

CABINET

4 OCTOBER 2011

CHILDREN AND YOUNG PEOPLE'S PLAN 2011/2014 (POLICY FRAMEWORK)

Portfolio Holders: Councillor Les Wicks, Children's Services
Councillor David Wildey, Children's Social Care

Report from: Rose Collinson, Director of Children and Adults

Author: Sally Morris, Assistant Director Commissioning and Strategy

Summary

This report sets out the draft Children and Young People's Plan 2011-2014 , to which Cabinet is requested to recommend approval to Council on 20 October 2011.

1. Budget and Policy Framework

- 1.1 The Children's Trust (Chaired by Cllr Wicks Portfolio holder for Children's Services) is updating its strategic plan the Children and Young People's Plan (CYPP). The CYPP is part of the policy framework for the council (as set out in the Council's Constitution), as such it is considered by the Children and Young People Overview and Scrutiny Committee and Cabinet, and then at Council for final consideration and agreement. As the plan is a partnership plan it is also subject to agreement by partners of the Children's Trust.

2. Background

- 2.1 The CYPP was last updated in 2009, the plan ends in 2011 and therefore requires updating this year. The CYPP is the strategic partnership plan for children's services in the area, it sets the key priorities for partnership action to improve outcomes for Medway's children and young people.
- 2.2 The plan (Appendix A) is informed by the Every Child Matters (ECM) needs assessment; a strategic needs assessment that explores the current data about needs and outcomes for children and young people. The ECM needs assessment includes analysis of a range of information from a variety of multi-agency partners. Sources of information include performance indicator information, feedback from service users, children, young people, parents and staff, service monitoring information, complaints and external research/review/inspection.

- 2.3 The priorities identified are necessarily broad in their scope as they cover the full range of ECM activity, where possible we have linked the activity in the revised plan to other recent strategies to avoid duplication and ensure a coherent plan of action across the partnership is described in the CYPP. This is particularly the case the Medway Safeguarding Children's Board (MSCB) whose priorities for partnership action are fully represented in the revised plan. The MSCB has responsibility to oversee and challenge the work of the Children's Trust Board in relation to safeguarding arrangements (the Chair of the CT Board, Councillor Les Wicks also sits on the MSCB)
- 2.4 The plan will maintain the existing vision developed by the Children's Trust partnership in 2009 and endorsed by the council at the time. The vision states: "Medway Children's Trust wants all children and young people in Medway to:
- be safe and cared for
 - succeed in learning
 - thrive
- 2.5 The partnership believe that:
Every child deserves to be safe and loved and have a happy and healthy childhood, free from harm. Every child should also have the chance to make the most of their promise and potential."
- 2.6 The priorities in the CYPP reflect those areas where the partnership need to work together to achieve real progress on behalf of children and young people in Medway. It does not therefore set out or reflect the full range of work with children and young people, many organisational specific priorities are set out in their own plans.
- 2.7 There are 12 partnership priorities, which have a number of associated key actions that will drive the implementation of the priorities across the partnership (The draft plan contains the draft Implementation Plan).
- 2.8 The plan sets out the priorities in terms of the key age group they are associated with:
- 1 Pregnancy and the foundation years
 - 2 School Years
 - 3 Becoming an Adult
- 2.9 The final chapter relates to a cross cutting set of 'Enablers' that apply to all of the priorities and will provide the systems and processes that guide and embed the work being done by CT partners.
- 2.10 The plan has been screened for a diversity impact assessment (Appendix B) but as all areas of activity covered in the plan are subject to the Equalities policies of the relevant organizations involved in the Partnership and the partnership plan has a strong focus on the needs of vulnerable groups it has been agreed that the plan does not require a full impact assessment. The outcomes of the plan are also being carefully monitored and should any inequalities become evident from this monitoring the partnership would immediately initiate action to address this.

3. Advice and analysis

3.1 The twelve priorities are:

Pregnancy and Early Years

- 1 Make sure babies get the best start in life by helping their mothers to have good physical and emotional/mental health in pregnancy and the early months of the child's life.
- 2 Help the most vulnerable families to improve the parenting they give their children from birth to age 5.
- 3 Help very young children to be prepared for starting school and be ready to learn, with good communication and social skills and the ability to manage their own personal needs.

School Years

- 4 Help children and young people to maintain a healthy weight and good mental health.
- 5 Improve the independence, support and opportunities available to disabled children and their families in all settings – home, school, health, leisure and work.
- 6 Protect children and young people from the harm that domestic and relationship violence can cause them.
- 7 Reduce bullying and the impact that that this can have on individual children.
- 8 Improve children's experience of transition from one learning phase to another - nursery into school, from primary school to secondary and from secondary school to college, university or work.
- 9 Raise the aspirations and expectations of all children, families, teachers; schools and communities in Medway.

Becoming an Adult

- 10 Celebrate the achievement of children and young people and the contribution that they make to Medway. Encourage more of them to give their time and energy to making Medway a good place to live and learn.
- 11 Increase the number of opportunities for young people to gain the skills to take up apprenticeship courses.
- 12 Increase the number of young people who are in education, training or work after they leave school.

Enablers

- Make sure that teams of professionals work well together to identify and meet the needs of vulnerable children and young people
- Make sure children and young people and their parents/carers have a chance to give their views and participate in decisions that affect them, ensuring that professionals listen and respond to what they say
- Implement effective processes, systems, workforce changes and development to support the effective implementation of the plan

Throughout the plan the partnership are committed to acting and intervening early (preventing problems and issues developing to a higher level of need) and providing the most effective and efficient configuration of locally based support to meet the needs of all sections of the community.

4. Timetable

- 4.1 The projected timeframe for the submission of the Children and Young People's Plan is as follows:

Children and Young People Overview and Scrutiny committee	19 July 2011
Cabinet	4 October 2011
Children's Trust Board	4 September 2011
Council	20 October 2011

5. Implications for looked after children

- 5.1 There are a number of key actions identified across the work of the priorities to specifically target the needs of Looked After Children. The Children's Trust Board recently agreed a new structure to deliver the priorities of the plan and also agreed an annual challenge event on the partnerships work with Looked After Children.

6. Children and Young People Overview and Scrutiny Committee

- 6.1 The Children and Young People Overview and Scrutiny Committee considered the draft Children and Young People's Plan at its meeting on 19 July 2011. At the meeting the committee asked a number of questions on issues including: -
- accommodation issues for children, young people and their families,
 - issues on young offenders,
 - the Young Commissioners and Young Inspectors,
 - actions being taken to support Abbey Court Special School,
 - data relating to children with special educational needs (SEN),
 - healthy eating amongst children and young people,
 - how the effectiveness of the plan will be measured,

- the use of the River Medway and the Outdoor Education Centre,
- ensuring effective engagement and consultation,
- working with the community and voluntary sector to deliver services and opportunities for children and young people,
- addressing behavioural issues
- action being taken to reduce numbers of children and young people self harming and waiting times for access to the child and adolescent mental health service.

- 6.2 In response to the question relating to Abbey Court Special School the Director of Children and Adult Services highlighted the strengths of this school and the special school sector in Medway generally and explained that there were some space challenges at both school sites. Additionally, this was in the context of a rising trend of a range of special educational needs. Therefore opportunities were being considered to ensure effective and cost effective local provision to match needs.
- 6.3 In response to measuring the impact of the plan, the Assistant Director, Commissioning and Strategy explained that the implementation plan, which was still being developed, would identify outcomes and measures which will be used on an annual basis to measure the effectiveness of the plan and the partnership in implementing the plan.
- 6.4 The Assistant Director, Commissioning and Strategy, also confirmed that third sector organisations were becoming increasingly appreciated as providers and as part of the Council's commissioning strategy, opportunities were being made available to community and voluntary organisations for tendering purposes.
- 6.5 In relation to acting on poor behaviour, the Director of Children and Adults explained the importance of linking behaviour management strategies to behaviour for learning.
- 6.6 The committee recommended the draft Children and Young People's Plan to Cabinet and the Council for approval, taking into account the comments raised above and subject to the inclusion of specific references to promoting the use of the River Medway and the Outdoor Educational Centre.
- 6.7 It also referred its concerns relating to using the River Medway to its full potential to the Regeneration, Community and Culture Overview and Scrutiny Committee and requested it to consider adding an item on this issue to its work programme.

7. Director's Comments

- 7.1 Members are advised that specific reference to the Outdoor Educational Centre, as proposed by Overview and Scrutiny members, has not been made within the attached plan as this area of work is currently under review.

8. Financial and legal implications

- 8.1 Delivery of the Children and Young People Plan will be resourced through the Council's revenue and capital budgets, together with contributions from strategic partners.
- 8.2 The statutory requirement to for the Children's Trust to produce a Children and Young People's Plan was abolished with effect from 31 October 2010 by the Children's Trust Board (Children and Young People's Plan) (England) (Revocation) Regulations 2010 (SI2010/1229). The Council and the Children's Trust can choose to adopt a voluntary Code. As this matter remains in the Council's Constitution as a policy framework document it is ultimately a matter for Council, but there is no statutory requirement for it to remain a matter for Council. Council could choose to take it out of the policy framework (and if it did so in future it would be approved by Cabinet rather than Council).

9. Risk management

- 9.1 There are no immediate risks identified in the plan although over the next 3 years the partnership will be monitoring the joint resource envelope available to support children and young people in Medway. The expectation is that resources will reduce and commissioning activity will need to be more integrated and efficient to achieve the priorities the partnership has set itself. As a result of the reduced resource environment the proposals set major long-term challenges to the partnership to implement integrated working with a sense of urgency.

10. Recommendation

- 10.1 The Cabinet is requested to consider the comments of the Children and Young People Overview and Scrutiny Committee and recommend approval of the Children and Young People's Plan 2011/2014 to Council on 20 October 2011.

11. Suggested reasons for decision

- 11.1 The Children and Young People's Plan is currently one of the key documents in the authority's policy framework.
- 11.2 This Plan sets the vision and strategic direction for Medway Council and the partners of the Medway Children's Trust to collectively improve children's lives and ensure Medway is a great place in which to live, learn and grow up.

Lead Contact:

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Background Papers: Reference documents are set out in Appendix 2 to the Children and Young People's Plan

THE MEDWAY CYPP PLAN



CHILDREN & YOUNG PEOPLE PLAN (DRAFT)

**‘Making a difference for children
and young people in Medway’**

(2011 – 14)

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SECTION ONE: INTRODUCTION TO THE PLAN

YOUNG INSPECTORS

We as children and young people are experts in our own lives, we need our voices to be heard loud and clear in order to live in an equal, peaceful and cohesive society.

I have always supported the priorities set out under the Medway Children's trust banner of: being healthy, staying safe, for everyone to enjoy and achieve, make a positive contribution and finally achieve economic wellbeing.

In this day and age we want to live in a society built around equality. A society where we are not judged for who we are and what we have done, but in a society where we are all equal and it is recognized that we all have our opinions, can all make a difference in our community.

We all want a Medway to be proud of, to create a positive, lasting legacy and break many of the negative connotations that Medway has. We need to take a positive approach to our community and make it a better place for all.

By following the priorities and initiatives laid out in the Children and Young People's Plan we will be able to achieve all that we are aiming for and we can have the society that we want and deserve.

Communication is essential to this vision and this must work both ways. Children and Young People need to be respectful and clear when talking to the Children's Trust members, as well as listening to them, responding and feeding back accordingly. Conversely, organisations must listen to our views and our opinions on the relevant issues and understand that our views are important.

If we all work together properly towards the same common goals we will be able to work more efficiently and create an equality minded community that values everyone equally.



Max and Owen (Young Inspectors 2010)
On behalf of the Medway Young Inspectors Group

A Word From A Parent

I see the Medway Children and Young People Plan showing what our goals are in what we need to achieve for the youth of Medway and their families.

If you don't have priorities then you won't work together to get things sorted. The priorities are important, as these are goals to help us achieve in making life more worth living.

It's important that we work together to not only make life better for our own children but also for the other children and young people living in Medway too.

I never thought I would have the opportunity to have a voice in the community. If you have a choice in making things better then why not get involved and make it happen. It's about all of us: children, young people, parent carers and the professionals all working together for a better Medway.

Angela Moore

On behalf Parents4 Medway Community Group



Chair of The Children's Trust & Director For Children's Services

A plan is a promise to deliver.

Our Children and Young People plan is exactly that: our partnership promise to children and young people in Medway to ensure that we use our collective energy, ambition and resource to do what we've promised to do; to make a difference to children's lives and life-chances.

Our plan is built on a deep understanding across the partnership of:

- How well we are doing?
- What is improving and how quickly?
- What children, young people and carers tell us?
- What the evidence tells us works?

We know that in order to make real and lasting change we will need to:

- Prioritise rigorously and with ambition for the best outcomes for children
- Invest productively
- Think strategically and appreciate our local focus
- Collaborate effectively and efficiently
- Motivate more
- Communicate well and learn constantly

Above all make no decision about children and young people without engaging with them and or their carers.

Promises mean you do what you say you are going to do. Our Children and Young People Plan sets out our needs, our priorities, our assets and, critically, our commitment to be held accountable. Together, we will turn talk into action: doing what we say for and on behalf of children and young people.

Photo to be added

Rose Collinson
Director of Children's Services

Les Wicks
Portfolio Holder Children's Services

SECTION 2: THE PARTNERSHIP PRIORITIES FOR THE NEXT 3 YEARS

The following partnership priorities have been identified from the detailed Every Child Matters Needs Assessment 2010 which includes: performance data, feedback from: children, young people, parents/carers, complaints, contract monitoring, thematic needs assessments, external inspections and recent reviews.

The priorities identified are:

Pregnancy and The Foundation Years

- 1 Make sure babies get the best start in life by helping their mothers to have good physical and emotional health in pregnancy and the early months of the child's life
- 2 Help the most vulnerable families to improve the parenting they give their children from birth to age 5
- 3 Help very young children to be prepared for starting school and be ready to learn, with good communication and social skills and the ability to manage their own personal needs

School Years

- 4 Help children and young people to maintain a healthy weight and good mental health
- 5 Improve the independence, support and opportunities available to disabled children and their families in all settings – home, school, health, leisure and work
- 6 Protect children and young people from the harm that domestic and relationship violence can cause them
- 7 Reduce bullying and the impact that that this can have on individual children
- 8 Improve children's experience of transition from one learning phase to another - nursery into school, from primary school to secondary and from secondary school to college, university or work
- 9 Raise the aspirations and expectations of all children, families, teachers; schools and communities in Medway.

Becoming an Adult

- 10 Celebrate the achievement of children and young people and the contribution that they make to Medway. Encourage more of them to give their time and energy to making Medway a good place to live and learn.
- 11 Increase the number of opportunities for young people to gain the skills to take up apprenticeship courses
- 12 Increase the number of young people who are in education, training or work after they leave school

Enablers For Implementation

Key enablers that the partnership believe will help us implement these priorities include:

- Make sure that teams of professionals work well together to identify and meet the needs of vulnerable children and young people
- Make sure children and young people and their parents/carers have a chance to give their views and participate in decisions that affect them, ensuring that professionals listen and respond to what they say
- Implement effective processes, systems, workforce changes and development to support the effective implementation of the plan

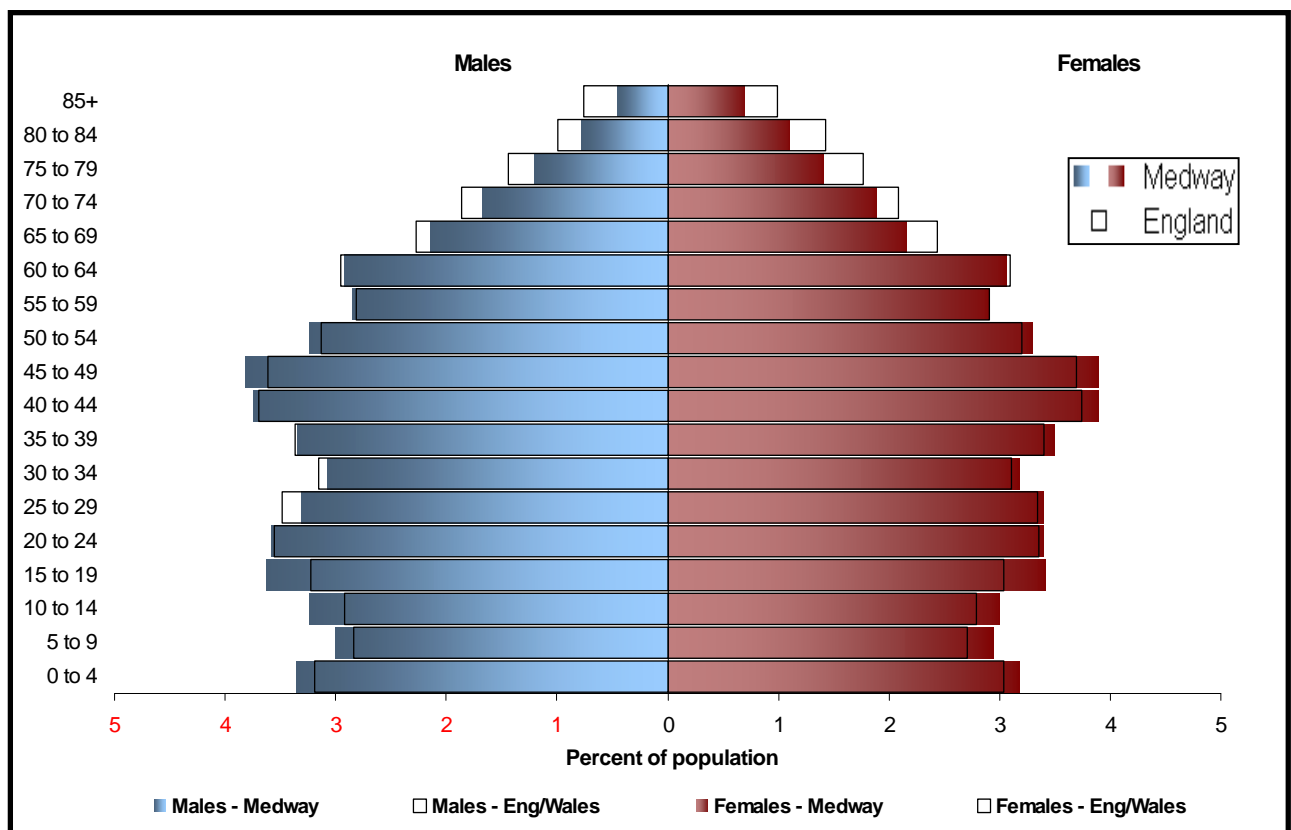
SECTION 3: MEDWAY'S CHILDREN, YOUNG PEOPLE AND FAMILIES – LIFE IN MEDWAY

The Medway Population

According to the Office of National Statistics mid-2009 estimates for 2010 on ward level population for England and Wales. There are 254,787 people living in Medway of those 66,020 are aged between 0 to 19 years of age. This means that just over 25% of Medway's population is made up of children and young people.

