest Unitary Authority in the Tees Valley, with a population of 193,190 living in 83,337 dwellings. The Borough's population has increased by 7.6% since the 2001 Census (compared to an increase of 3.7% for the North East as a whole).

42,300 children and young people, aged 0-17, live in the Borough (i.e 22.0% of the overall population). Of these, 12,200 are under 5 and 22,600 are aged from 5 to 15 years old. There are 2,800 children (aged 0-15) from a BME background. A larger proportion of children are from a BME background (7.5%) than the proportion of the total population which are from a BME background (5.2%).

Across the Borough there is a unique social and economic mix, with areas of acute disadvantage situated alongside areas of affluence. Based on the national indices of multiple deprivation (IMD) 2010:

- The Borough is ranked 100 out of the 326 local authorities districts in England (1 being the most deprived) – i.e it is within the 35% most deprived areas nationally.
- One of the indices of multiple deprivation is the 'Income of Deprivation Affecting Children Index' (IDACI), based on the percentage of children aged 0-15 living in income-deprived households. Using this measure, the Borough ranks 93 of 326 local authority areas.
- 29% of the population live within the top 20% of least deprived areas of England, whilst 27% live in the 20% most deprived areas.
- 29 out of the 117 Lower Super Output Areas (LSOAs<sup>1</sup>) across the Borough are within the 20% least deprived LSOAs in England, whereas 34 of the LSOAs are within the 20% most deprived LSOAs in England.

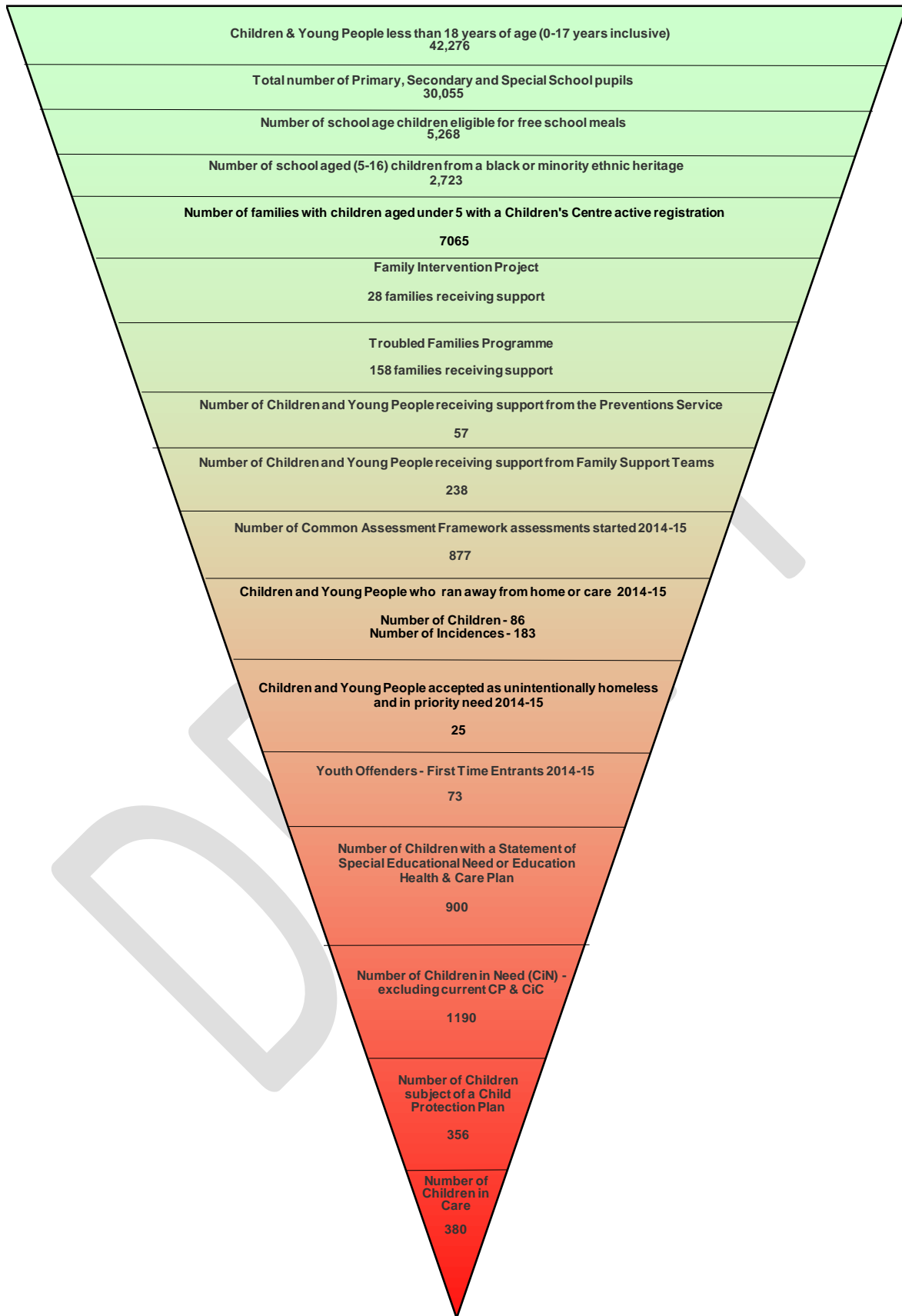
Compared with the 2007 IMD, there are fewer LSOAs within the 20% most deprived and a greater number within the 20% least deprived, suggesting a positive direction of travel overall. However, some of our most deprived LSOAs became more deprived over this time, suggesting a slight increase in the relative rate of polarization of need within the Borough.