There are currently, proportionally more young people living in Medway than nationally aged between 0 to 19 years of age.

The population pyramid below shows the age and gender of all those living in Medway. The pyramid also enables a comparison of the population distributions for Medway and England averages.



Source: Mid-2009 Population Estimates for 2010 Wards in England and Wales from the Office of National Statistics: Crown Copyright

Ward level Population – Young People

The chart below shows the distribution of Medway’s 0-19 year olds. The greatest number of children and young people live in the wards of:

- Chatham Central - 4,656
- Gillingham North - 4,583
- Gillingham South - 4,389

The wards with the smallest population of 0 – 19 year olds are:

- Cuxton and Halling - 1,284
- Hempstead and Wigmore - 1,795
- Rainham North - 1,894

Ward Name	Count	%
Chatham Central	4,656	7.05
Gillingham North	4,583	6.94
Gillingham South	4,389	6.65
Luton and Wayfield	4,049	6.13
Strood South	3,778	5.72
Strood Rural	3,533	5.35
Twydall	3,324	5.03
Strood North	3,308	5.01
Rainham South	3,240	4.91
Peninsula	3,111	4.71
Rochester South and Horsted	3,002	4.55
Princes Park	2,975	4.51
Rainham Central	2,824	4.28
Rochester East	2,516	3.81
Rochester West	2,495	3.78
Walderslade	2,430	3.68
Lordswood and Capstone	2,303	3.49
River	2,268	3.44
Watling	2,263	3.43
Rainham North	1,894	2.87
Hempstead and Wigmore	1,795	2.72
Cuxton and Halling	1,284	1.94
Medway	66,020	

← Wards with the greatest numbers of Children and young people

Age Breakdown:

- 16,437 children aged 0 – 4 years
- 15,265 children aged 5 – 9 years
- 16,346 children aged 10 – 14 years
- 17,972 young people aged 15 – 19 years

← Wards with the lowest number of children and young people

Source: Mid-2009 Population Estimates for 2010 Wards in England and Wales from the Office of National Statistics: Crown Copyright

Births

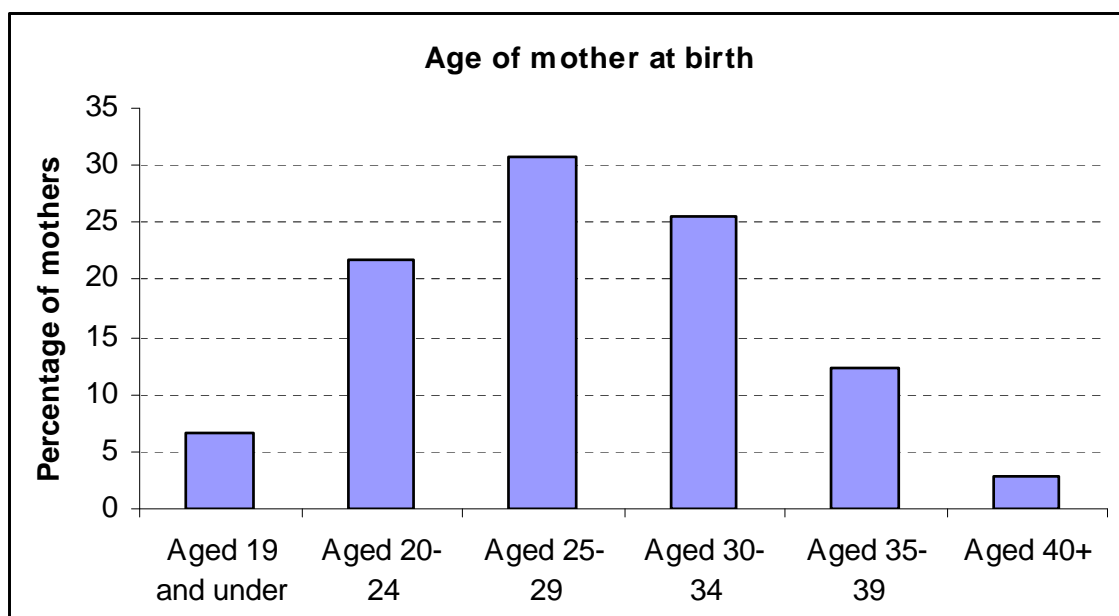
In 2008 there were 3,419 live births to Medway PCT residents. The table below shows how this number has changed over the years.

2006	2007	2008	2009	2010
3,257	3,345	3,419	3,515 *	3538 *

Source: * National statistics website, live births by local authority, resident mothers 2009 & 2010

Analysis of Medway PCT resident women giving birth in the financial year 2009 /10 by age shows that the highest proportion of births were to women aged between 25-29 (30.8%)

The graph below shows the age of mothers, in five year age bands, at the time of giving birth during 2009/10.



Source: Needs Assessment Toolkit, Demographic profile © 2008-2010, ChiMat - Maternity Needs Assessment Selection: Medway PCT Geographies: PCTs

Ethnicity

According to mid-2009 estimated resident population by broad ethnic group, (experimental statistics), 88.8% of children aged 0-15 in Medway are 'White'. The largest minority ethnic group are 'Asian' or 'Asian British', comprising 4.1% of all children aged 0-15 in Medway.

However, according to the Pupil Level Annual School Census (PLASC) Spring 2010, 87.1% of pupils on the school roll in Medway are 'White', with the largest minority ethnic group of pupils on the school roll in Medway being 'Mixed Dual Background', comprising 4.6%.

The Chatham Central ward has the largest proportion of children from 'Minority Ethnic Groups' in school with 26%, followed by Gillingham South of 23% and the River ward at 22%. The PLASC for 2008 to 2010 shows an increase in minority ethnic groups amongst the population on the school roll from 11% to 13%. At ward level River ward has received the highest increase in minority ethnic groups from 16% to 22%.

Languages

The table below shows the most widely spoken language spoken other than English using school census information collected in 2010 and reflects the changing pattern of inward migration notably of Eastern European groups. The table below shows the most widely spoken languages in schools after English

	2008	2009	2010
Number of languages spoken	111	127	131
3 most widely spoken languages	Punjabi Bengali Urdu	Punjabi Bengali Yoruba	Punjabi Bengali Slovak

Data source: Pupil Level Annual School Census 2010, Management Information Team. Records where pupils do not reside in Medway have been excluded

Education

As at January 2011, Medway has 83 maintained primary phase schools educating 22,286 pupils. (21 Infants, 18 juniors and 44 full primary).

There are 11 maintained secondary phase schools and 6 Academies educating 13,956 pupils. (2 comprehensive, 6 grammars, 9 high). There are 4 maintained special schools (1 primary, 1 secondary, and 2 cross-phase educating 539 pupils at January 2011. There are also 130 pupils in Pupil Referral Units.

Additionally, there are 6 independent schools (3 primary age, 1 secondary age, 2 from primary to secondary age) and 1 independent cross-phase special school.

Source: EduBase July 2011

Health

The Health Profile for Medway (2011) indicates that only 23.9% of adults eat a healthy diet containing at least five portions of fruits or vegetables. The percentage of obese adults is 30% compared to the England average of 24.2%. About 20% of year 6 children are classified as obese and a lower than average percentage of pupils spends at least three hours each week on school sports.

Low fruit and vegetable consumption is indicative of a poor quality diet and these are often instead replaced by foods that are high in sugar, salt and fat. Poor quality diets are especially common amongst low-income families (Source: Health Acorn).

Life expectancy for both men and women is lower than the England average. For men it's 9.7 years lower and 3.3 years lower for women in the most deprived areas of Medway. (Based on the slope index of inequality published on the 5th January 2011).

Over the last 10 years, all cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have also fallen but remain worse than the England average.

Source: Public Health observatories, Health Profile 2011
http://www.apho.org.uk/default.aspx?QN=HP_METADATA&AreaID=50367

Deprivation and Child Poverty

The Index of Deprivation (ID) 2010 - combines a number of indicators that covers a range of areas. The nine domains are then combined into a single overall deprivation score for each neighbourhood in England. The nine domains are:

- Child Poverty
- Crime
- Education and Skills
- Elderly Poverty
- Employment
- Health Disability
- Barriers to housing
- Income
- Living Environment

The Index of Deprivation 2010 (ID2010) was released in March 2011 by 'Department for Communities and Local Government' to update the previous index (previously known as IMD 2007) published in 2007.

Medway is currently ranked 132nd out of 325 local authorities in the country in terms of deprivation. Which means Medway is within the 41% most deprived Local Authority nationally. This is a slight decline from IMD 2007, when Medway was within the 43% most deprived, indicating that Medway is now relatively more deprived. In particular the Income domain of the Indices of Deprivation, Medway is ranked 65th out of 325. The employment domain Medway is ranked 69th out of 325.

Gillingham North, Chatham Central and Luton & Wayfield are Medway's most deprived wards and are amongst the 20% most deprived in England. While these three wards all suffer different key deprivation issues, all three fair well on 'barriers to housing & services'. Chatham Central and Gillingham North have both seen relative deterioration in the crime theme, while Luton & Wayfield appears to have deteriorated most in the 'health & disability' domain.

Overall Medway wards are most likely to have Education, training & skills as their weakest domain. 13 (59%) of Medway's 22 wards have 'Education, training & skills' as their weakest domain. These wards are most likely to have either 'Barriers to housing & services' or 'Living environment' as their strongest IMD domain.

Source: Index of Deprivation 2010 - Medway Wards June 2011. Development Plans and research, information reformatted by the Research and Information Team

The levels of deprivation and poverty are important to consider for children and young people as it can impact upon their outcomes as both children and adults. Nationally, children from areas of deprivation are more likely to be hurt in an accident, have less healthy lifestyles, become involved in criminal activities and become teenage parents. They are also less likely to achieve well at school than other children. Educational attainment is important for the future, as it plays a large part in determining people's social-economic position, and consequently affects income, housing and the ability to purchase other material goods.

Comparing data regarding specific safeguarding activity, we can see that the majority of children who are subject to Child Protection Plans– i.e. those children who are recognised to have suffered or are likely to suffer significant harm – live in areas where deprivation is highest. Source: Medway Safeguarding Children Board, Annual Review 2010/11.

The Child poverty index is a sub-category of the income domain. It represents the proportion of 0-15 year olds living in income-deprived households. Child poverty is most severe in Gillingham North, Luton & Wayfield and Chatham Central. SOA (012A) in Gillingham North is ranked within the 3% most deprived areas nationally for Child Poverty.

ID 2010		Child poverty
SOA	Ward	National ranking of 32,482 SOAs
022B	Chatham Central	1728
012A	Gillingham North	929
010B	Gillingham North	1336
007A	Gillingham North	3110
022D	Luton and Wayfield	3066
020B	Luton and Wayfield	2117
014B	Rochester West	2044
008C	Strood South	3066

Source: Research, Plan and Review Team, Index of Deprivation 2010, May 2010 information sheet

Housing

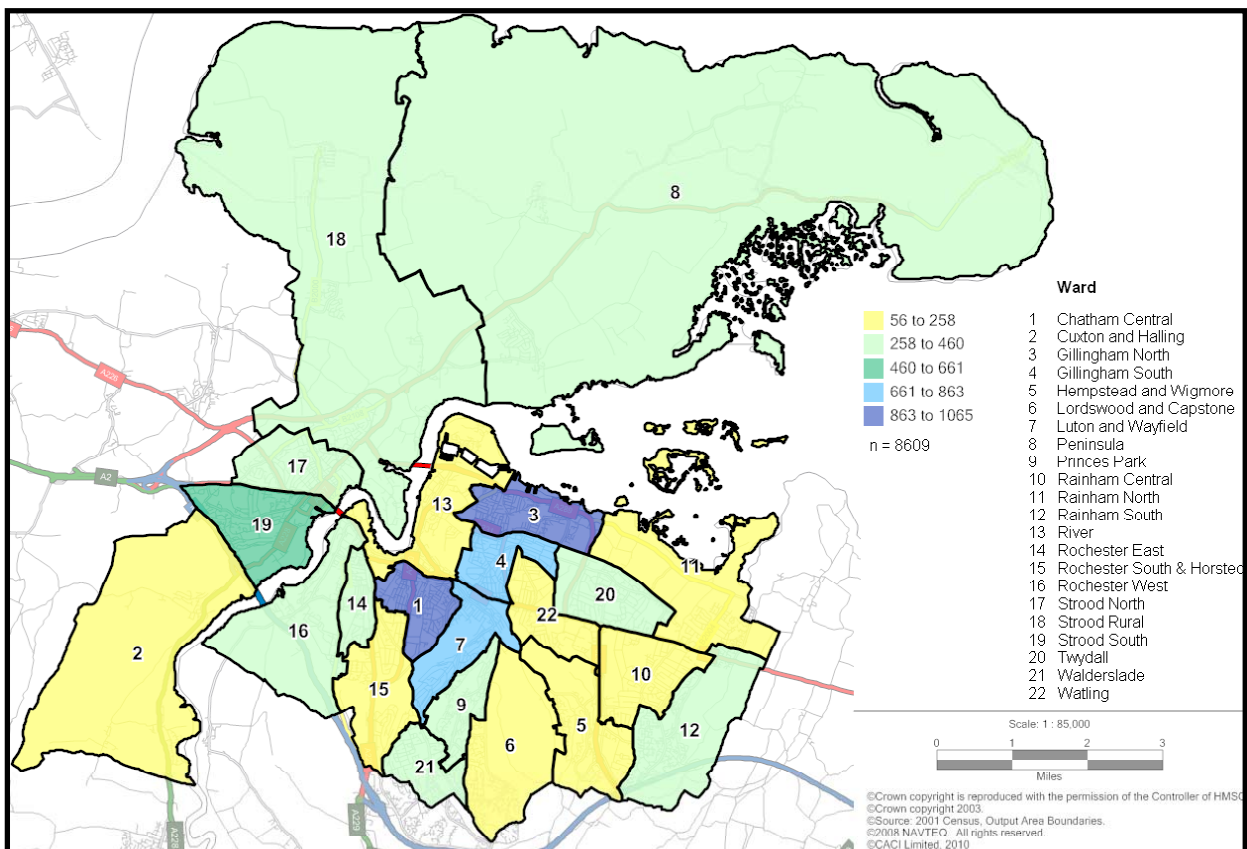
According to the Medway Housing Strategy 2008 – 11, Medway has over 106,00 homes of which over 86% are privately owned or rented whilst just under 14% are social housing, compared to over 20% for comparable unitary authorities.

The future development of the housing market in Medway and across the country is currently uncertain. Following years of sustained house price increases, future growth is looking uncertain. Demand is high, as access to owner occupation has been restricted by rising prices, with local house prices outstripping local income inflation. Average house prices in Medway have risen by 119.8% between April 2000 and March 2008. This is compared to an increase of 118.3% for the whole of Kent. Income is a core factor in the assessment of scale of housing need and in determining affordability in the local housing market. Source: Medway Housing Strategy 2008 - 11.

Medway has seen a continuing rise in the number of housing benefit recipients, similar to that of the South East and of Great Britain overall.

The ward of Gillingham North has the highest number of parent carers who are claiming Housing benefit 1,065 (9.2%). Followed by the wards of Chatham Central at 8.5%, and Luton and Wayfield at 7.3%.

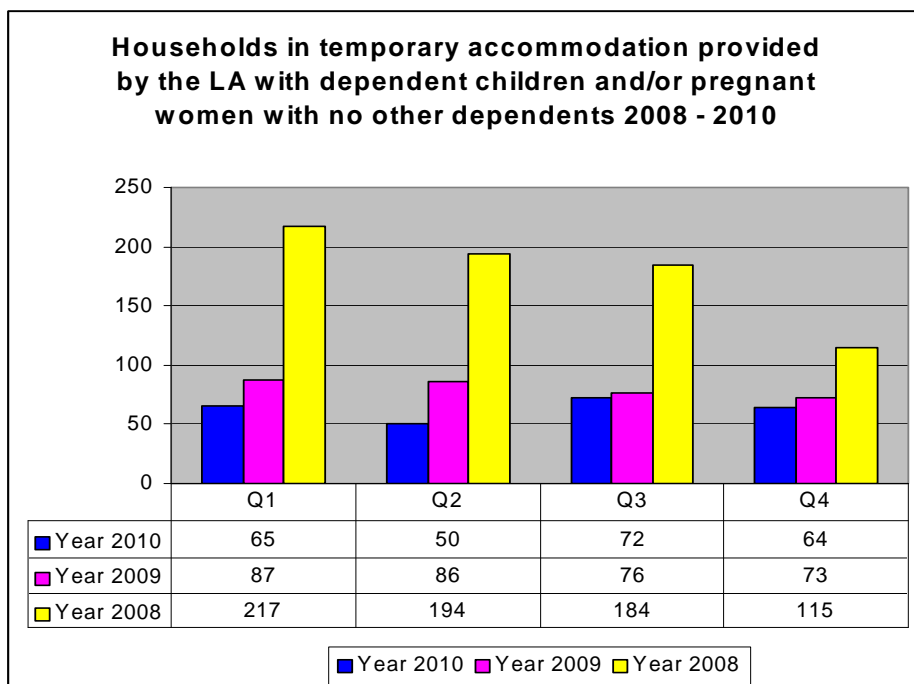
The thematic map below presents counts of those parents/carers of children and young people aged between 0 to 18 years, who are claiming housing benefit as at 14 July 2010.



Source: Database query as at 14/7/2010, Medway Revenues and Benefits Service

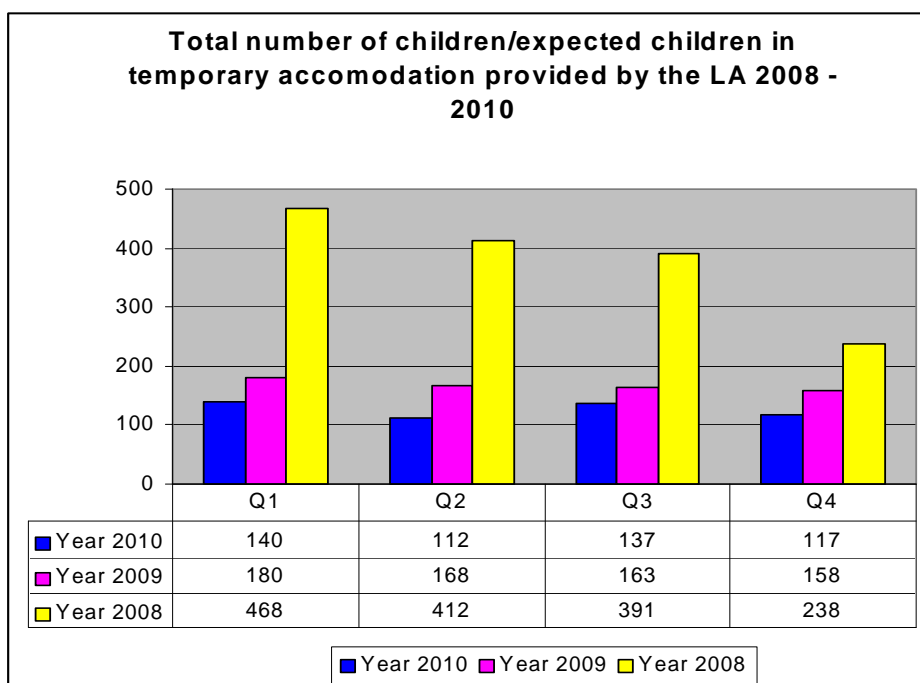
The two tables below show the numbers of households (including those of pregnant women) and also the numbers of children who have been living in temporary accommodation in Medway with children 2008 – 2010.

Households in temporary accommodation



Source: Taken from the Medway Safeguarding Children Board, Annual Review 2010/11, Housing Needs Section page 15

Total number of children/unborn children living in temporary accommodation



Source: Taken from the Medway Safeguarding Children Board, Annual Review 2010/11, Housing Needs Section page 16

SECTION 4: THE VISION FOR CHILDREN AND YOUNG PEOPLE IN MEDWAY

Medway Children's Trust wants all children and young people in Medway to:

- Be safe and cared for
- Succeed in learning
- Thrive

The partnership believe that:

'Every child deserves to be safe and loved and have a happy and healthy childhood, free from harm. Every child should also have the chance to make the most of their promise and potential.'

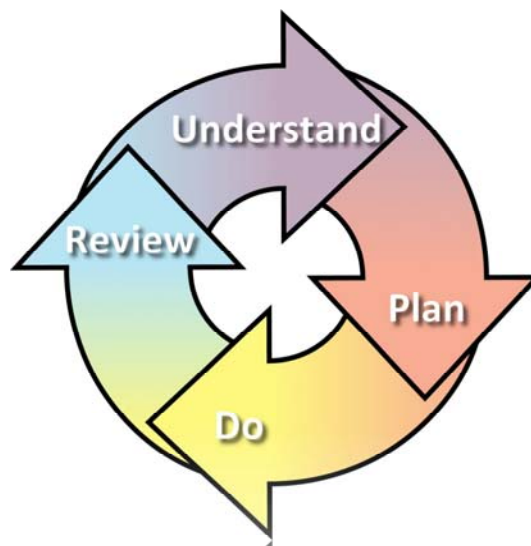
The partnership pledge to:

'Work together with children and families to make sure we understand their needs, plan the support they require and make sure that the support they receive has the best outcomes we can achieve within the resources available.'

Through effective commissioning (ie, identifying needs, planning our response, purchasing and contracting services required and performance managing those services – see diagram below) we will jointly target our resources to make sure that we provide support and care for children and their families that improve the outcomes for all.

Understand –needs analysis

Review – monitor and evaluate the services/support provided to ensure it is meeting the identified needs



Plan – develop a plan of how needs will best be met

Do - putting the plan into practice: improving the delivery of existing services, re-tendering to a new specification or initiating new services in place of old

We will also make sure the support we provide is delivered as soon as it is needed, preventing needs escalating and getting worse. In order to do this we will work together with children, young people and their families to make sure we understand their needs and, we will share information we have about what children and families have told us when it is necessary to keep them safe or helps us to provide a better service to them and their families. We will make sure we get feedback from children and families on how the support we are providing is impacting on their lives.

Crucially we will use our collective professional and experiential knowledge about what works to inform the work we are doing, constantly keeping a breast of new developments and research evidence of how to support children and families more effectively and positively improve their lives; whatever their individual identity or circumstances are.

How will we know how we are doing?

We want to know that children and families lives are better as a result of what we are doing and our measures of success will be focused on how the lives of children and families have improved.

We recognise that it is not always easy to understand what intervention has resulted in a specific positive change and that all aspects of our lives need to be taken together to get any real sense of how general 'well being' has improved. Nevertheless children and families have specific problems and difficulties, some may not be healthy, others may not be doing well at school or have emotional difficulties, whatever the difficulty a child or family is experiencing we aim to make sure our combined services are there to support them when they need it, and that people working with children and families notice when things are going wrong and do something to help.

The partnership is committed to making a difference to the lives of those children and families who are struggling from time to time and those who have more persistent life challenges that affect them throughout their life. We will work with those children and families to identify outcome measures of our success that are meaningful and realistic about the complexity of life and the support we can provide.

SECTION 5: EARLY INTERVENTION AND PREVENTION STATEMENT

Medway' Children's Trust is committed to providing an early intervention and prevention approach in all its work with children and families. Recent national research by both Frank Field and Graham Allen have set out the challenges of acting and thinking early and recommend some specific areas of activity that Medway will draw on in its local delivery of key services. Early intervention and prevention in Medway means that staff working with children and families, in whatever capacity, will be aware of the basic development needs of children and young people and be able to identify those who are struggling in some way or not meeting age appropriate development targets.

Trust partners recognise that many children and young people will experience problems from time to time for example: when a family members dies or they become ill or have a traumatic experience. A few will have ongoing life challenges that relate to their identity or circumstances for example: children with disabilities or ongoing illness, children whose parents have no settled home or income, children who are carers for another member of their family or have a parent with a ongoing health issue; some of these challenges can stay with them throughout their lives.

An even smaller group experience abuse or neglect and may be at risk of harm. Whatever the explanation we are committed to ensuring that all children and families staff notice, early on, when children and young people are struggling and are able to talk to them about these issues and seek help and support for them as soon as possible. In order to implement this approach the Children's Trust partners have agreed the following key priorities to facilitate early intervention and prevention in all aspects of our work:

- 1 Making the system understandable from the user's point of view, including clear and easy to understand points of entry for help and support; assessment for different levels of need, and lead professionals who guide service users to get the support they need.
- 2 More effective and earlier identification of additional needs through the use of the Common Assessment Framework (CAF) and pre-CAF, and through improved availability, sharing and use of data.
- 3 More targeted workforce development to support universal services in identifying and making a personalised response to children and young people with additional needs, and in working with targeted and specialist services, including those in the voluntary and community sector.
- 4 Early intervention for children and young people should involve their parents or carers as partners in decision making processes and take account of the wider family context.
- 5 All service areas to have an evidence – based approach to early intervention and prevention as part of their delivery offer.

Making the system understandable from the user's point of view

The Children's Trust partners recognise that children, young people and their carers often report that they find accessing services difficult and that when they do they are generally approached by more than one professional who will often ask the same questions and as a result they get confused about who to approach for what support.

In terms of first stage signposting offering information and advice for families the Medway Children's Trust partners have agreed to use the Family Information Service (FIS) as a central hub of information about all matters relating to children and family services. The FIS will provide up to date information and advice (to residents and professionals) on what is available where and who to contact for different types of support.

During the course of the next year, partners will also be mapping and simplifying the whole system of referring and allocating children and family support services provided by partner agencies. We will provide clear information that will help children and families understand how they access support and in the event that they need support from more than one service find a member of staff (lead professional) to help them to do this.

More effective and earlier identification of additional needs

We know that picking up early when children, young people and families are struggling with an issue or problem is much better than catching it later on when the problem is more entrenched and family members have been damaged from living with these difficulties for so long.

National research also confirms that acting in the early years of a child's life will result in better life outcomes for the children concerned and also reduce the amount and therefore costs of help and support they will need later on (Graham Allen, 2010/2011, Frank Field, 2010). In order to do this, and make early intervention a reality in Medway, the partnership is committed to training all key staff and volunteers working with children, young people and families on a day-to-day basis to identify problems early and know when and where to get help and support for them.

Over the next 2 years the Children's Trust will be implementing a core skills training programme to ensure that where staff have not had a specific focus on the healthy development and needs of children and families in their professional training they will receive this through multi-agency learning opportunities.

Targeted workforce development

In providing services and support for children and young people we are mindful that the quality of provision will be fundamentally a result of the quality of the workforce delivering care. As a partnership we are working closely to identify the skills, knowledge, experience and behaviours we require in staff holding specific roles in order to deliver the best quality of care and support. Where we identify a gap in the skills, knowledge, experience or behaviours of our staff we will target resource to address this as soon as possible.

As a partnership we are also seeking to engender a more integrated model of delivery where staff recognise that they are working as part of a broader system of support that needs to work coherently around the needs of children and their families. To support this approach we are identifying and providing workforce development and learning opportunities that bring together staff from a range of agencies to learn about aspects of integrated working together for example: information sharing protocols, common assessment framework and holding team around the child meetings.

Involving children, young people, parents and carers in decision making

We will make sure that throughout the commissioning process we involve children, young people, parents and carers to help us identify what is needed, plan our response, decide on how best to provide that service and crucially provide feedback on how well the purchased services are meeting their needs from their point of view.

During the next three years the participation strategy will seek to drive work to embed a culture of active, meaningful and co-ordinated participation across the partnership. Providing a framework for consulting and engaging with children, young people and their families prior to decisions being made. The implementation of this strategy will be monitored by the Children's Trust Board.

Evidenced based interventions of early and preventative support

In planning the range of services to be provided we will ensure that the options considered have a record of success and in that way are likely to achieve the improvement in outcomes we are seeking to achieve. The constant reference to best practice and evidence of what works will include the operating standards some of which are set by national bodies like the National Institute for Clinical Excellence (NICE) or Government departments.

SECTION 6: THE CHILDREN'S TRUST PARTNERSHIP PRIORITIES FOR IMPROVEMENT

PREGNANCY & THE FOUNDATION YEARS

What children, families and the data tells us:

Thrive

In 2009 Medway had a neonatal and infant mortality rate of 2.0 and 3.7 per 1,000 live births respectively; lower than the national rates of 3.2 and 4.7 respectively. Perinatal/neonatal events are the most common cause of child death in Medway (7 neonatal deaths were reported in 2009) and are often related to premature birth. The risk factors for premature birth are well described and include smoking, lack of antenatal care and conception at a young age.

Source: Office for National Statistics

Smoking remains one of the few modifiable risk factors in pregnancy. It can cause a range of serious health problems, including lower birth weight, pre-term birth, placental complications and perinatal mortality. According to the Department of Health Statistical Release (June 2011), the 2010/11 rates for mothers smoking at delivery are higher in Medway (19.8%) than South East Coast (12.8%) and England (13.5%).

Breastfeeding protects the health of babies and mothers, and reduces the risk of illness including gastroenteritis, respiratory and ear infections, and infections requiring hospitalisation. Breast milk is the best form of nutrition for infants, and exclusive breastfeeding is recommended for the first six months (26 weeks) of an infant's life.

The percentage of mothers initiating breastfeeding in Medway was 67.3% in 2009/10, remaining fairly steady at 67.9% for 2010/11. This is below the regional average (77.1%) for South East Coast SHA and the average for England (73.7%) in 2010/11.

By the age of 6-8 weeks, the percentage of babies in Medway still receiving breast milk was 37.9% (2010/11, DH). This represents a significant drop off in breastfeeding rates during the first two months after birth. A number of initiatives are in place to increase breastfeeding rates, including the establishment of a peer support network for breastfeeding mothers. Both hospital and community based teams are currently working towards achievement of the UNICEF Baby Friendly Award which has been shown to increase rates.

Medway has a higher uptake of vaccinations in all areas when compared to England in 2010/11, although there are significant variations between GP practices.

The Health Profile for Medway (2011) indicates that only 23.9% of adults eat a healthy diet containing at least five portions of fruits or vegetables. The percentage of obese adults is 30% compared to the England average of 24.2%. Low fruit and vegetable consumption is indicative of a poor quality diet that is high in sugar, salt and fat, especially amongst low-income families. This gives an indication of the environments within which children and young people are living. There has been some improvement in the proportion of children in reception year who are classified as obese which is 10.5% in 2010 compared to 11.9% last year and although this is not unusual and

compares well to similar authorities it is slightly higher than the England average of 9.8%. However the percentage of year 6 children who are obese is rising nationally and locally reaching an all time high of 20.2% in 2010, which is higher than our statistical neighbours (19.5%) and the England average (18.7%) (2009/10 data).

Source: National Child Measurement Programme 2009/10

Teenage pregnancy rates are considered important as mothers and babies in this group generally have poor outcomes in all areas of their life. Medway teenage conception rates (rolling quarterly average) as at 2010 quarter 1 were 46.3 per 1,000. Medway continues to have teenage conception rates that are the highest in the South East, however the rate is not significantly different to the rate for England. Under 18 conception rates vary considerably in Medway, correlating generally with social deprivation. Teenage pregnancy rate is particularly high in the wards of:

- Chatham Central
- Luton and Wayfield
- Gillingham North

(Definitions: Neonatal deaths – deaths within the first 27 days of life

Infant deaths – deaths between birth and 1 year of life

Perinatal deaths – deaths between 24th week of gestation and the 6th day of life)

Source: Medway Public Health Intelligence 6 August 2011

Safe and Cared for

The table below shows admissions to hospital for deliberate and or unintentional injury for those aged between 0 – 4 years of age who were resident in Medway during 2010/11. Listed are the top five injuries.

12.7% of injuries that required admission to hospital for those aged between 0 – 4 years old were ‘superficial injury of the head’. To some extent injuries are expected during childhood, however this remains an area that requires further investigation. This is because of the preventability of many of the injuries and because the data suggests that in Medway children and young people are more likely to have an emergency admission for an injury than in other areas.

Injuries:	0 - 4 years
	%
Superficial injury of head	12.7
Other and unspecified injuries of head	12.0
Foreign body in respiratory tract	12.0
Foreign body in ear	6.3



Source: NHS Kent and Medway Public Health Observatory – Health and Social Care Mapping report, Disadvantages children – Medway. Reformatted by Research and Information Team, Commissioning and Strategy, Medway Council.