The Borough's population is expected to increase at a greater rate than many others. Overall, the population is projected to increase by 4.1% by 2022, and by 10.3% by 2037, equating to an additional 20,193 residents compared with 2015. As for the large majority of areas, the number of older people will increase significantly. However, in our Borough it is projected that the population of children and young people will increase also, by some 5% by 2037, compared to an expected reduction across the North East region as a whole.

The profile on the next page gives a breakdown of the number of children and young people who are receiving services across a range of universal, targeted and specialist provision.

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<sup>1</sup> LSOAs are geographical areas used in the collection and publication of statistics. They have an average of roughly 1,500 residents and 650 households.



(The data used here is to provide an illustrative snapshot, based on available data at April 2015)

### 3. OUR VISION

**To improve life chances for children and young people, particularly those whose circumstances make them vulnerable to poor outcomes.**

Achieving this vision will need all children and young people in Stockton-on-Tees to have:

- the opportunity to grow up in a loving, stable environment;
- real opportunities to achieve their full potential and contribute to a fast moving, changing and interdependent world;
- opportunities to experience the benefits of living in a diverse multi-cultural society, where all experiences are valued and prejudice is not tolerated;
- a safe and secure home and community where they are protected from harm, abuse, harassment, exploitation or neglect and have the opportunity to grow up with their peer groups and friends;
- chances to contribute to their local communities, to be heard and to be valued as responsible citizens shaping their lives and their futures;
- the opportunity to participate in a variety of play, sport, culture, and leisure activities;
- access to excellent public services when they need them, which strive to meet the individual needs of children and young people and their families.

**We aim to achieve this vision by:**

- delivering accessible services through excellent partnership working between all agencies and organisations involved in commissioning and providing services for children, young people and their families;
- working with families to identify needs and provide support at as early a stage as is possible and appropriate;
- targeting resources to tackle inequalities and gaps in services;
- encouraging innovative approaches based on evidence of what works well;
- ensuring robust arrangements to safeguard the health and well-being of all children and young people.

## 4. KEY PRIORITIES

There is much we want to do to in the coming years to provide help and support for those who need it most. At a time when many services are facing high levels of demand, and operating in a challenging economic climate with financial constraints, it is more important than ever that we focus on the things that will have the greatest impact.

The following key priorities have been drawn up after taking account of a wide range of information and feedback (you can read more about this in the following section of this document).

- 1. Ensure effective pre-natal and early years support for children and families**
- 2. Ensure children and young people are safe and feel safe**
- 3. Improve educational performance of all children and young people across the Borough**
- 4. Support young people to make a successful transition into adulthood**
- 5. Improve outcomes for children and young people in care and care leavers**
- 6. Enable children and young people to lead healthier lives**

The Delivery Plan set out later in this document gives more detail about how these priorities will be put in to practice, and who will be responsible for the actions required to achieve them.

## 5. NEEDS ASSESSMENT

There are many sources of information available that help us to understand the needs of children and young people in our Borough, and the quality of the services they receive. This section summarises the key sources of information that have shaped the priorities we are focusing on through this plan.

### Strategic Assessments and Plans

- **Joint Strategic Needs Assessment (JSNA)** - this gives an overview of the needs of our population, across a number of themes and topic areas. The JSNA can be found at: <http://www.teesjsna.org.uk/stockton/>
- **Joint Health & Wellbeing Strategy**- this has a strong focus on tackling health inequalities whilst considering the wider determinants of health such as housing, education and the environment. A top priority of the Strategy is to ‘Give every child the best start in life’.
- **A Brighter Borough for All - Tackling Family Poverty across Stockton on Tees** – this document is the key strategic plan of the Stockton Local Strategic Partnership which is focused on tackling disadvantage and protecting the vulnerable. The document sets out the framework for actions to break the cycle of poverty by focussing on two key aspects:
  - Ensuring every child receives the best start in life
  - Maximising family income.
- **Early Help Strategy**- this gives analysis of strengths and weaknesses in early help arrangements (this could be help in the early years of a child or young person’s life, including ante-natal interventions, or early in the emergence of a problem at any stage in their lives). It highlights elements of good practice whilst indicating the need for early help to be more effectively targeted and coordinated.
- **Childcare Sufficiency Assessment**- provides an understanding of how and where we support the development of good quality childcare provision, targeted at areas of need and taking account in particular of the needs of disabled children.
- **Children and Young People’s Mental Health and Wellbeing Strategy: Stockton-on-Tees Action Plan** - sets out the local actions needed to deliver on the Tees Children and Young People’s Mental Health and Wellbeing Strategy.
- **Joint Strategy for Carer Support Services for Adults, Children and Young People** - ensures that Stockton residents have access to appropriate advice, support and guidance in their caring role; and provides the framework for commissioning services to support to carers of all ages in their caring role, including Young Carers, whilst at the same time enhancing the opportunity for greater choice and control over their lives.



- **Looked after Children and Care Leavers Strategy 2014-2017** - provides analysis of the needs of our looked after children and young people, highlighting achievements and areas for development.
- **Stockton-on-Tees Local Safeguarding Children Board Business Plan 2014-2017** – this plan sets out how the Safeguarding Board will work to support and challenge partner agencies so that more children are safeguarded, by focusing on six key objectives which it is considered will have the greatest impact on outcomes for children:
  - Ensure effective implementation of the revised Early Help Strategy
  - Improve the response to children at risk of harm as a result of domestic abuse
  - Ensure proactive responses to children identified as being at risk of child sexual exploitation
  - Improve early identification of, and response to, neglect
  - Improve the engagement of children and young people so that their voice is heard more routinely in the review and development of safeguarding practice
  - Strengthen the Board’s Quality Assurance and Performance Management framework
- **Youth Justice Plan 2015-2016** – this sets out how the Youth Offending Team aims to progress in delivering against its four key outcomes: Early Intervention & Prevention; Reduce Reoffending; Safe and effective use of custody; Education, Training and Employment. The plan highlights recent positive performance in reducing the rate of young people entering the criminal justice system for the first time and rates of reoffending, whilst acknowledging the need for further reduction in the rate of young people being sentenced to custody. Strategic priorities for this multi-agency service are:
  - Reducing the likelihood of further offending
  - Protecting the public
  - Safeguarding the children and young people they work with
  - Ensuring that sentences are served

## Inspection and Review

Learning from inspection has helped to inform our development of services for children and young people, especially those who are in need of help and protection. To enhance our learning through external challenge, services have also participated in peer review activity, some of which has been linked to regional sector led improvement programmes.

- **Ofsted inspection of local authority arrangements for the protection of children, January 2013** – this resulted in a judgement of ‘adequate’ for the overall effectiveness of arrangements to protect children. Key issues for improvement related to:
  - management oversight of referral and assessment arrangements

- quality of case recording
  - taking account of the views of children and young people
  - management of domestic abuse referrals
  - early help and prevention work
  - a more outcome focused approach to child protection plans
  - challenge and oversight by the SLSCB
- **Critical Friend Review, January 2014 (by Northumberland County Council)** – this review provided a number of recommendations focused on decision making and processes in relation to the child protection system.
- **Safeguarding Practice Diagnostic** - this LGA led peer review focused on social work practice and decision making at Referral and Assessment, longer term intervention in cases involving domestic violence and neglect, early help arrangements, and child protection processes - to test out the impact and progress of actions implemented in response to the Ofsted inspection of child protection in January 2013.
- The current **Safeguarding Improvement Plan** was developed in response to the findings of these two reviews, building on the improvements put in place following the 2013 Ofsted inspection. The plan highlights the actions needed to improve our arrangements in the following priority areas:
- Implementation of the Early Help Strategy
  - Securing full multi-agency engagement in CAF
  - Ensuring a clear understanding of thresholds for support to children and families
  - Developing a multi-agency approach to referrals for support
  - Improving the quality and timeliness of social care assessments
  - Developing a more structured framework for the management of CIN cases
  - Ensuring robust and effective child protection planning
  - Strengthening quality assurance arrangements
- **Short Quality Screening (SQS) of Youth Offending work in Stockton-on-Tees, by HM Inspectorate of Probation** – this inspection, in November 2013, resulted in a very positive outcome, highlighting the high quality reports and assessments of reoffending, harm and vulnerability undertaken by staff who were well supported by the management team through robust quality assurance procedures. Scope for further improvement was identified in relation to the timeliness of reviews in response to significant changes in the circumstances of children and young people.
- **Care Quality Commission Review of Health Services for Children Looked After and Safeguarding in Stockton on Tees, January 2014** – key areas for development highlighted in this review included:
- Strengthening the contribution of primary care in local child protection and safeguarding children practice

- Ensuring appropriate assessment of risk to children and families in referrals to children's social care from Health services
- Improving the timeliness and quality of health assessments for looked after children

## **Analysis of Performance and Activity Data**

The Partnership has reflected on learning from data gathered by the Council and other agencies, and has developed a performance framework to bring this data together so that future progress can be evaluated. Alongside the information in the various Strategic Plans referred to above, and the learning from inspection and review activity, data helps to provide further evidence of areas where the Partnership needs to focus its effort and understanding. Benchmarking of data has helped to highlight how we are doing compared to national, regional or comparator group averages. The following are examples of reports which have analysed key areas of data.

### ➤ **Evaluation of arrangements for children in need of help and protection (December 2014).**

- The overall picture emerging from this analysis is that demand on social care support is relatively high in our area.
- Rates of referrals, and of children in need, are higher than national and statistical neighbour averages, but are not as significantly high when compared with the NE regional average, and even less so compared to the Tees sub-regional average.
- Rates of child protection activity are high compared to most other areas. Agency understanding of thresholds, and attitudes to and management of risk, appear to be areas requiring attention.
- More needs to be done to avoid children coming in to social care and to ensure that, for those who do, their needs are responded to in a more timely and robust manner.