Succeed in learning

Early years education is not compulsory, but virtually all children in Medway access the entitlement of up to 15 hours per week of free early years education from the age of 3 years. Around half of these children attend a private, voluntary or independent setting, and the other half attends early years foundation stage provision in schools.

There is a continual improvement in Early Years Foundation Stage results at age 5 years, with attainment improving by 2 percentage points in 2011. In Medway 57% of children now reach the expected “good” level, compared with 50% in 2008 and 37% in 2006.

The gap in attainment scores between the average and lowest performing children, at 31%, continued to narrow by 2 percentage points from the previous year, successfully reflecting the focus on supporting the most disadvantaged young children.

There is a wide range of early years provision in Medway, with a large number of private, voluntary and independent (PVI) providers, as well as maintained (state) primary schools offering nursery education from 3 years of age. The table below shows the number of registered providers at 31 March 2011.

	Number (EYR & CCR)*	Registered places (EYR only)*
Registered daycare groups (pre-schools and day nurseries)	122	4914
Childminders	332	1523

* EYR = Ofsted Early Years Register; * CCR = Ofsted Child Care Register

Quality of provision in Medway is mixed. In nearly all maintained schools the Early Years Foundation Stage is judged by Ofsted to be good or outstanding – with judgements equal to or better than the overall grade for the school. 74% of registered PVI day-care settings are judged by Ofsted as good or better - matching the national average - but 15% of Medway settings are judged outstanding compared with 12% for England as a whole.

The inspection judgements of registered childminders in Medway are poorer than those for similar areas and for the country as a whole, with only half judged by Ofsted to be good or better. This is recognised as a priority for improvement.

Medway Citizen’s Panel Research in 2009 showed that nursery education had particularly high levels of satisfaction with 86% of those that use or benefit from this service being satisfied – however, this is a decrease of 5% compared to the Residents’ Opinion Poll 2006 (91% satisfied)

In 2010 the programme to provide Sure Start services across the entirety of the Medway area was completed. Nineteen Sure Start Children’s Centres coordinate support, guidance and early intervention services for families with children from pre-birth to starting school. Maternity, ante- and post-natal support, health visiting, family support, parenting, play and learning and child development services are provided by a range of agencies and organisations in each of the 19 centres and at more than 50 other satellite locations serving every community.

What we are doing well

- Immunisation rates are good in Medway
- Foundation stage outcomes are generally good in Medway and compare well to similar areas
- The gap between the average and lowest performing groups is narrowing
- Infant mortality rates compare well with other similar areas
- The partnership has maintained all 19 Surestart Children's Centres this year despite significant budget pressures
- The Medway Safeguarding Children's Board launched an awareness campaign about the issues associated with sudden Infant death syndrome (SIDS) last year. No children have died of sudden Infant death syndrome in the last 12 months.

Areas for improvement



Make sure babies get the best start in life by helping their mothers to have good physical and emotional/ mental health in pregnancy and the early months of the child's life.

Reduce the number of pregnant women who smoke at the time of delivery (SATOD)
The evidence of milestone completed would be achievement of 60 quits from pregnant smokers by March 2012.

We will do this by developing an evidenced based ante-natal and early years programme to be delivered by multi-agency staff from across the partnership. The programme will have clear milestones that we expect all children under school age to achieve and any that don't will be supported with appropriate child or family support.

A key element of the early support offered to babies and their parents will be the health visitor support. The Government's new health visitor implementation plan will see the number of health visitors in Medway expand by 78% by 2015. The partnership is committed to ensuring that the new investment in health visitors complements and supports existing staff across the partnership in providing clear, easily accessible advice and information to parents about their children's care during pregnancy and following the birth. We will be undertaking a full early years needs assessment to provide a firm framework for the offer to parents and babies and make sure we make the best use of this new investment.

One of the most vulnerable groups of parents are those who have been or are still in local authority care. This group will be a particular focus for the partnership in the next three years, we aim to ensure that young mothers in transition or leaving care have an enhanced level of early years support. This aims to ensure that any disadvantages

these young mothers may have experienced in their own lives do not get translated into poor outcomes for their children. We expect many of these young people will need advice and support in parenting and some will still have additional emotional and life skills support needs.



Help the most vulnerable families to improve the parenting they give their children from birth to age 5

Help on parenting for the most vulnerable families in Medway will be focused through our 19 Surestart Children's Centres but services delivering care to vulnerable adults also have a key role to play in delivering against this priority. Our needs analysis demonstrates that parents with mental health or substance misuse issues are a potential risk to the successful development of very young children. In some cases this may require child protection action but others will need lower level or periodic family support.

Surestart Children's centre staff are likely to be able to help spot parents who are struggling and may be experiencing the early symptoms of poor mental health (or post natal depression). We are committed to ensuring partnership staff, working with parent/carers and young children, are equipped to identify families in need early and know how to draw in relevant specialist staff to help these families in a timely and sensitive way. This will include being able to see the signs of the early mental health issues and substance misuse.

We will also be working to ensure that staff working in adult services, consider the needs of the whole family when supporting a vulnerable adult and are better able to alert relevant staff in children's services when they have a concern about the welfare or development of children living with a vulnerable adult.

Young carers action inserted

Substance misuse can take many forms and does not necessarily mean the use of drugs, more commonly we know that parents will often misuse alcohol and this can have a devastating effect on their children. Babies and very young children are particularly at risk in these circumstances as their care needs are higher and their ability to verbalise their concerns is either non-existent or very limited. Staff in early years support services are keenly aware of this but some will lack the information or skills to draw in support in a non-threatening way. The partnership will be raising awareness of all early years staff to the signs and symptoms of substance misuse (in all its forms), developing the skills of staff to engage parents with these difficulties and providing up to date information and advice on the range of support they can draw on to help families where their substance misuse is impacting on the development and growth of their children.

In developing this area of work the partnership will draw on best practice elsewhere and use the experience of our successful work with learning disabled parents. We aim to identify and commission an evidenced based 'whole family' mental health programme as part of this work.



Help very young children to be prepared for starting school and be ready to learn, with good communication and social skills and the ability to manage their own personal needs.

We will improve the readiness for school of children in Medway by expanding the quality and reach of early years nursery and childhood experiences. Part of this offer will include a free nursery offer to 2 year olds living in materially deprived families. The Children's Centres will also be a major provider of the early years speech and language screening programme which aims to pick up development delay in speech and language early and provide input and support to the child and family to help them catch up before they start school. Children's Centres will also be ensuring that they have professional education input into the activities and support they provide so that the opportunities to learn through play are maximised with each child and family that visits the centre.

There will also be a particular focus on the needs of disabled children and their family. The partnership will be looking at how they can better support families who have a disabled child and provide a more coordinated team around the child approach that identifies their needs early and gets the help and support they require without them having to tell the same story to several different professionals or go through lengthy interviews and forms. Any improvements to the processes and systems we use will be applied more widely to all families with particular vulnerabilities.

SCHOOL YEARS

What children young people, parents and the data tell us:

Thrive

In 2011 the Healthy Schools Standard ceased to be a national programme. Instead, schools can choose to use a web-based toolkit to work through various elements of health-related activity.

Medway schools indicated that they would prefer a more flexible approach and in response the Medway Healthy Schools team developed a range of services that are available to schools wishing to make use of the team's expertise and resources. To date (from April 2011) 21 schools have purchased either the full support package or elements thereof, 33 schools have expressed an interest in purchasing support at a later date and 8 schools have had all the services they required for this year. Medway schools continue to show a keen interest in providing a health promotion dimension to their work.

The National Child Measurement Programme (NCMP) weighs and measures all children in year R and year 6. The data collected is used to determine the prevalence of overweight and obesity in children across England. The latest results from December 2010 indicate that 10.5% of year R children and 20.2% of year 6 children are obese. Both are higher than the obesity prevalence nationally and across the South East Coast region. A number of interventions are available to families wanting support to achieve a healthy weight, which include the MEND programme.

Only one in five (20%) children and young people during the Tellus 4 Survey said they had eaten the full 'five a day' that is recommended by the Department of Health, 10% said that they had eaten no fruit or vegetables the previous day. Compared to 18% and 19% our statistical neighbours and nationally respectively.

Children and young people who were active were more likely to say they ate healthily and vice versa. The Tell Us survey gave an insight into how active Medway school children are compared to their peers elsewhere on the whole less likely to be active in getting to and from school:

	Medway	National	Statistical Neighbours
Walk	49%	54%	53%
By car	46%	35%	39%
By public transport (bus, train, tube, tram)	12%	15%	15%
On the school bus	14%	14%	12%
By bike	5%	8%	9%
Other	2%	2%	2%

Source: Tellus4 Survey, National Foundation for Educational Research 2010

Medway has more walking bus primary aged children and routes compared to any other Kent region with 45 Walking bus routes involving 874 children. There are also other walk to school initiatives including: 19 schools in Medway participating in the Green Footsteps initiatives covering approximately 5,000 primary children.

Findings from Tellus 4 Survey 2009/10 give an indication of the number of young people who drink in Medway including how often and how much. The survey reported that 67% of children and young people said that they never had an alcoholic drink (a whole drink – not just a sip). 14% said that they had had an alcoholic drink and 9% did not wish to say. This was similar to the percentages reported nationally.

The majority of respondents did not get drunk regularly; about two-thirds of all children and young people surveyed had never drunk alcohol in the previous four weeks and a further 6% of all those surveyed said that they had never been drunk. Taken together this shows that 73% of young people had either never tried alcohol or had not been drunk recently or ever.

Nevertheless, there are a minority of young people who are drinking enough to be drunk (by their own assessment). 5% had been drunk twice in the previous four weeks and 4% had been drunk three or more times in the last four weeks. This was a similar proportion as the comparators.

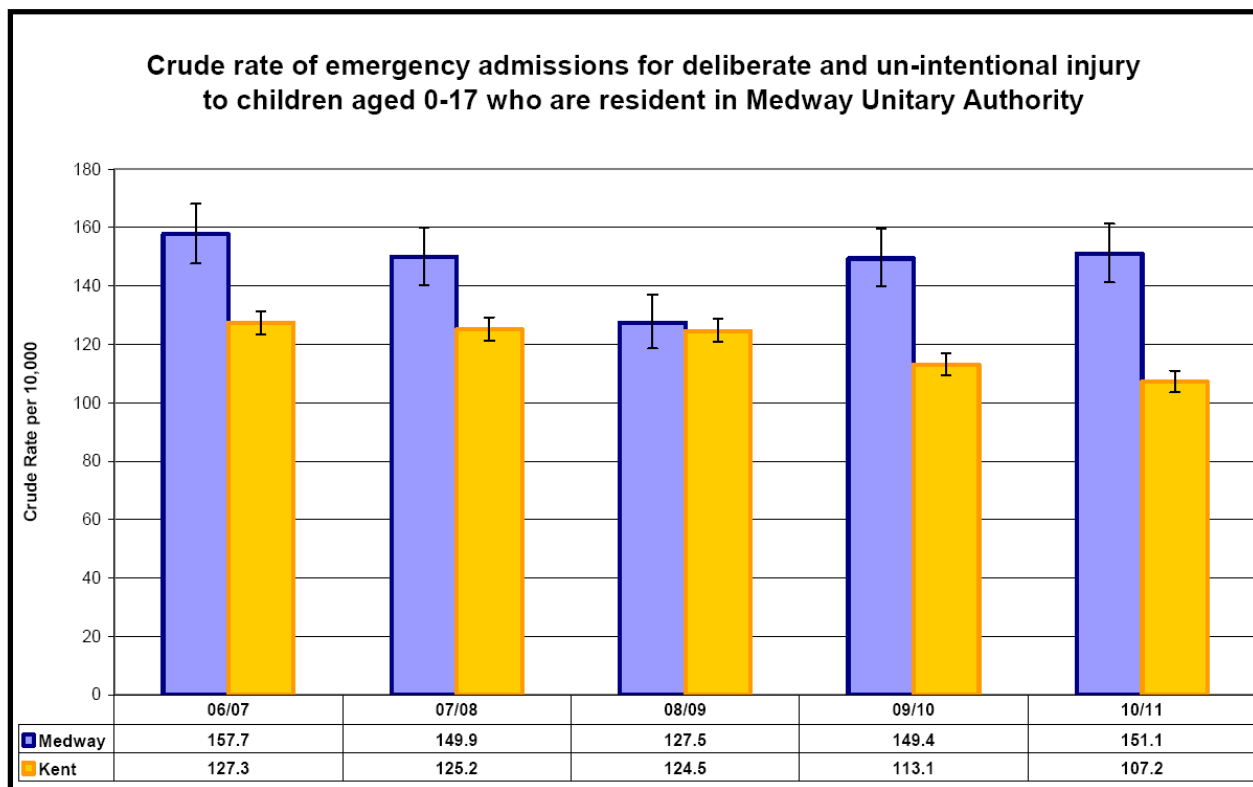
9% of Tell Us respondents said that they had taken drugs and a further 3% indicated that they did not want to say. Overall, most young people (88%) said that they had not ever taken drugs.

Referrals to the Drug and Alcohol Team from Children and Family Services are low including the number of looked after children receiving treatment.

Findings from the Tellus4 Survey suggested that smoking was not widespread among respondents. Most children and young people in Medway said that they had never smoked (74%) while a further 11% said that they had only tried smoking once and 4% indicated that they had stopped smoking. The findings were similar to those found nationally and for the statistical comparators.

CAMHS measure for comprehensive CAMHS has significantly improved its score under the Vital Signs indicator from 12 to 14 out of a possible 16. However Medway is still below its statistical and national neighbours. We know that our lower level emotional well being services based in schools, GP surgeries and the CAST team are improving and working in a more integrated way. The area has established a Single Point of Access for all emotional well being and mental health referrals which has significantly reduced the pressures on our specialist services but the specialist services are still experiencing unacceptable waiting times and not meeting the needs of all vulnerable groups and a re-tendering exercise has started with a new community based service specification to address some of these concerns.

The chart below shows the crude rate of emergency admissions for deliberate and un-intentional injury to children aged 0 – 17 years who are resident in Medway. The chart compares Medway against Kent during the period of 2006/07 – 2010/11.



Source: NHS Kent and Medway Public Health Observatory – Health and Social Care Mapping report, Disadvantages children - Medway

The table below shows admissions to hospital for deliberate and or unintentional injury for those aged under 18 years who are resident in Medway during 2010/11 – The top five injuries by age group.

Overall for those aged between 0 to 17 years of age the biggest cause of injury was: ‘Fracture to the forearm (10.1%) followed by ‘Superficial Injury of head’ 9.1%.

Those aged 5 – 9 years ‘fracture of forearm’ 19.2%; Those aged 10 – 14 years was also ‘fracture of forearm’ 14.4% and those aged 15 – 17 years ‘poisoning by Non -Opioid analgesics (pain-killers), antipyretics (used to prevent or alleviating fever) and antirheumatics’(Drugs that are used to treat Arthritis) 26%.

Injuries:	0 - 17 Years	0 - 4 years	5 - 9 years	10 - 14 years	15 - 17 years
	%	%	%	%	%
Fracture of forearm	10.1	5.0	19.2	14.4	
Fracture shoulder and upper arm			6.9		
Fracture in lower leg, including ankle				9.3	5.3
Superficial injury of head	9.1	12.7	9.9	6.5	5.3
Open wound to the head					4.1
Poisoning by nonopioid analgesics, antipyretics and antirheumatics	8.0			7.4	26.0
Poisoning by psychotropic drugs, not elsewhere classified					5.3
Other and unspecified injuries of head	7.8	12.0	7.4	7.4	
Foreign body in ear	5.9	6.3	12.3		
Foreign body in respiratory tract		12.0			

Source: NHS Kent and Medway Public Health Observatory – Health and Social Care Mapping report, Disadvantages children – Medway. Reformatted by Research and Information Team, Commissioning and Strategy, Medway Council.

Following an audit of acute non-elective admission processes undertaken across Kent and Medway by the Acute Contracting Team and K&M PCTs, issues with the recording of admissions were identified in several areas, including paediatrics.

At Medway, children who attend A&E and require assessment by a paediatrician are sent to the paediatric ward to be seen, rather than being seen in A&E. All these patients are therefore classed as admissions rather than A&E attendances. The result of this is that more children are admitted as emergencies in Medway than expected levels. It is not currently possible to identify how much is due to this issue, or whether genuine problems also exist. However, work is underway to reclassify these patients (including historical reclassification back to the start of this year), which should provide the necessary information to compare Medway performance with other areas.

Through the Aiming High for Disabled children programme there has been a step change in the level of provision of short breaks to children and young people with disabilities, and their families:

- The overall number of children receiving short breaks has increased from 590 in the baseline year of 2008-09 to 1,674 in 2010-11
- The total number of hours of provision for children receiving individual day care rose from 9,095 to 19,848 in the same period
- The total number of hours of group based specialist provision (such as Summer playschemes) has increased from 12,502 in the baseline year to 45,596 in 2010-11.