### ➤ **Looked After Children & Young People – Evaluation of Activity & Performance**

- Our rate of LAC is relatively high (although the difference is less marked at regional and sub-regional level) and has been relatively stable over the 2014 / 2015 period.
- There are good outcomes for our children looked after in many respects – placement stability is good overall; health indicators compare well to others; improvements in educational progress have been made; high levels of contact and support for care leavers are maintained; adoption has been increasing.
- Reducing the proportion of our LAC placed in residential provision outside the area remains a key challenge, alongside initiatives to increase our access to both foster carers and adoptive parents.
- We have a relatively young profile of LAC, a significant proportion of children who are in care for only a short period of time, and a relatively higher rate of children who are accommodated voluntarily. Further work is needed to understand the reasons for this profile and the implications for our practice in the context of the Public Law Outline and the Children Act which place emphasis on seeking placements for LAC without the need for care orders and moving children out of care quickly.

➤ **SLSCB Performance Data Set Reports**

- These quarterly reports provide the Safeguarding Board with information to help them understand and challenge multi-agency practice. Issues which the Board have focused on in response to these reports include:
  - revision and updating of the Continuum of Need to support clarity and consistency in the use of thresholds for access to services;
  - challenge to agencies regarding engagement in the CAF process;
  - Police participation in Strategy meetings (for children at risk of significant harm);
  - engagement of GPs in providing information for child protection conferences.

➤ **Factors identified at the end of Assessment**

- Information collected through social care assessments includes data about the key factors causing concern in relation to the health, development and safety of the children concerned. Such data can provide useful intelligence to inform service planning – e.g information about the prevalence of domestic violence and substance misuse and better understanding of the impact of multi-agency services over time in addressing such factors. Key points from analysis of the first set of such data, collected and reported nationally during 2013-14, are as follows.
  - The three most frequently reported factors are the same both locally and nationally (domestic violence; then mental health issues; then neglect).
  - The proportions for the first two of these are similar (20% domestic violence; 11% to 12% mental health); whilst the incidence of neglect is slightly higher locally (10% compared to 8% nationally).
  - When the four sub-categories for 'abuse or neglect' are combined, these become the highest overall category – 34% SBC and 23% England - with both physical and sexual abuse having a higher incidence locally.
  - Rates of both alcohol and drug misuse are broadly the same, at 7.5% for both categories in SBC and England.

➤ **Annual School Performance Report**

- Comprehensive analysis and evaluation of school performance and pupil attainment is undertaken to help shape the strategic priorities for agencies working to support and challenge schools.

➤ **Children's Centre QA and Inspection**

- Results of Ofsted inspection, along with internal monitoring of Centres' performance, indicate an improving picture. The overall proportion of our Centres rated as 'good' is now in line with the national average, and those inspected more recently have all achieved 'good' ratings'. Progress has been made in areas of leadership and management, and in the sharing and use of data to target activity. Key themes for further improvements are:
  - extending reach and targeting of services for those families most at risk;
  - increasing the uptake of adult learning opportunities;
  - improving the effectiveness of monitoring and evaluation of the impact of activity.

➤ **Child Health Profiles**

- The annual child health profiles, alongside more regular reports to the Health & Wellbeing Board using data linked to the national Public Health Outcomes Framework, highlight key areas impacting on the health and development of our children and young people. Particular areas of concern in our Borough are identified in relation to: maternal smoking; breastfeeding rates; obesity; alcohol related hospital admissions; sexual health; rates of self-harm; and some variations in immunisation rates. Analysis of data linked to the profiles illustrates the strong correlation between many of these areas of concern and levels of deprivation in the Borough.

➤ **Tees Sub-Region Context**

- We are committed to the needs of children and young people in our Borough, whilst recognising that many of the challenges we face are not unique to our area – they reflect a complex set of factors, which are reflected in shared areas of concern across the Tees area – for example high rates of social care activity; quality of secondary education; and the need for more effective and coordinated early help arrangements. As a CYP Partnership, we need to be aware of the value of collaborating, where appropriate, with our Tees partners, particularly where partner agencies are working across a number of Councils within the sub-region.

## 6. INVOLVEMENT OF CHILDREN AND YOUNG PEOPLE

The Partnership will ensure that the voice of children and young people is a strong influence on the way we develop services. As well as inviting young people to attend and contribute to meetings of the CYP Partnership, we will also engage with and listen to feedback from a range of established groups and other work being undertaken in the Borough.

### ➤ **Stockton Youth Assembly (SYA)**

- SYA was established in 2013, to ensure young people are consulted and their voices are heard. It helps the Council work with young people directly to shape local services. It provides a voice to young people aged 11 -19 (aged up to 25 if a young person has a special educational need or disability), and is made up of representatives from a wide range of existing youth voice forums.
- SYA meets every other month with an action packed agenda in a formal meeting. In between formal meetings the group have opportunities to engage in team building, positive activities and development sessions which are provided by Youth Direction's Targeted Youth Support. SYA is chaired by the Member of Youth Parliament MYP, supported by the Deputy MYP.
- The work of SYA, and its contribution to service development, is described in its last 'End of Term Report' which can be found, along with other information, at the following link on the Council's website:

[Stockton Youth Assembly - Stockton Council](#)

### ➤ **Annual Borough Wide Debate**

- The annual Borough Wide Debate and Round Table Discussion is an important forum for SYA, Council Officers and Members, and other partners to discuss issues that affect young people, as well as any planned consultations or development of services/initiatives that will have an impact on young people. The debate helps to inform the SYA priorities for its annual work programme. More details can be found at the SYA webpage (see above link).