This level of provision is expected to be maintained during the period of this plan. Overall parents and carers of those children and young people, who have a disability, confirmed during a survey in May 2010 that they found it much easier to access the following services (comparing their experiences now to those in 2008):

- Sport facilities
- Youth clubs
- Day trips
- Adventure breaks
- Holiday play schemes
- After school clubs
- Breakfast clubs
- Childcare provision
- Arts and dance activities
- Music Activities

Safe and cared for

Of Medway's children and young people that took part in the Tellus 4 survey 11% said they felt 'a bit unsafe' going to and from school. This represents a significantly less positive outcome compared to the national and statistical neighbours' results (9% and 9% respectively).

For those aged between 15 – 19 years the biggest cause of injury that resulted in a hospital admission was Intentional Self-harm 24.57%. This issue is being addressed through the current re-tendering exercise for specialist Children with Adolescent and Mental Health Services. This process will conclude in late summer 2012.

Aggressive and challenging behaviour amongst children and young people was the most common reason (67.57%) for initiating a CAF. A recent survey involving 50 Medway parents and carers also highlighted (32%) the need for help in 'Managing their child's behaviour'. During September 2009 there were 3,248, fixed term exclusions of those 1,484 (45.68%) were a result of pupil's persistent disruptive behaviour. Since September 2010 there were 3,094 fixed term exclusion, a slight decrease from the previous year. However, 1,721 (55.62%) were as a result of persistent disruptive behaviour, which is an increase when comparing with the same time last year.

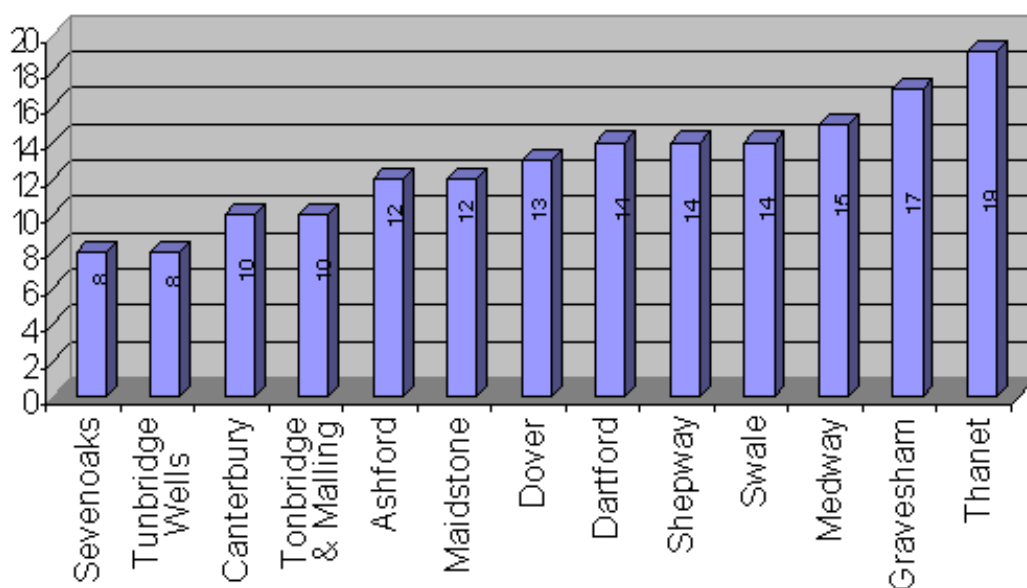
Source: Impulse database, using BI query August 2011.

Referrals to children's social care are up by 18% in the last 2 years, which has led to an increase in demand for services across social care. This has resulted in delays such as the percentage of core assessments completed within 35 days and an increase of 30% in the number of vulnerable children becoming subject to child protection plans.

While the additional investment in staffing and the reconfiguration of team boundaries has helped to drive improvement, Medway is still performing below the target it had set itself in these areas. Improvements in the preventative and early intervention services aim to support a reduction in total demand.

52% of young people surveyed said they have experienced bullying, which is higher than our statistical neighbours (46%) and the national average (46%). 22% said this happened when they were not in school. Being bullied was something that more than a quarter (27%) of children and young people who were surveyed, said they often worried about.

The chart below shows the number of Incidents relating to domestic abuse reported to Kent Police during 2009/10 per 1000 population and shows a comparison for Medway against other parts of Kent.



Medway accounts for 18% of all domestic abuse incidents across all of Kent. Kent Police have identify primary hotspots in Medway, which are:

- Rochester
- Gillingham
- Chatham
- Frindsbury

The table below shows the number of reported child abuse incidents during the period of April 2011 to July 2011.

Crime/Incident Breakdown	Count
Violence Against the Person	13
Sexual	19
Total Notifiable Offences	32
Secondary Incidents	305
No Crime/Unvalidated	0
Total Incidents	337

Notifiable offences – These are recorded crimes

Secondary Incidents – There could be several incidents that lead up to the actual crime being committed. For example: a child could have witness domestic abuse or was subject to verbal aggressions or has been neglected.

There were 109 referrals by Social Services and other agencies to the Police and 181 referrals made by the Police to Social Services during the period of April to July 2011.

Crime/Incident Breakdown	Count
Violence against the person	279
Sexual offences	4
Robbery	0
Burglary dwelling/other	1
Criminal Damage	54
Vehicle crime	1
Theft other	9
Other crime	8
Total Notifiable Offences	356
Secondary incidents	968
No Crime/Unvalidated	20
Total Incidents	1344

Offend the secondary incidents relate to verbal abuse.

No crime/unvalidated – means if someone calls the police about an incident but resolves as unfounded or if a victim/witness doesn't come forward within 72 hours.

Source: Medway Police 6th August 2011.

Medway Police has now started to record information concerning incidents of domestic abuse where a child is within the household and a referral has been made to Medway Council's Children's Social Care. Between the period of 25th January and 22nd February 2011, 27.5% of all incidents were assessed as being serious enough to result in a formal referral being made to Medway Council's Children's Social Care for Child Protection investigations to start.

The Medway Safeguarding Children Board as a key priority for improvement has highlighted domestic abuse. Gillingham North has experienced the most domestic abuse offences for the period 1 April 2010 to 31 October 2010. The overall rate of domestic abuse has consistently risen in the last 3 years affecting 3874 families across Medway.

Source: Medway Safeguarding Children Board, Annual Review of 2010/11

Safeguarding

According to the Medway Safeguarding Children Board Annual Review 2010/11, certain population characteristics are relevant to gaining an understanding of safeguarding issues. For example, poverty and poor housing are environmental factors, which add stresses to families and can adversely affect parents' ability to cope and the well-being of children. Domestic abuse, parental mental ill health and substance misuse are all factors frequently present in cases where there are safeguarding concerns, often in combination. There will be some geographical areas in local authorities where there will be concentrations of these risk factors and therefore a higher incidence of safeguarding concerns.

Medway Council Children's Social Care team has lead responsibility for responding to children in need and those at risk as well as supporting some of the most vulnerable disabled children in the community. Working in close partnership with the police, health and other partners they assess what is needed and coordinate support, and in some cases intervention, to ensure that children are safe, protected from harm and receive the care they need.

The number of children supported by social care has increased rapidly since 2008 and this is particularly the case for children subject to a child protection plan:

Children's Social Care Activity Data

	2008	2009	2010	2011
Referrals	2745	2430	2686	3372
Initial Assessments Completed	1215	1330	1650	2267
Core Assessments Completed	790	830	905	911
Section 47 Investigations Started	630	575	474	539
Number of children subject to an initial Child Protection conference	200	235	209	283
Number of children who became the subject of a Child Protection Plan (during the financial year)	190	200	261	306
Number of Children subject to a Child Protection Plan as at 31 December	180	170	238	286

Source: Medway Council Children's Social Care Team

There continues to be increased pressure on children's social care as the number of referrals has continued to rise (referrals in 2010 were 5% higher than in 2009 and 18% higher than in 2008). This has been combined with an increase in the complexity of cases, which has led to an increase in the:

- Number of children subject to a child protection plan during March 2010 – 238 compared with 203 in 2008 (17.24% increase);
- The number children subject to care proceedings - 114 at the end of 2010 compared with 66 at the end of 2008 (73% increase); and
- The numbers of looked after children (LAC) – 388 at the end of 2010 compared with 301 at the end of 2008 (29% increase).

The table below shows the numbers of children in need by primary need compared to the England averages. The figures include all open cases as at 31 March 2010, who has undergone an initial assessment also including those children with open assessment, looked after children, children with a child protection plan and children with a child in need plan.

For Medway it shows the biggest concerns listed were: 'Abuse or neglect' affecting 748 children (40%) followed by 'family dysfunction' affecting 647 children (35%). Compared to the England averages 'Abuse or neglect affected 39% of children and 'Family dysfunction' only affecting 16% of children.

Primary Need:	Medway		England	
	Count	%	Count	%
Missing/Unknown	0	0	13,300	3.5
Abuse or neglect	748	40.04	148,300	39.4
Child's disability or illness	272	14.56	45,000	12
Parent's disability or illness	27	1.45	12,700	3.4
Family in acute stress	x	0.00	38,500	10.3
Family dysfunction	647	34.64	59,100	15.7
Socially unacceptable behaviour	33	1.77	8,000	2.1
Low income	x	0.00	2,500	0.7
Absent parenting	32	1.71	13,600	3.6
Cases other than children In need	77	4.12	5,500	1.5
Not stated	11	0.59	29,300	7.8
Numbers of children in need at 31 March 2010	1,868		375,900	

x Any number between 1 and 5 inclusive has been suppressed and replaced by x.

Source: Department for Education website:
<http://www.education.gov.uk/rsgateway/DB/STR/d000970/osr28-2010v2.xls>

The table below shows the number of children who were the subject of child protection plans at 31 March 2010, by latest category of abuse.

This shows that more than half (52.5%) of all Medway children who are subject to a Child Protection Plan are due to concerns about neglect compared to the England average 43.9%.

Category:	Medway		ENGLAND	
	Count	%	Count	%
Neglect	125	52.5	17,200	43.9
Physical Abuse	26	10.9	4,700	12.1
Sexual Abuse	29	12.2	2,200	5.7
Emotional Abuse	58	24.4	11,400	29.2
Multiple ⁵	0	0.0	3,400	8.8
Missing/Unknown	0	0.0	x	x
Number of children who were the subject of a child protection plan	238		39,100	



x Any number between 1 and 5 inclusive has been suppressed and replaced by x.

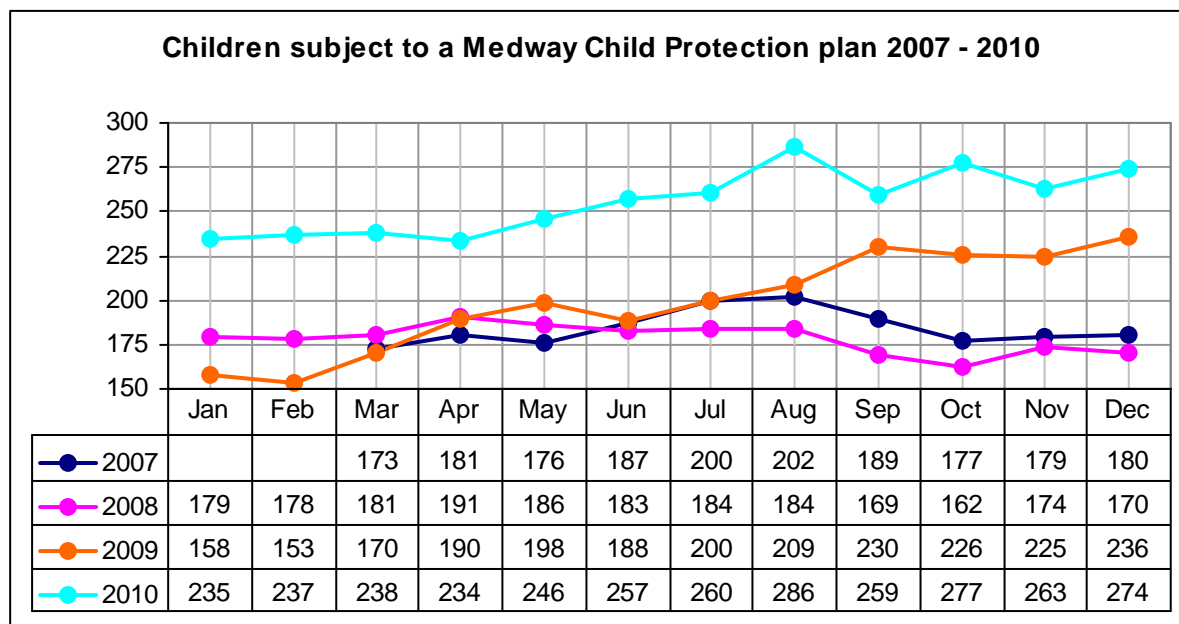
5. The multiple category is for when more than one category of abuse is relevant to the child's current protection plan. It is not for children who have been the subject of more than one child protection plan during the year.

The total figures for England includes estimates for missing data and are rounded to the nearest 100 if over 1,000 or nearest 10 otherwise. Sub totals may not add up to the England total due to rounding.

Source: Department for Education website:

<http://www.education.gov.uk/rsgateway/DB/STR/d000970/osr28-2010v2.xls>

The chart below shows the number of Medway children who were subject to a child protection plan during the period of 2007 to 2010.



Source: Medway Council Children's Independent Safeguarding & Review Service

Succeed in learning

The table below shows that most Medway parents are given their first choice of school:

Admissions Year	Entry to Year R in primary/infant schools *	Transfer to Year 3 in junior schools *	Transfer to Year 7 in secondary schools **
2010 +	92.69 %	99.61 %	84.10%
2009 ++	93.74 %	99.5 %	88.73 %
2008 ++	91.15 %	97.99 %	82.97 %

Source: Medway Council, School Admissions September 2010

Attainment at ages 5-7yrs

At key stage 1 (children aged 5-7 years) attainment in reading, writing and maths is slightly below that of children in similar council areas (statistical neighbours) and slightly below the national average.

- Medway Level 2+ reading 84%, writing 80% and maths 88%
- National Level 2+ reading 85%, writing 81% and maths 89%

(Source 2009/10 results data, DFE Statistical First Release)

Attainment at ages 7-11yrs

Key Stage 2 (children aged 7 to 11 years) results in Medway were very disappointing last year. The percentage of children achieving the expected level in 2010 was in the bottom quartile for English councils in all subjects, and did not meet ambitious targets set for the LA area. This is an area for priority action in the school improvement service.

22% of Medway primary schools had a contextual value added scores (CVA) showing a significantly below average results (ie. not caused by chance) in comparison to around 25% nationally.

Medway Citizen's Panel research in 2009 demonstrated that primary schools had high levels of satisfaction amongst parents and carers with 85% of those that use or benefit from the service being satisfied. However, this has decreased compared to the Residents' Opinion Poll 2006 (91% satisfied).

Attainment at 11-16 yrs

Medway's GCSE average for 2010 results has continued to improve the current rate is 1.9% above the 2009 results. 53.6% of pupils achieved grades A*-C including Maths and English. While Medway remain above the national average the increase from 2009 was less than previous years.

10 schools showed an improvement last year although 7 had deteriorated. This overall positive result makes the improvement 9.7% from 2006, with every individual school showing long-term improvement.

The proportion of Medway children who achieved two or more Science GCSEs at grades A*-C, has increased since 2008 and now stands at 44.4%, but still remains significantly below the national average 60.2%.

Looked after children in Medway are likely to achieve better GCSE results than looked after children elsewhere although the absolute level of performance is still low compared to their peers. 2010 performance was improved from last year, as 27.6 per cent achieved 5 or more GCSEs at A*-C (compared to a national average of 20.1 per cent), which represents three more children than last year. However, this remains much lower than the average for all children in Medway, 76 per cent for 2010.

Medway has taken action to increase the proportion of children and young people who have a Personal Education Plan (PEP), the principle tool that sets out what needs to happen for looked after children to enable them to fulfil their potential.

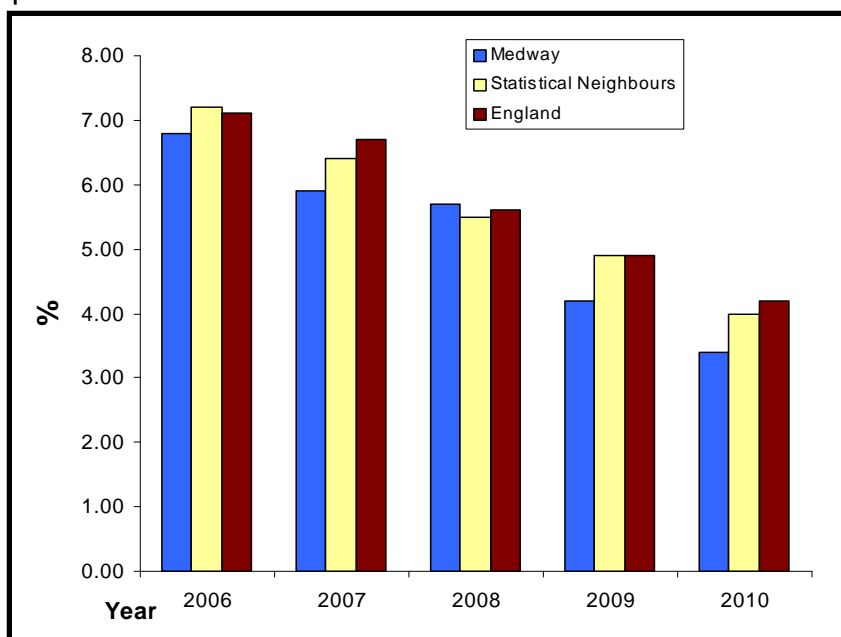
86% of children and young people looked after in 2010 had an Education Plan (PEP). There is some concern about whether these plans give sufficient emphasis to learning needs as opposed to other (e.g. behavioural) concerns and further work is being lead by the virtual head for looked after children to improve the quality of plans and support provided to LAC in schools.