### ➤ **Children in Care Council (CiCC)**

- We have two Children in Care Councils: the **Lets Take Action** group for looked after young people and care leavers aged 12 and over, which meets every other week; and a group for younger LAC aged 5-11, called **Positive Activities** that meets once a month, bringing children together through various events and activities.
- The groups enable our children and young people to have a voice, get involved in activities, give feedback and influence services, including Council policies. The

Council's Corporate Director for Children, Education and Social Care, along with the Lead Member from the Council's Cabinet, meet regularly with our young people to listen to their views, discuss any concerns, and take action as a result. There are many ways in which the young people impact on service development, for example:

- Participating in interviews for staff being recruited to posts in Children's Services.
- Assisting in the design and delivery of training courses regarding family contact arrangements.
- Giving feedback on policy development – a recent example being in relation to our Supported Lodgings policy.
- Training as Peer Mentors to assist work with younger children in care.

➤ **Work with other Vulnerable Children**

- Work is commissioned for other specific purposes as required – for example, children involved in the child protection process have been engaged in work to provide feedback about their experiences of the process; and to develop new documentation to support the way in which children contribute their views to child protection meetings. The results of the work have been made available as a DVD training resource for staff.

➤ **Young Carers Aloud**

- This group of young carers, supported by a local voluntary sector provider, plays a very active role in promoting the needs of young carers - for example, the Young Carers Aloud Quest project, which raised awareness of young carers and the importance of supporting young people with caring responsibilities, especially in schools and colleges. A Young Carers School policy was developed and delivered to Schools and Colleges in the Borough. Representatives of the group were invited to attend a regional meeting of the British Youth Council to explain the purpose of the Quest.

## 7. MAKING IT HAPPEN

### GOVERNANCE FRAMEWORK

The Children & Young People's Partnership is part of a framework headed by the Health & Wellbeing Board (HWB)- this is a statutory body with decision making powers and has been established as a formal committee of Stockton-on-Tees Council. The Board's role is to set the strategic direction and overarching priorities across partner agencies for the health and wellbeing of all people in the Borough, as set out in the Health and Wellbeing Strategy.

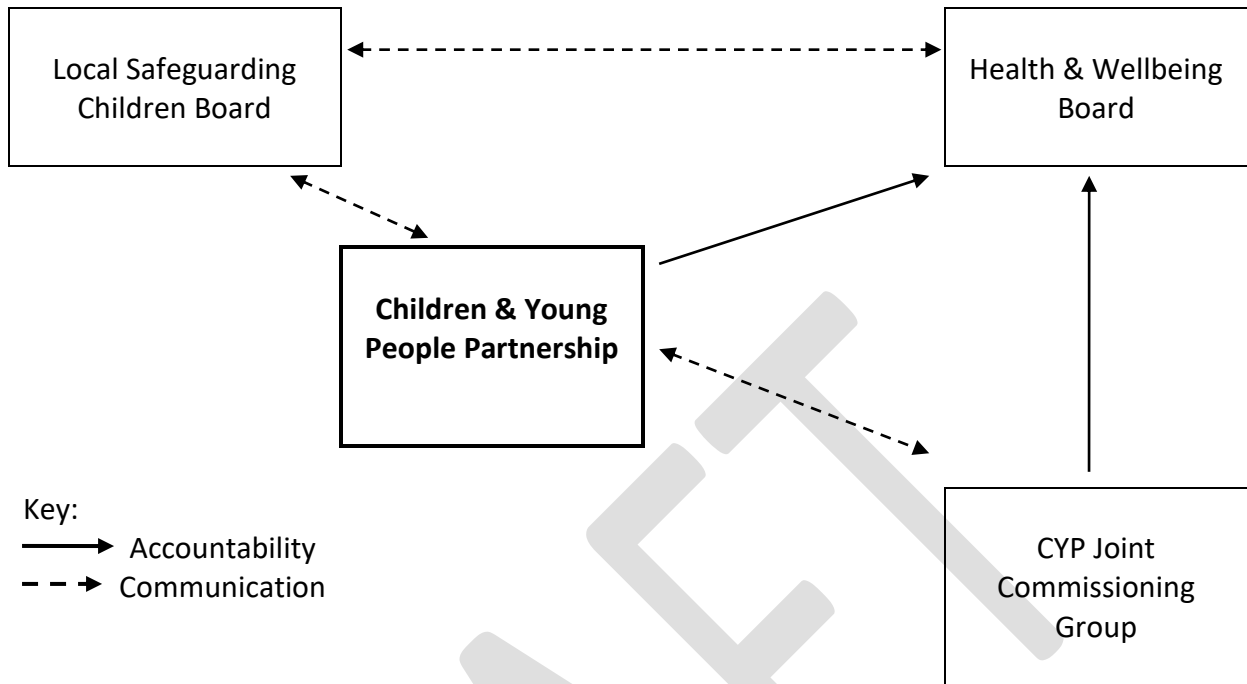
The Children & Young People Partnership reports directly to the Health and Wellbeing Board and maintains strong communication links with the Local Safeguarding Children's Board. The Partnership sets the strategic direction for children and young people, considering all relevant strategic issues for children and young people.