Parental satisfaction of secondary schools in the 2009 Citizen's Panel survey was lower than that of primary schools and nursery schools. Although satisfaction is still high with 70% of those using or benefiting from this service being satisfied.

Most children and young people participating in the Tellus4 Survey agreed that their school had given them useful skills and knowledge (76%) and provided lots of activities for them to participate in at lunchtime or after school (71%). However, just over half reported that often lessons were disrupted by other pupils (53%). 44% of children and young people felt that teachers made their lessons fun and interesting, although a quarter did not agree with this.

Children not in school

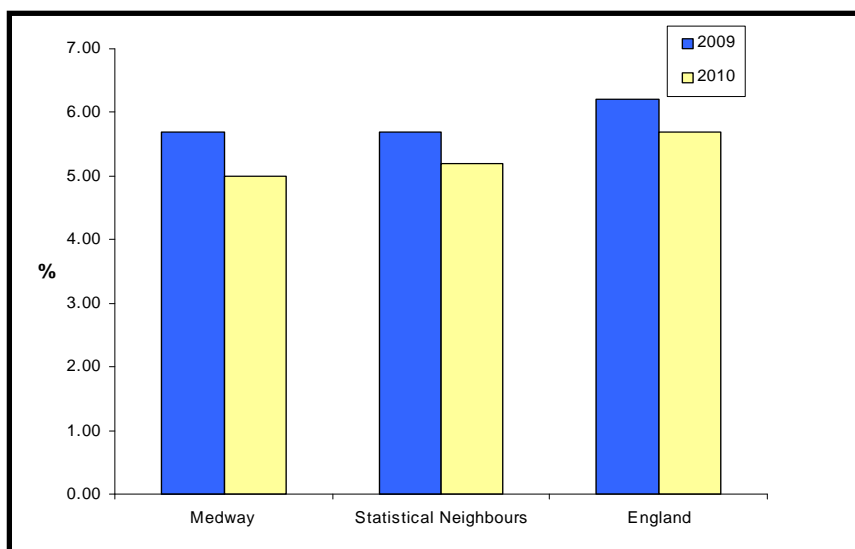
Medway continues to reduce the proportion of secondary aged school children that were persistently absent reducing it from 6.8% in 2006 to 3.4% during 2010. This compares well to absent rates in other similar local authorities (statistical neighbours) at 4% and the all England average at 4.2%. The graph below shows secondary school persistent absence rates from 2006 to 2010:



Source: Graph data from Statistical First Release 'Platinum Pack' 2009/10

Looked after children in Medway are less likely to miss school compared to looked after children elsewhere. During 2010 5% of Medway looked after children missed school compared with similar authorities (statistical neighbours) at 5.2% and the England average at 5.7%.

The chart below shows the percentage absence from school of children who have been looked after continuously for at least 12 months.



Source: Graph data from Statistical First Release 'Platinum Pack' 2009/10

The Inclusion Team at Medway Council work closely with secondary schools to reduce exclusions as a whole and the number of days lost through exclusion. The number of pupils permanently excluded from school remains low for the academic year. In total there have been 7 exclusions from Academies, 1 from a maintained secondary and there are a further 8 awaiting independent appeals in September. One of the methods used to help keep children in school is the use of 'Managed Transfers'. These are supported 'fresh starts' in a new school instead of a permanent exclusion, these decisions are managed between the schools themselves where they think they can help individual children. There has been an increase in the number of managed moves. For this academic year 2010/11 there have been 56 managed moves.

Fixed term exclusions have fallen in comparison with the same period last year in both primary and secondary schools. The number of days lost has also reduced - last year 3009.5 days of education were lost from fixed term exclusions and this year it has reduced to 2460. (Source: Assistant Director 4th Quarterly report March 2010/11.)

During the period of Sept 10 - May 2011 there have been 1,997 'Fixed Term' exclusions effecting 975 pupils. The average length of 'Fixed Term' exclusion was 2.81 days.

Fixed Term Exclusions (September to May 2011)

Fixed Term Exclusions	Target	No Exclusions	No Pupils	Days Lost	Average Length PE
* Data taken from Impulse 16/12/2010					
Primary	-	329	141	758.5	2.30 days
Secondary	-	1489	766	4525	3.03 days
Special School & PRUs	-	179	68	348	1.94 days
All Pupils					2.81 days

Source: Inclusion Division – Monthly Performance Digest June 2011

During the months of September 2009 until March 2010 there were 198 Medway children being educated at home an increase of 1.5% increase from the previous year.

Now in 2011, this figure has again increased and it now stand at 217 children and young people being educated at home, an increase of 9.5% since 2009/10. (Source: Inclusion Team, July 2011)

The 21st century schools partnership is developing a comprehensive policy to work more effectively with this group of children and ensure they are receiving the best possible education at home.

Children with Disabilities

Children with long-term disability are a diverse group. Some will have highly complex needs requiring multi-agency support across health, social services and education – the most extreme example perhaps being those who are technology-dependant. Other children will require substantially less support, although nevertheless have a long-term disability.

The Thomas Coram Research Unit (TCRU) estimates the number of disabled children in England to be between 288,000 and 513,000. The mean percentage of disabled children in English local authorities has likewise been estimated to be between 3.0 percent and 5.4 percent <1>. If applied to the population of Medway this would equate to between 1,773 and 3,191 children experiencing some form of disability.

Source: Needs Assessment Toolkit, Demographic profile © 2008-2010, ChiMat, Disability Needs Assessment, Medway Towns

The table below shows the counts and percentages of those pupils who attended a state funded schools with a statement of Special Educational Needs (SEN) or at School Action Plus by primary need as at January 2011.

Primary Need:	England		South East		Medway	
	Count	%	Count	%	Count	%
Specific Learning Difficulty	78,135	11.14	13,740	12.18	394	8.04
Moderate Learning Difficulty	160,750	22.92	23,180	20.55	815	16.64
Severe Learning Difficulty	29,270	4.17	4,435	3.93	132	2.69
Profound & Multiple Learning Difficulty	9,895	1.41	1,410	1.25	48	0.98
Behaviour, Emotional & Social Difficulties	158,015	22.53	27,875	24.72	1,191	24.31
Speech, Language and Communications Needs	120,610	17.20	19,590	17.37	916	18.70
Hearing Impairment	15,980	2.28	2,540	2.25	122	2.49
Visual Impairment	8,775	1.25	1,165	1.03	63	1.29
Multi-Sensory Impairment	935	0.13	135	0.12	5	0.10
Physical Disability	26,970	3.85	4,055	3.60	198	4.04
Autistic Spectrum Disorder	61,575	8.78	11,205	9.94	744	15.19
Other Difficulty/Disability	30,475	4.34	3,450	3.06	271	5.53
Total	701,385		112,780		4,899	

Source: department for education website, reformatted by the Research and Information Team - <http://www.education.gov.uk/rsgateway/DB/SFR/s001007/sfr14-2011la.xls>

Medway has a much higher percentage of children with 'Autistic Spectrum Disorder' as their primary need (15.19%) compared to the South East 9.94% and England 8.78%. Conversely, Medway has a much lower percentage of children with a primary need of 'Specific learning difficulty' (8.04%) compared to the South East 12.18% and England 11.14% or 'Moderate learning difficulty' Medway (16.64%) South East 20.55% and England 22.92%.

The table below shows Medway the count and percentages of those pupils attending either a state funded Primary, Secondary or Special schools with a statement of Special Educational Needs (SEN) or at School Action Plus by primary need as at January 2011.

Primary Need:	Total	Primary		Secondary		Special	
		Count	%	Count	%	Count	%
Specific Learning Difficulty	394	183	46.45	211	53.55	0	0.00
Moderate Learning Difficulty	815	359	44.05	177	21.72	279	34.23
Severe Learning Difficulty	132	25	18.94	3	2.27	104	78.79
Profound & Multiple Learning Difficulty	48	7	14.58	0	0.00	41	85.42
Behaviour, Emotional & Social Difficulties	1,191	550	46.18	638	53.57	3	0.25
Speech, Language and Communications Needs	916	753	82.21	153	16.70	10	1.09
Hearing Impairment	122	72	59.02	50	40.98	0	0.00
Visual Impairment	63	32	50.79	31	49.21	0	0.00
Multi-Sensory Impairment	5	0	0.00	5	100.00	0	0.00
Physical Disability	198	130	65.66	62	31.31	6	3.03
Autistic Spectrum Disorder	744	333	44.76	327	43.95	84	11.29
Other Difficulty/Disability	271	115	42.44	147	54.24	9	3.32
Total	4,899	2,559		1,804		536	

Source: department for education website, reformatted by the Research and Information Team - <http://www.education.gov.uk/rsgateway/DB/SFR/s001007/sfr14-2011la.xls>

Overall, the largest primary needs for those pupils in Medway who have either a statement of Special Educational Needs or at School Action Plus are:

- Behaviour, Emotional & Social Difficulty - 24.31%
- Speech, Language and communication Needs -18.69%
- Moderate Learning Difficulties -16.63%
- Autistic Spectrum Disorder -15.18%

During 2011 Medway maintained a similar number of children with statements as the previous year. Both Kent and the South East have also stayed the same. However, nationally there has been a slight increase in the number of statements. The table below shows of for Special Educational Needs (SEN) that are maintained by a local authority.

The table also shows that the number of statemented children in Medway is slightly higher than elsewhere.

Area	2006	2007	2008	2009	2010	2011
England	2.9	2.8	2.8	2.7	2.7	2.8
South East	2.9	2.9	2.8	2.8	2.9	2.9
Kent	3.0	2.8	2.8	2.8	2.8	2.8
Medway	3.0	2.9	2.9	2.9	3.1	3.1

Source: Department for Education: <http://www.education.gov.uk/rsgateway/DB/SFR/s001007/sfr14-2011la.xls>

The number of SEN Statutory assessments that are being completed on time has increased. The current rate is 95% (including exceptions) and 93.7% overall.

During 2010/11 fewer new children and young people who have been diagnosed as having SEN were being placed in out of area schools. This trend has resulted in end of year costs for independent non-maintained SEN provision being almost the same as the previous year. However, there are some pupils with complex needs who do require highly specialised placements that cannot always be provided within Medway, either due to lack of placements or the support needed is not provided locally.

Work has started in developing a more robust and accurate methodology so that those children needing the more complex specialist support are identified more quickly. Linked to this early intervention approach work has now started on re-specifying the requirements of the Speech and Language service to ensure that there is an agreed approach to early intervention and that all levels of speech and language need are provided appropriately.

Medway currently has 1,622 pupils with a statement for special educational needs (SEN). This has slightly decreased by 0.9% compared to the same time last year. The gender split is roughly the same as last year males 74.06% and females 25.87%. (May 2011).

The main needs of those children and young people with a statement of special educational needs in Medway are:

- Moderate learning difficulties (16.21%)
- Autistic Spectrum Disorder (14.43%)

Progress has been made towards improving local inclusive education provision for children with special educational needs (SEN), primarily in the development of the Special Educational Needs Policy and Strategy during 2009/10. As local provision is developed through this plan, fewer children will be placed in expensive, independent out of authority provision, which means that children can continue their education in the area where they have good, established, support networks.

Improvements have also been made over the past year on individualised packages, places are being offered using existing or enhanced local provision for some pupils. New inclusive provision is being developed with mainstream schools offering places for young people with learning difficulties who require specialist, small group, provision with opportunities for inclusion in mainstream classes, as well as additional tutors.

What we are doing well

Things that the partnership is doing well for school age children include:

Thrive

- Many schools actively promote healthy living education
- Oral health for children and young people in Medway is better than the national average
- Medway children and young people report the same, relatively low, levels of underage drinking and smoking as other similar areas
- The opportunities for disabled children to take short breaks and participate in recreational activities are increasing rapidly and many more children are benefiting from this
- Services to support lower level emotional health and well being issues among children are developing well

Safe & Cared for

- Medway Children's Services Assessment in 2010 reported that the services 'perform well'.
- The unannounced inspection of child protection front line services found no areas for priority action despite rapidly increasing demands being made on the service.

Succeed in learning

- Most children are placed in their school they choose to attend
- Exclusions are much lower in Medway than in other similar areas
- Absenteeism from school is lower than similar areas
- GCSE outcomes for children in Medway compare well to other similar areas
- 76% of children and young people report that their schools has given them useful skills and knowledge
- Looked after children in Medway are likely to achieve better GCSE results than looked after children elsewhere
- Parental satisfaction with schools is generally good

Areas for improvement



Help children and young people to maintain a healthy weight and good mental health.

To do this public health will ensure that parents and carers have easily accessible information on what and how to feed their children at each stage of their development. They will also expand the successful MEND programme that works with overweight children and their parents to reduce their weight through exercise and awareness of healthy diets.

The partnership is also seeking to improve the emotional support provided to children and young people experiencing emotional difficulties or mental ill health through a re-tendering of the tier 3 service led by the Primary care Trust. This aims to ensure that the whole system of support available to children and young people works together more effectively and particularly a) identifies children with emotional difficulties early on and b) effectively targets support to those groups of children with emotional difficulties who are vulnerable in other ways e.g. those with learning disabilities, looked after children.



Improve the independence, support and opportunities available to disabled children and their families in all settings – home, school, health, leisure and work.

The children's trust partners will be implementing the actions agreed following the review of services for disabled children in Medway (2010) which includes actions to: improve respite care opportunities, increase access to information and advice, the development of personal budgets, re-establishing the Child Development Centre as a fully integrated centre and improve information sharing between partner agencies.

In response to concerns raised by parents and carers of disabled children the partnership will be working to improve access to good quality information and advice on services and support available to them and their children. They will introduce quality standards in this area and ensure that through engagement with parents and carers that the information services provided meet their needs.

The partnership will be working with other authorities in the South East to establish more integrated forms of assessment that address the health, educational and social needs of disabled children/young people. Working on a team around the child model the partnership aims to establish more integrated assessment and delivery so that disabled children and their parents do not have to see a series of professionals separately to identify their needs and get the help and support they require.

Disabled young people can be particularly disadvantaged as they complete their school education and start to think about opportunities for employment. The partnership aims to facilitate a range of support to ensure that young disabled people have access to further education, training and employment related opportunities and as a result can operate independently in society.



Protect children and young people from the harm that domestic abuse can cause

A review of the support and needs of families experiencing domestic abuse has been completed and this will be developed into a comprehensive partnership action plan to ensure that the services provided address the full range of needs identified. The partnership aim to improve the range and scope of commissioned services supporting families experiencing domestic abuse.

The Police and Medway Council Social Care teams are working to provide a more integrated single point of referral for reports of domestic abuse so that the two authorities can work more effectively to support victims and their children.

The partnership wants to be able to extend the number of staff working with children and young people who understand and can identify families where domestic abuse is occurring. We aim to provide multi agency training on domestic abuse for a range of professionals working in universal settings eg school staff, community health and community police.

The Medway Safeguarding Children Board will continue to monitor the impact of the domestic abuse review and it's impact.



Reduce bullying and the impact that that this can have on individual children and young people

The partnership will be updating the Anti-Bullying Strategy to ensure that it is still relevant to the current context, we will be doing this by involving children and young people at all stages of its development. The update will provide a clear action plan for implementing the strategy.

The partnership will continue to provide training on addressing and handling bullying to schools particularly on how to address cyber-bullying issues.

We also aim to establish more reliable, up to date information of the levels of bullying in schools so that we can target our help and support appropriately.



Improve children's experience of transition from one learning phase of learning to another - nursery into school, from primary school to secondary and from secondary school to college, university or work.

Work with schools on improving transitions is expected to have a direct impact on the academic achievements of pupils. We will start work on transitions in the early years ensuring that from birth parents and carers are aware of the basic skills children need to have to benefit from formal education when they start school. To facilitate this we will ensure that the curriculum of nursery provision is wherever possible integrated with the curriculum of primary schools to prepare them for schools and facilitate the transition from one setting to another.



Raise the aspirations and expectations of all children, families, teachers, schools and communities in Medway.

There will be a strong emphasis on improving teaching and learning in all schools during the lifetime of this plan and the partnership has agreed that good performing schools are often better placed to advice and support poor performing schools on how to improve teaching and learning. The partnership will support and facilitate inter-school support and sharing of best practice examples amongst schools. The partnership will also provide some specific support on improving assessment, teaching and learning for individual children.

The needs of vulnerable groups will also be a priority for example they often find transitions more challenging. We will also pay particular attention to the teaching and learning needs of children from deprived areas, looked after children and those from different cultures who may be behind in their progress.

BECOMING AN ADULT

What young people, parents and the data tell us:

Thrive

In 2007 Chlamydia screening became a PCT Vital Signs indicator with a phased target commencing in 2007/08 with 15% of the population aged between 15 and 25 to be screened, increasing to 17% in 2008/09, 25% in 2009/10 and finally 35% in 2010/11. Medway achieved a coverage rate of 24.4% against the national target in 2010/11 with 5.3% of young people under the age of 25 testing positive. This was the third highest in the South East Coast SHA with the second highest positivity rate.

The C Card - Condom Distribution Scheme continues to expand with 97 C Card sites in Medway (an increase of 44% from 08/09). A series of mystery shopping exercises have been carried out to ensure the scheme continues to be responsive to the needs of young people.

From the TellUs 4 survey although the overall number of young people reporting worrying about aspects of their lives, Medway had greater numbers of young people reporting worrying about how they look (38%), than nationally (30%) or statistical neighbours (32%). Medway young people were also more worried about relationships (32%) than nationally (25%) or statistical neighbours (27%).

The rate of admissions to hospital for under 18-year-olds with alcohol specific conditions is 47.6 per 100,000 population for 2006/07-2008/09. Medway ranks 50th out of 326 local authority areas where the measure is calculated (326 is the highest rate of admissions). Medway has a lower rate than the South East (58.3) and is significantly better than the all England average (64.5).

Youth crime

The table below shows the numbers of offenders aged between 10 and 19 years of age (inclusive) and the category of crime during the period of April 2011 to July 2011. Overall there has been a 34.27% increase in the number of crimes being committed by young people when compared to the same period last year.

The biggest category of crime is burglary, which accounts for 27.22% of crimes being committed by young people during the period of April to July 2011. When compared to the same period last year this is a 19.5% increase in burglary by young people.

Crime category	Medway			
	This Year	Last Year	% Change	Number Change
Burglary Dwelling	36	32	11.11%	4
Burglary Other	215	17	92.09%	198
Criminal Damage	63	70	-10.00%	-7
Robbery	13	13	0%	0
Sexual Offences	2	8	-75.00%	-6
Violence against the person	166	179	-7.26%	-13
Theft from motor vehicles	92	27	70.65%	65
Theft of motor vehicles	137	13	90.51%	124
Vehicle interference	8	1	87.50%	7
Theft of pedal cycles	7	4	42.85%	3
Theft Offences	108	130	-16.92%	-22
Drug Offences	47	65	-27.69%	-18
Fraud and forgery	9	17	-47.05%	-8
Other	19	30	-36.66%	-11
All Crime	922	606	34.27	316



Source: Medway Police August 2011

The table below shows the numbers who were victims of crime that were aged at the time between 0 to 19 years (inclusive) during the period of April to July 2011.

Crime category	Medway			
	This Year	Last Year	% Change	No Change
Burglary Dwelling	9	7	22.22%	2
Burglary Other	7	10	-30.00%	-3
Criminal Damage	39	41	-4.87%	-2
Robbery	23	12	47.82%	11
Sexual Offences	40	54	-25.92%	-14
Violence Against The Person	300	327	-8.25%	-27
Theft From Motor Vehicles	15	18	-16.66%	-3
Theft Of Motor Vehicles	28	24	14.28%	4
Vehicle Interference	3	3	0%	0
Theft Of Pedal Cycle	28	39	-28.20%	-11
Theft Offences	95	83	12.63%	12
Fraud And Forgery	2	6	-66.66%	-4
Other	5	17	-70.58%	-12
All Crime	594	641	-7.33%	-47

Source: Medway Police August 2011

Overall there was a 7.33% decreased in the numbers of young people who were a victim of crime during the period of April to July 2011 when compared to the same period last year.

The biggest category of crime committed against young people was violence against the young person. During the period of April until July 2011 there was 300 crimes committed in this category, which accounts for nearly half of the crimes being committed against a young person.

Support for Young Offenders

It is the duty of all agencies to try to reduce offending behaviour under the Crime and Disorder Act 1998. Medway Youth Offending Service is a partnership of voluntary and statutory agencies overseen by the Youth Justice Board.

Medway Youth Offending Team (YOT) is staffed by a multi-agency team working with children and young people who have demonstrated or are at risk of developing anti-social behaviour. The team includes officers from Kent Police, Kent Probation Service, Medway Primary Care Trust, Kent and Medway Connexions Service as well as staff from Medway Council's Children's Care Services.

The team works closely with young people and their families to provide an early intervention service to curtail anti-social behaviour and to prevent crime. It assists victims of crime and where appropriate, includes them in the youth justice process to take part in a restorative justice programme. YOT workers also provide intensive supervision and surveillance programmes for persistent young offenders and operate

effective plans for preparing young people to return into the community from custody and reduce the risk of them re-offending.

The parenting programmes provided by Medway YOT offer practical support and advice to enhance the skills of parents and thus reduce the risk of their children offending or re-offending. This includes those requiring preventative services, supervision while on community-based court orders and the support of young people who had been sent to custody.

The annual validation of the self-assessment of Medway Youth Offending Service (2010) demonstrates that they are performing adequately against the national indicators and have good capacity and capability to sustain and improve performance.

The validation process indicated that “service delivery in a number of the key outcome areas were good. In particular, the YOS takes a proactive approach to the management of risk and vulnerability and additionally has strong links with the custodial estate. “

The number of first time entrants into the youth justice system continues to decline: in 2008/9 Medway Youth Offending Team (MYOT) recorded 480 and 428 in 2009/10 this is a significant achievement for Medway.

The table below shows how Medway compares against the national averages in the national ‘Youth Justice Indicators’ during 2010/11. The table also shows Medway’s performance during 2006/07 to 2010/11.

Youth Justice Indicators							
	2006/7	2007/8	2008/09	2009/10	2010/11 Target	Medway 2010/11	National 2010/11
NI 111 - First time entrants to criminal justice system, aged 10-17 (rate per 100,000)	1618	1588	1733	1587	<1810	1029	1160
NI 19 - Rate or proven re-offending by young offenders	NA	NA	0.9	0.9	<1.1	0.69	NA
NI 43 - % of Young people within the Youth Justice System receiving a conviction in court who are sentenced to custody	4.1	5.6	7.9	6.3	<5	4.8	5.6
NI 45 - % of Young Offenders engagement in suitable education, employment or training	67.8	72.6	80.2	80.9	>78	82.3	72.8
NI 46 - % of Young Offenders with access to suitable accommodation	87.1	96.3	94.7	94.5	>95	94.1	85

Source: 2010/11 updates, Medway Youth Offending Service, August 2011.

Recreational activities

According to the Medway Citizens Panel research in 2009. Satisfaction with recreation continues to improve with just over half of those using or benefiting from this service being satisfied (52%) – this is an increase of 17% compared to the Residents' Opinion Poll 2006 (35% satisfied). Children and young people who said they received free school meals were less likely to have participated in group activities in the previous four weeks (52%), compared to overall (59%) from the Tell Us survey in 2009/10.

17% of young people in the Tellus4 Survey said they had given time to help a charity, a local voluntary group, or done some organised volunteering, and more than three in five (63%) said they had done another type of activity that they had participated in during their free time in the previous four weeks.

The Youth Service has had another successful year during 2010/11 with three out of four performance targets met or exceeded. The Climbing Wall at Strood Youth Centre now provides a range of schools and youth groups with accredited after school activity options and is fully utilised during the week. Band nights continue to be popular with ages between 15-19 years of age and the 'aspirations' alternative education programme is increasingly in demand with schools.

The participation profile of young people using the Youth service has broadened with increased numbers of 15-18 year olds now using the service as compared to service data of two years ago.

The table below shows Medway's performance on Core Indicators during 2010-11:

Quarterly monitored indicators 2010-11	Annual Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Rating
Contacts	6,240	2,415	3606	4297	4949	Green
Participants	3,744	1,629	2699	3214	3676	Green
Recorded Outcome	2,246	1128	1785	2055	2350	Green
Accredited Outcomes	1,123	501	936	1089	1219	Green
Ethnic Minority individuals taking part	0	488	659	752	853	-
YP with disabilities participating	0	202	299	361	415	-
Number of Sessions	2,760	714	1460	2040	2729	Green
No. of Youth Development Worker Sessions	2,070	339	698	937	1286	Amber

*No data currently available - ** Data taken from eYS on 4/05/11.

Attainment at age 16 -19 yrs

Findings from the Tellus4 Survey suggests many young people in Years 8 and 10 were positive about the amount of information and support they received to help plan their future. Although 23% felt they had not had enough information. Young people in Year 10 were more likely to feel that they had not received enough support (26%) than those in Year 8 (19%).

Tellus4 Survey findings suggests that overall, most young people in years 8 and 10 said they intend to continue in learning in a course-based route although a notable minority (16%) plan to follow a work-based route after completing Year 11.

However, Medway's Tellus4 survey response to question: Do you think that you will go to university/higher education in the future: answer: 'Yes' represents a slightly less positive outcome compared to the national and statistical results

	Medway	National	Statistical Neighbour
Yes	57%	62%	59%
No	13%	10%	11%
Don't know	30%	28%	30%

Source: Tellus4 Report – Medway, April 2010 page 43

The last Children's Services Assessment 2010 reported that: 'Numbers of young people who achieve GCSE or equivalent qualifications by the age of 19 are much lower than average despite mostly good provision for 14 to 19 year olds.'

Achievement at Key Stage 5 (advanced) has continued to improve with the average point score per student exceeding the national average in 2010 for the first time (733.2 compared to 726.6). While the average point score per examination entry is just below the national average, the gap has narrowed significantly (210.3 compared to 211.1).

Although the proportion of young people in Medway achieving a Level 2 or 3 qualifications by age 19 continues to improve it is still below the national average, although the gap has narrowed. In 2010, 77.9% of 19 year olds had achieved a Level 2 qualification compared to a national figure of 78.7 while 41.4% had achieved a Level 3 qualification compared to 43.8% nationally.

According to the Department of Education website during 2009, 90% of Medway's 16 & 17 years olds either continued their full time education, or continued as part time or when onto work based learning. Compared to the South East 88% and the England average of 89%.

Source: <http://www.education.gov.uk/rsgateway/DB/SFR/s000938/index.shtml>

As from 2015, The Education and Skills Act (2008) places a duty on all young people until they have reached their 18th birthday to continue their learning in either education or training setting.

Young People - Not in Education, Training or Employment

The Connexions Service provides information, advice, guidance and access to personal development opportunities for all 13 to 19-year-olds (including those up to the age of 25 years with learning difficulties).


Connexions key functions include:

- Provide career education and guidance
- Encourage participation in education and training
- Supporting Post –16 transitions for young people with learning difficulties

By ensuring young people receive the highest quality advice and support, the service aims to help young people reach their full potential. A network of personal advisers act as gateways for young people to get confidential information and advice on a wide variety of subjects. They can help with anything that might be affecting school, college, work, personal or family life.

Since April 2008, the Connexions service in Medway has been delivered by the Medway Youth Trust (MYT). The service is Medway-specific and provides services that affect the lives of teenagers living and studying in the area. The Trust is managed by a board of trustees made up of headteachers, parents, young people, members of the community and employers.

The table below shows the numbers of 16 and 17 years old participation in either education or work based learning during 2009.

Area	Full time education	Part-time education	Work Based Learning (WBL)	Total	% of 16 & 17 years old not in employment, education or work based learning (NEET)	16 & 17 year olds Population
Medway	5,600	400	400	6,400	9.85% 	7,100
Kent	30,800	1,500	1,400	33,700	12.91%	38,700
South East	175,200	7,900	9,300	192,400	11.98%	218,600
England	1,036,400	51,400	78,300	1,166,100	10.62%	1,304,800

Source: Department of Education Website, Data released 17th March 2011:
<http://www.education.gov.uk/rsgateway/DB/SFR/s000938/index.shtml>

Medway compares favourable as only having 9.85% of it's 16 and 17 years old who are consider as NEET. Compared against the South East at 12.91% and the England Average of 10.62%

However, we are working with the National Apprenticeship Service and a number of partners (Mid Kent College, Kent Association of Training Organisations, Medway Education Business Partnership and Medway Youth Trust) on a campaign to boost the number of employers offering apprenticeships. Known nationally as the 100 in 100 campaign (100 starts in 100 days) the Medway campaign was launched at Commissioner's House on 19 May 2011 and we have already had a good response to the campaign locally; securing 96 pledges from employers to provide apprenticeship placements.

During 2010 the number of Medway care leavers aged 19 years of age who are in education, employment or training has slightly risen to 45.7% when compared to the previous year of 42.4%. Although, Medway is still some way behind its Statistical Neighbour, 2010 figure: 60.6% and the England average of 62.1%.

Source: Statistical First Release 'Platinum Pack' 2009/10.

Youth Unemployment

The table below shows the numbers of young people aged between 16 to 24 years of age claiming an out of work benefit during the period of February 2009 to November 2010.

Aged 16-24	Medway	South East	England
Date	Count	Count	Count
Nov-10	4500	90540	743060
Aug-10	4540	92260	760230
May-10	4570	90290	740850
Feb-10	5030	99010	807250
Nov-09	4920	96650	792430
Aug-09	4830	98680	810350
May-09	4470	93160	770440
Feb-09	4460	93880	777710

Source: Neighbour statistics website, data updated 29 June 2011-08-17 – working age benefits

Since February 2009 until November 2010 Medway has seen a slight increase of 0.89% in the numbers of 16 to 24 years olds who are claiming an out of work benefit. However, this compares less favourable when compared to the South East who has seen a decreased of 3.55% and the England average of 4.45% decreased during the same period.

The table below shows the numbers and rates of Medway's adult population claiming Job Seekers Allowance (JSA) this shows that Medway's also has an adult unemployment rate higher than both the South East, Kent and national rates.

	Medway		Kent	South East	Great Britain
	Number	Rate	Rate	Rate	Rate
April 2010	7,271	4.3	3.2	2.8	3.9
May 2010	6,954	4.1	3.1	2.6	3.7
June 2010	6,525	3.9	2.9	2.5	3.6
July 2010	6,434	3.8	2.8	2.4	3.6
August 2010	6,328	3.8	2.8	2.4	3.6
September 2010	6,173	3.7	2.8	2.4	3.5
October 2010	6,052	3.6	2.8	2.4	3.5
November 2010	6,001	3.6	2.8	2.4	3.5
December 2010	6,173	3.7	2.8	2.4	3.5
January 2011	6,508	3.9	3.0	2.5	3.7
February 2011	6,678	4.0	3.1	2.6	3.8
March 2011	6,654	4.0	3.1	2.6	3.8
April 2011	6,764	4.0	3.1	2.5	3.7

Source: Development, Plan and Research; briefing note: Unemployment April 2011

What we are doing well

Thrive

- Young people's participation in local youth services has increased and satisfaction with local recreational activities has improved
- Chlamydia and other sexually transmitted diseases are monitored well and the proportion of young people with Chlamydia in Medway is lower than in similar areas
- Young people have good access to sexual health services across the area
- Admissions to hospital for under 18 year olds with alcohol specific conditions is well below other similar areas

Safe & Cared for

- The number of first time entrants into the youth justice system continues to decline
- 79% of young offenders have progressed into education, training or employment
- Very few young people under 20 are arrested for possession of drugs in Medway

Succeed in learning

- The partnership has secured a significant number of new apprenticeship opportunities as part of the 100 in a 100 campaign

Areas for improvement



Celebrate the achievement of children and young people and the contribution that they make to Medway. Encourage more of them to give their time and energy to making Medway a good place to live and learn.

The partnership is keen to increase access to a greater range of volunteering opportunities for young people and will work with the community and voluntary sector to do this.

We will also be seeking more opportunities to celebrate the achievements of young people including their involvement in supporting the community and improving the services available to children and young people.

The partnership is particularly keen to support vulnerable young people to achieve and celebrate those achievements, particularly young people living in more deprived areas, disabled children and those who have been looked after by the local authority. Partners

will be improving the support to these groups to ensure that they can take full advantage of education, training, employment and voluntary activities being made available for all young people.



Increase the number of opportunities for young people to gain the skills to take up Apprenticeship courses.

Opportunities to undertake apprenticeships will be substantially increased in the lifetime of this plan. Partners will be engaging more local employers to offer apprenticeships and supporting them to deliver appropriate training to a wider group of young people.

Looked after children who are often disadvantaged educationally will be given additional pre-apprenticeship support to ensure that they also have opportunities to benefit from the increased supply of apprenticeships in the area.



Increase the number of young people who are in education, training or work after they leave school.

Partners will work together to ensure that all young people have the skills, knowledge and experience to take advantage of education, training and employment opportunities. The Connexions services will play a particularly important role in providing good quality advice information and support. Partners will also provide enhanced support to improve young peoples confidence, motivation and self-awareness in helping them to access work related training or employment.

The partnership will also be working to improve the quality of careers advice and information ensuring that: advisors have up to date information on education and training options and employment opportunities. They will also be improving the advisors understanding of the requirements of employers and pathways for specific work roles.