The organisations represented on the Partnership all impact on the lives of children and young people in some way – they may provide services directly to children, or work with families and adults caring for children, or commission services that impact across many life stages. However, all these organisations will impact on the lives of children and young people, directly or indirectly, and are in a position to influence the way we develop services to meet needs. The role of schools, for example, is a key one – not only in relation to pupil attainment but also as organisations which influence all aspects of a child's personal and social development, and provide a key link to their families and carers.

Individual member organisations, therefore, are responsible for ensuring their internal plans fit with the Partnership's priorities, and for delivering and monitoring the elements where they are the lead organisation. The Partnership will also work with, and be informed by, a Children & Young People's Joint Commissioning Group which will ensure effective evidence and needs-based joint commissioning for children and young people across partner organisations, in line with our strategic direction and priorities.

The overall partnership framework is summarised in the following diagram. Full details of the terms of reference for the HWB, CYP Partnership, and CYP Joint Commissioning Group can be obtained from the Council's Democratic Services team (see contact details at the end of this document).





## PERFORMANCE FRAMEWORK

The Partnership will monitor the delivery of this Plan, holding partners to account and providing support and challenge, through the following arrangements.

- Consideration of reports, as part of the Partnership’s Forward Plan, from the lead groups identified in the Delivery Plan, aligned to the key priorities and actions in this Plan.
- Performance reports, based on an agreed set of indicators (as identified in the following Delivery Plan) along with other data available from regional and national benchmarking reports.
- A mid-year report summarising progress in delivery of all key actions in the CYP.
- A year end report evaluating overall achievements and performance, and informing a review of key priorities within the CYP Plan.

## 8. THE DELIVERY PLAN

The delivery plan on the following pages shows, for each of our six key priorities:

- The key actions that will underpin delivery of the priority.
- Who – i.e which Partnership Group, Service or Team - has a lead role for these actions, and will need to be held to account by the CYP Partnership for progress in delivering the actions.
- Linked plans and strategies – i.e where more detail can be found about the key actions.
- Key performance indicators – these will be used to help monitor progress and the impact the actions are having. These performance indicators will be kept under review and may be changed or added to over time, to ensure the Partnership has the appropriate information to help it track performance and understand the outcomes of activity.

DRAFT

<b>Priority 1: Ensure effective pre-natal and early years support for children and families</b>		
<b>Success criteria (how will we know we are making a difference?)</b>		
<ul style="list-style-type: none"> <li>• More children will be born healthy and will maintain their health, particularly in areas of significant health inequality.</li> <li>• More children in areas of need will be attending good quality early years provision.</li> </ul>		
<b>Performance indicators – we will use these to help us evaluate how well we are meeting our success criteria</b>		
<ul style="list-style-type: none"> <li>• Free early education / childcare places available for all 2 yr olds meeting the eligibility criteria.</li> <li>• Proportion of children aged 5 and under in each Children’s Centre reach area registered with the centre.</li> <li>• Early Years Foundation Stage - proportion of children with overall ‘Good Level of Development’.</li> <li>• Proportion of Y1 pupils passing the phonics screening check.</li> <li>• Breastfeeding prevalence (% initiation &amp; % maintenance at 6-8 weeks).</li> <li>• Maternal smoking at delivery (%).</li> <li>• % take up of childhood immunisations.</li> <li>• Hospital admissions caused by unintentional and deliberate injuries in 0-4 yr olds.</li> <li>• Tooth decay in children aged 5.</li> </ul>		
<b>Key Actions</b>	<b>Lead Group</b>	<b>Linked Plan / Strategy</b>
Deliver sufficient, good quality childcare places for targeted groups including disadvantaged two years olds, and children with SEN or disability.	CESC CYP Management Team	Childcare Sufficiency Plan
Further develop the model for delivery of Children’s Centres to ensure a focus on families in greatest need of support.	Children’s Centres Strategic Group	Children’s Centre Development Plans
Deliver targeted support, in line with the Early Help Strategy, and other initiatives such as the Fairer Start project, to improve parenting skills and reduce inequalities in child development and school readiness.	Early Help Implementation Team A Fairer Start Steering Group	Early Help Strategy Fairer Start Project Plan
Participate in the LGA Tees Early Help Peer Review.	Tees DCS Group	To be developed following the Peer Review

<b>Priority 2: Ensure children and young people are safe and feel safe</b>		
<p><b>Success criteria (how will we know we are making a difference?)</b></p> <ul style="list-style-type: none"> <li>• There will be greater multi-agency engagement in early help activity.</li> <li>• The rate of children receiving social care support will improve so that it is no greater than the regional average.</li> <li>• The rate of section 47 enquiries (for children at risk of significant harm) will reduce.</li> <li>• Children who are at risk of exploitation are identified and kept safe.</li> </ul>		
<p><b>Performance indicators – we will use these to help us evaluate how well we are meeting our success criteria</b></p> <ul style="list-style-type: none"> <li>• Number of CAF2s, by Agency and Reason.</li> <li>• Proportion of referrals to Social Care with an active CAF.</li> <li>• The rate of section 47 enquiries.</li> <li>• Rates of CYP becoming children in need / subject to a cp plan / looked after.</li> <li>• The number of children / incidences reported as missing.</li> <li>• Other indicators from VEMT Performance Framework (being developed).</li> <li>• Proportion of first time entrants to the Youth Justice system.</li> <li>• Troubled Families Programme outcomes.</li> </ul>		
<b>Key Actions</b>	<b>Lead Group</b>	<b>Linked Plan / Strategy</b>
Support implementation of the Early Help Strategy through improved commissioning arrangements, targeting of provision and ensuring full engagement with CAF.	Early Help Implementation Team	Early Help Strategy
Ensure delivery of the SLSCB Business Plan, with a focus on quality assurance of practice, engagement with key stakeholders, and development of practice in line with requirements of Working Together 2013.	SLSCB	SLSCB Business Plan

Deliver support for 'at risk' families and young people through the Preventions Team, Family Intervention Projects, and Troubled Families initiative.	Youth Direction  Early Help Implementation Team	Youth Direction Business Unit Plan  Early Help Strategy
Ensure effective identification of, and support for, children and young people who are vulnerable, exploited, missing, or trafficked (VEMT) including those at risk of child sexual exploitation.	VEMT Sub Group	VEMT Strategy

DRAFT

<b>Priority 3: Improve educational performance of all children and young people across the Borough</b>		
<p><b>Success criteria (how will we know we are making a difference?)</b></p> <ul style="list-style-type: none"> <li>• More secondary schools are judged to be good or outstanding.</li> <li>• Pupils who have particular needs, which may impact on their achievement, make at least the same levels of progress as their peers overall.</li> </ul>		
<p><b>Performance indicators – we will use these to help us evaluate how well we are meeting our success criteria</b></p> <ul style="list-style-type: none"> <li>• Educational Progress of Special Educational Need Pupils - at KS2</li> <li>• Educational Progress of Special Educational Need Pupils - at KS4</li> <li>• FSM Ever 6 / Non FSM Ever 6 attainment gap - at KS2</li> <li>• FSM Ever 6 / Non FSM Ever 6 attainment gap - at KS4</li> <li>• Number of schools judged to be good or outstanding - primary</li> <li>• Number of schools judged to be good or outstanding – secondary</li> </ul>		
<b>Key Actions</b>	<b>Lead Group</b>	<b>Linked Plan / Strategy</b>
Support, monitor and challenge all educational settings to ensure that those at risk of underperforming are identified, strategies are put in place to expedite improvement, and the percentage of good and better schools and settings is increased.	Campus Stockton Alliance (School to School Support Group)	School Improvement Framework
Target focused support and intervention to prevent inequalities based on social identity (FSM, SEN, LAC, gender, heritage).		
Ensure education health and care plans are in place for all relevant children and young people in line with the new SEN Reform requirements.	0-25 SEN Team	Schools & SEN Business Unit Plan

<b>Priority 4: Support young people to make a successful transition into adulthood</b>		
<b>Success criteria (how will we know we are making a difference?)</b>		
<ul style="list-style-type: none"> <li>All young people will have the opportunity to progress to meaningful further education, training or employment opportunities.</li> </ul>		
<b>Performance indicators – we will use these to help us evaluate how well we are meeting our success criteria</b>		
<ul style="list-style-type: none"> <li>Percentage of young people aged 16-19 who are NEET.</li> <li>Proportion of 16 year olds who are meeting the duty to participate in learning.</li> <li>% of CYP with SEN who have an EHCP.</li> </ul>		
<b>Key Actions</b>	<b>Lead Group</b>	<b>Linked Plan / Strategy</b>
Implement Raising Participation Age requirements for young people in education, training or employment opportunities through to the age of 18.	14-19 Partnership	14-19 Plan to be developed
Ensure education health and care plans are in place for young people with SEN and disability, in line with the new SEN Reform requirements, to support their transition to adult services.	0-25 SEN Team	Schools & SEN Business Unit Plan

<b>Priority 5: Improve outcomes for children and young people in care and care leavers</b>		
<b>Success criteria (how will we know we are making a difference?)</b>		
<ul style="list-style-type: none"> <li>• Inequalities in outcomes for children and young people in care, and leaving care, will reduce.</li> </ul>		
<b>Performance indicators – we will use these to help us evaluate how well we are meeting our success criteria</b>		
<ul style="list-style-type: none"> <li>• Placement stability for looked after children.</li> <li>• Proportion of children placed out of Borough / distance from home.</li> <li>• Adoption timescales.</li> <li>• Educational progress of looked after children (LAC) - at KS2.</li> <li>• Educational progress of looked after children (LAC) - at KS4.</li> <li>• Care leavers in EET (current 16 to 21yr olds).</li> </ul>		
<b>Key Actions</b>	<b>Lead Group</b>	<b>Linked Plan / Strategy</b>
Ensure an appropriate range of local placement support and resources are in place for children and young people in care, and care leavers.	MALAP	LAC Strategy
Extend work based training opportunities for young people leaving care.	14-19 Partnership	LAC Strategy
Deliver and develop the joint venture for local residential and educational provision for children with complex needs.	Children’s Programme Board	Big Ticket Work Programme



<b>Priority 6: Enable children and young people to lead healthier lives</b>		
<b>Success criteria (how will we know we are making a difference?)</b>		
<ul style="list-style-type: none"> <li>Health inequalities will be reduced.</li> </ul>		
<b>Performance indicators – we will use these to help us evaluate how well we are meeting our success criteria</b>		
<ul style="list-style-type: none"> <li>Chlamydia screening diagnosis rate.</li> <li>Acute STI diagnoses per 1,000 population aged 15-24 years.</li> <li>Under 18 conceptions (rate per 1,000 15-17yr olds).</li> <li>% children aged 4-5yrs, and 10-11yrs, classed as overweight or obese.</li> <li>Hospital admissions: unintentional and deliberate injuries in 0-14yr olds and in 15-24yr olds.</li> <li>Emotional wellbeing of LAC (based on SDQ scores).</li> <li>Hospital admissions for self-harm (10-24yrs).</li> <li>Hospital admissions for mental health conditions (0-17yrs).</li> <li>Hospital admissions due to alcohol-specific conditions (&lt;18yr olds).</li> <li>Hospital admissions due to substance misuse (15-24yrs).</li> <li>% households experiencing fuel poverty.</li> <li>Hospital admissions for asthma (&lt;19yrs).</li> </ul>		
<b>Key Actions</b>	<b>Lead Group</b>	<b>Linked Plan / Strategy</b>
Ensure sexual health services are accessible to young people by working with the commissioned integrated sexual health service, and by developing and commissioning an outreach model.	Tees Sexual Health Group	Health & Wellbeing Strategy
Commission a family weight management service and develop integral pathways with the newly commissioned school public health nursing service.	CYP Health & Wellbeing Commissioning Group	Health & Wellbeing Strategy

<p>Develop and implement a Strategy for Children and Young People’s Mental Health and Wellbeing, covering prevention through to specialist treatment for needs at all levels, including self-harm and suicide.</p>	<p>CYP Mental Health &amp; Wellbeing Task &amp; Finish Group</p>	<p>Tees Children and Young People’s Emotional Wellbeing and Mental Health Strategy.  Stockton-on-Tees Locality Transformation Plan, linked to the above Strategy.</p>
<p>Further develop targeted support to children and young people with, or affected by, alcohol and / or substance misuse problems.</p>	<p>Adults Health &amp; Wellbeing Partnership</p>	<p>Health &amp; Wellbeing Strategy</p>
<p>Develop an action plan to reduce the incidence of childhood injuries.</p>	<p>Public Health Team</p>	<p>To be developed</p>
<p>Improve support for children with long term health conditions.</p>	<p>NHS Hartlepool and Stockton-on-Tees CCG</p>	<p>NHS HAST CCG Clear and Credible Plan Refresh 2014/15 – 2018/19</p>

## 9. GLOSSARY OF TERMS

BME	Black and Minority Ethnic
CAF	Common Assessment Framework
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CIC	Children in Care
CICC	Children in Care Council
CIN	Children in Need
CPP	Child Protection Plan
CSE	Children at risk of Sexual Exploitation
CYP	Children & Young People
DCS	Director of Children's Services
DfE	Department for Education
DoH	Department of Health
EET	Employment, Education and Training
EHCP	Education, Health & Care Plan
FSM	Free School Meals
HWB	Health & Wellbeing Board
JSNA	Joint Strategic Needs Assessment
KS	Key Stage
LA	Local Authority
LAC	Looked After Children (also referred to as CiC – see above).
SLSCB	Stockton-on-Tees Local Safeguarding Children Board
MALAP	Multi Agency Looked After Partnership
NEET	Not in Employment, Education and Training
SEN	Special Educational Needs
STI	Sexually Transmitted Infection
SYA	Stockton Youth Assembly
VENT	Vulnerable, Exploited, Missing or Trafficked

## 10. MEMBERS OF THE CYP PARTNERSHIP

Corporate Director of Children, Education and Social Care

Director of Public Health

Cabinet Lead Member for Children and Young People (SBC)

Consultant in Public Health (SBC Public Health)

Strategic Commissioner (SBC Public Health)

Public Health Improvement Partnership Manager (SBC Public Health)

Area Commander (Cleveland Police)

Clinical Commissioning Group Clinical / Managerial Representative (CCG)

NHS Area Team Representative (NHS England Area Team)

Head of Service, CAMHS (Tees, Esk and Wear Valleys NHS Foundation Trust)

Community Services Manager, North Tees and Hartlepool NHS Foundation Trust /

Head of Midwifery and Children's Services, North Tees and Hartlepool NHS

Foundation Trust

Chief Executive, Catalyst

Healthwatch Manager

School representatives (1 secondary, 1 primary)

Job Centre Plus

Stockton FE College / University

Director of Offender Services (Probation Trust)

GP representative

Head of Housing and Community Protection

## CONTACTING US

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