Partners will also be working together to introduce the new participation age for young people (when they will leave formal education at 18 years) to do this the partnership will enhance the range and type of educational opportunities available from 14yrs including:

apprenticeships, technical skills training, flexible study programmes, alongside more traditional academic opportunities. They will also provide more information on options for further education/training to parents/carers and young people themselves.

Young people who are at risk of dropping out of education or training (and those who are not in education training or employment) will be identified early and given targeted support to ensure that they too have clear opportunities to succeed and participate in work related training or education that is suitable for them.

ENABLERS - THINGS WE WILL DO TO HELP IMPLEMENT OUR PRIORITIES

What children, young people, parents and the data tell us:

Common Assessment Framework

The Common Assessment Framework (CAF) helps to identify, at the earliest opportunity, children's additional needs that are not being met by universal services, and provides timely and co-ordinated multi-agency support to meet those needs. Work has continued throughout 2009/10 to implement CAF, this includes awareness and training for a range of practitioners, briefings for head teachers and community health workers. There is also an important pilot starting with the maternity team at Medway hospital to improve their understanding and potential use of CAF. Community groups have also been targeted for information about the CAF to ensure minority groups are aware. However analysis of all CAF assessments during the period of April 2009 until March 2010 showed that only 176 CAF assessments were completed. The numbers of CAF initiated recently has improved rapidly with 255 reported in the period between April 2010 and March 2011 but the partnership wants to see a step change in the use of this important multi-agency method of assessment. Training in this important multi-agency tool has increased from 241 partners trained in 2009/10 to 626 in 2010/11.

Integrated Prevention Team

Medway Council has reviewed its early intervention and prevention activity in the light of budget reductions announced in the Comprehensive Spending Review. The Council has established an Integrated Prevention Team based in the School Improvement & Inclusion division, this builds on previous work and experience of preventative work with children and families. The integrated team will improve the safeguarding arrangements, aide communication, facilitate joint assessment and planning and increase delivery of positive outcomes for children and families in need. Although the team is significantly reduced in size and as such will reach less children and families, they have ambitious targets to:

- Support 170 children and young people through 121 work
- Support 90 children and young people through group work
- Provide support to 30 families in crisis
- Support 30 parents through targeted parenting programmes

The team will build on a previous panel arrangement and establish a panel (The Targeted Team Around the Child Panel) to address more challenging or contested referrals with a multi-agency group of professionals.

Information sharing protocols

Information sharing was a priority last year and will continue to be in the lifetime of this plan. A new Kent and Medway Information sharing Agreement has recently been agreed which provides a clear framework for embedding best practice on information sharing across the area. This document sets out the legal aspects of information sharing, described the security procedures and provides a generic standard that can be adapted to the needs of specific circumstances. A new multi-agency training module is being developed to roll out the information sharing agreement in operational teams.

Identification of Lead Professional

The lead professional for a child, young person and their family is a professional who agrees to take coordinating responsibility when a multi-agency response is required to meet their needs. This person will lead the development of a multi-agency plan (often using the common assessment framework) and coordinate its delivery to the child, young person or family.

The partnership want to extend the range and reach of professionals who are able and willing to act as a lead professionals in all settings that work with children and families and further training will be offered to explain the role and give practitioners the skills to confidently take on the role of lead professional.

Participation and Engagement of Children, Young People and Families

A third of children and young people in the Tellus survey were generally positive, indicating that their views were listened to at least 'a little'. However, just under a third (32%) indicated that their views were not listened to either 'very much' or 'at all'. And almost a further quarter (22%) reported that they had not given their ideas. Only one in five young people in Year 10 felt that their views were listened to a lot (4%) or a little (16%). (Source: Tellus4 Survey, NFER, 2010)

The partnership works closely with children, young people and families to ensure that we discuss developments and services available and get their views on any key decisions that will affect children's services. The partnership has supported the work of Young Commissioners and a group of Young Inspectors both of which are actively involved identifying emerging needs of children and young people and reviewing the quality of services that are put in place to address these needs. A more recent development has been the establishment of two parent and carer forums; one for parents/carers of disabled children the other a more general group. This adds to the well-established work of the Youth Parliament, which continues its work.

Health partners continue to support PALS – Patient Advice and Liaison Service and LINKS to undertake regular consultation with local people on health matters, this will be developed through the national health reforms and the introduction of Healthwatch. The Police are closely involved with local communities through the PACT scheme where local people come together to identify and prioritise community safety concerns and help resolve local issues.

The partnership are currently developing a comprehensive participation and engagement strategy to ensure that engagement work with children and families across

the partnership is coordinated, involves all partners and is mutually supportive in terms of the feedback given. We are also keen that as children, young people and families become engaged in the partnerships work they gain personally from the experience; developing knowledge and life skills that will help them in other aspects of their lives.

Locality working and community budgets

The Luton and Wayfield Locality Project, 'Local People Local Solutions', was initiated by the Medway Children's Trust in 2010 to test locality working in Medway. The concept was embraced by the Local Strategic Partnership Board, broadening the scope of the work to include: the Community Safety Partnership, the Health and Well Being Partnership, Economic Development, Enterprise and Renaissance partnerships. The idea is to test whether we can get better results for our communities when we focus and coordinate our work in a local geographical area and fully engage local people in the solutions. Luton and Wayfield ward was selected as the pilot area for this work as it represents one of the most deprived wards in the area with high level of need and poor outcomes recorded by most services. A Strategic Luton and Wayfield Partnership of local agencies has been formed and is supported by an operational group to implement the agreed approach. The work of the project will be undertaken in line with the principles of the commissioning cycle providing a robust and meaningful process, to ensure that we fully 'understand' the needs of the community, appropriately 'plan' our responses to the needs, effectively 'implement' the plan and systematically 'review' and evaluate the impact of the work we are doing in Luton and Wayfield. The pilot hopes to test the use of a community budget in the future. The guiding principle of this work will be that local people must guide and shape the work being done to ensure it meets their needs.

WORKFORCE DEVELOPMENT

The mapping of investments and resources exercise undertaken in 2010 allowed us to see how our workforce is distributed through the partnership and demonstrated that most staff are based in education or education support services with health staff being the second largest group:

The vast majority of staff working with children are based in schools (68%) but health partners also account for a significant proportion of the workforce investment (18%). Very few staff are responsible for the overall commissioning of children's services (less than 1%):

The chart below sets out the proportion of professionals working in key children's services areas based on the 'Tangerine model' categorisation (CWDC, 2010):

Source: Data taken from Deloitte, Medway Children's Trust – mapping of Children's Services expenditure report 19th May 2011.

Graph to be inserted

A workforce needs assessment conducted at the end of last year and the beginning of this identified the following key priorities across the partnership:

Safeguarding and children's social care

The partnership has had a major focus on keeping children safe and cared for in the last 2 years and in doing this it has focused its attention on ensuring sufficiency and competence in the child protection workforce.

There continues to be increased pressure on children's social care both in terms of rising numbers of children being referred and in the complexity of cases and Medway Council's children's social care team have expanded and re-organised their teams to better meet the pattern of rapidly increasing demand.

Identified priorities from Medway Safeguarding Children Board include increased availability and variety of opportunities for learning and development for safeguarding staff at all levels, a fit for purpose framework for reflective practice via supervision and improvements in the quality of risk analysis and assessment.

Medway council are working hard to maintain the competence of these teams and provide an extensive range of workforce training and development opportunities including:

- A range of generic groups and E-learning opportunities available to all Medway staff, including management skills, personal effectiveness, health and safety support skills and information technology

- Child Protection
- Mandatory training aimed at demystifying diversity and increasing cultural awareness
- Specific practice issues such as forced marriage, honour-based violence and female genital mutilation, domestic violence, parental mental health and parenting capacity, understanding post natal depression
- Communicating and engaging with children, young people and parents
- Practice knowledge and skills including life story work, family group conferencing, E-safety, the Solihull Approach, attachment, assessment and risk analysis
- Working with parents, group facilitation and youth work

A six month induction process based around the common induction standards applies to all workers in children's services and includes understanding the principles and values essential to working with children and young people, child development, safeguarding and communicating effectively.

A more recently development has been the agreement of a Medway Model of practice, which will be embedded in the social care operations and induction over the coming year.

Children's social care is also carrying forward the recommendation of the Social Work Task Force to support graduates during their first year of practice, through protected caseloads and guaranteed supervision.

Disability

The Strategic Review of Children's Disability Services in Medway (March 2011) recommended an integrated approach to children's disability services, with an increased focus on information and feedback from children with disabilities and their families; emphasis on early support and intervention, personalised budgets, integrated front line working and integrated processes. To support these approaches, a shared strategy and delivery of workforce development across education, health and social care is in development.

The need to improve the confidence and skills of universal services in offering a differentiated approach to children with disabilities, together with the limited opportunities for staff (particularly those offering short-break opportunities) has led to work taking place to develop a multi-agency common induction. This is based on the CWDC model, with additional elements to meet the needs of staff working with severely disabled children and young people.

Emotional wellbeing and mental health

From perspective of emotional wellbeing and mental health, staff must be appropriately qualified, skilled and experienced to appropriately support children and young people within their level of service.

Priority areas for development include early identification and intervention, assessment and diagnosis, and collaborative working across agencies. Training is also required to deliver specific interventions, whether 1:1, group or family therapy.

Parenting

The key workforce priority is to ensure all professional groups working with families are confident and skilled at engaging, understanding and supporting parents and carers. This includes:

- Practitioners working directly with parents and carers
- Practitioners working with children
- Practitioners in adult services working with clients who may have parenting responsibilities
- Staff who are the first point of access for parents and carers can meet information needs of parents

Health Services

Support for families has increased as a result of an increase in child protection cases and the number of children in need, however the recently published NHS Health Visitor Implementation Plan 2011-2011 – A Call to Action outlines the national plan to develop health visiting services and increase the national number of health visitors by 4,200 by 2015.

Medway Community Healthcare has been chosen by the Department of Health as one of 20 organisations nationally to be an early implementer of the new plans for health visiting services across the country, which will involve the recruitment of a further 30 health visitors locally.

Children's therapy and speech and language therapy: restructuring and resource investment will aim to support early intervention for children diagnosed with a speech disability and those with mild speech delay.

Medway NHS faces workforce concerns around capacity and sustainability: the high number of referrals, the age profile of practitioners and the financial constraints facing the health service. Their wish is to develop a support worker role, in particular within School Health and Community Maternity Services, and to identify core functions and agree common areas in terms of multi-agency working. A priority area is to achieve clarity of role regarding Community Paediatricians and their deployment.

Schools

In response to the poor performance of children at KS2 and a need to improve the quality of English and maths teaching at higher levels, it is planned to establish and co-ordinate robust cross-phase partnerships, professional coaching programmes and schools based action learning sets in order to support head teacher and KS2 specialist teacher development

Leadership development work has already taken place with groups of schools, notably in Luton & Wayfield and Walderslade. This work will continue over the next 3 years to ensure schools in the area work collaboratively sharing best practice and tackling school improvement challenges together, drawing in partner agencies as required.

In special schools, development priorities are driven by the need for speedier intervention at lower levels of need. The desired focus is on multi-agency/integrated working, for example orientation days, including awareness training for staff to enable them to understand and recognise the locality they are working in and the specific challenges this presents

Young people

The Youth Service will develop their detached and street based provision, Youth Participation, Targeted support for vulnerable young people, supporting dysfunctional families, inter agency work to extend the youth offer, outdoor education and working towards a qualified workforce.

Youth Offending Team (YOT)

As a result of the Youth Offending Team inspection and re-organisation a number of training priorities have been identified and strategies developed to implement it. YOT practitioners are to receive specialist diversity training being delivered over a five-day period to ensure that all practitioners are able to attend.

Specialist group work training is being arranged for a small staff cohort who is to deliver specialist programmes both within the YOT team and at Cookham Wood YOI. All new YOT staff are use the Youth Justice Board/Open University online training programme as an integral part of their induction programme, this will also include social work students and other short term placements within the team. Specialist parenting training is to be made available to another small staff group who will be delivering a range of parenting interventions.

All members of the Integrated Prevention Team will as part of a rolling programme of study for the degree level qualification in Youth Work.

Arrangements are continuing with Kent Youth Offending Service to deliver specialist YOT training in areas such as report preparation, court work, identifying mental health issues and motivational interviewing techniques. All social workers within the team are expected to complete the full post-qualifying award and were appropriate a practice teaching award. A specialist provider will deliver specialist restorative justice training to all Referral Order Panel volunteers.

Integrated working

The work to promote integrated processes has expanded with the appointment of an additional integrated processes support worker and a full time trainer. Much of the work in this area has focused on expanding the skills of community based staff to jointly assess needs and develop a multi-agency support package for children and families who have additional needs that can not be met by one agency. This has included expanding staff understanding of the Common Assessment Framework, Information Sharing Protocols and how to effectively undertake the role of a lead professional.

What we are doing well

- Increasing the partnership reach and understanding of the Common Assessment Framework
- 'Un-sticking' difficult cases that arise through CAF through the Targeted Team Around the Child (TTAC) panel
- Improving the understanding and use of information sharing protocols to ensure partners staff know when and how to share information on children and families
- Identifying a increasing number of professionals who will act as a 'lead professional' to support the coordination of multi-agency care to individual children and/or their families
- Engaging with children, young people and parents in everything we do in children's services
- Mapping our workforce priorities and integrating major workforce investments
- Mapping the partnerships use of resources to monitor the impact of our joint investments to ensure that we jointly invest in our priorities and provide best value for these investments

Areas for improvement



Make sure that teams of professionals work well together to identify and meet the needs of vulnerable children and young people

In order to do this we aim to provide multi-agency core skills training that will help staff providing universal services e.g. school based staff, early years and community health professionals understand the normal developmental stages of children at different ages and spot when they may have an additional need or un-resolved problems.

We will also ensure that they have the skills to communicate with both children and their families to explore these issues in a non-threatening way.

We are particularly concerned that they understand the impact of key points of transition and are able to effectively support children and their families through these stages. This work will be provided in the wider context of existing training on safeguarding that provides a firm understanding of safeguarding issues and how to identify when a child is at risk and what to do when this is identified.



Implement effective processes, systems, workforce changes and development to support the effective implementation of the plan

In support of the core skills identified above the partnership will continue to provide multi-agency training in the use and application of integrated processes including: the common assessment framework which is the multi-agency assessment tool to identify a multi-agency response to children and families with additional needs, the lead professional role which provides a coordinating professional for those children and families that require a multi-agency response and information sharing protocols that help professionals know when it is appropriate to share information about a child and or their family in order to better support their needs.

We will also be implementing a range of workforce priorities (see page 64) to ensure that there are sufficient, competent and suitably qualified staff to support children and families to independence.

We will also help staff understand multi-agency and integrated working at its best, helping them to apply their unique professional skills while maintaining respect and support for the roles of other key professionals they work with.



Make sure children and young people and their parents/carers have a chance to give their views and participate in decisions that affect them, ensuring that professionals listen and respond to what they say

The partnership will continue to promote the active involvement of children, young people and their carers in the commissioning process to ensure that the support services we provide are relevant and appropriate to their needs and provided in a way that is accessible and builds their personal resilience.

As part of this work the children's trust has recently agreed the Participation and Engagement strategy that will help ensure we are working together, in a coordinated way, to maximise contact and feedback from children young people and families. There will be raising awareness sessions through training, briefing, networking and developing supporting tools, to foster an understanding of the importance of participation and its benefits. There will also be clear guidance for staff on the processes and procedures they will need to adopt when they initiate engagement and participation work.

SECTION 7: CHILDREN'S TRUST PARTNERSHIP ARRANGEMENTS FOR DELIVERING OUR PRIORITIES

The Children's Trust (CT) partners have recently reviewed their partnership arrangements for the effective delivery of this revised plan and have agreed that, despite the national relaxation on CT partnership arrangements, they would like to continue to meet as a full board but have revised the sub partnership groups to reflect the national policy changes and the revised focus of the local partnership. The new sub-partnership groups will include:

- Emotional Health and Well Being Partnership
- 21st Century schools Partnership
- Parenting & Family Support Partnership
- 14-19 years Partnership
- Vulnerable Children's Partnership

The board will be supported by the Joint Commissioning Partnership group who will promote and maintain an overview of joint commissioning and funding arrangements and a variety of consultation and engagement groups including: the community and voluntary sector forum and forums for children young people and parents/carers. The joint commissioning priorities for the next 3 years include:

- Reducing the cost of SEN placements out of area
- Increasing the availability and options for respite care
- Improving the joint assessment of need for continuing care support
- Preventing high level emotional well being needs in children and young people
- Providing effective early intervention and support through the children's centres and effective use of the new health visiting resource
- Re-commission equipment and speech and language support

There will also be an annual conversation on the progress made for looked after children which will challenge all the sub partnership boards to present how they are improving the lives of looked after children in Medway. This will feed into and support the work of the Medway Council Corporate Parenting group.

The board has recognised that further work needs to be done to clarify how the Medway Safeguarding Children Board and the Youth Offending Board relate to the Children's Trust Board activity and this work will be initiated once the Government has responded to the recommendations in the Munro review of safeguarding and child protection arrangements 2011 and the changes to the Youth Justice arrangements are clarified.

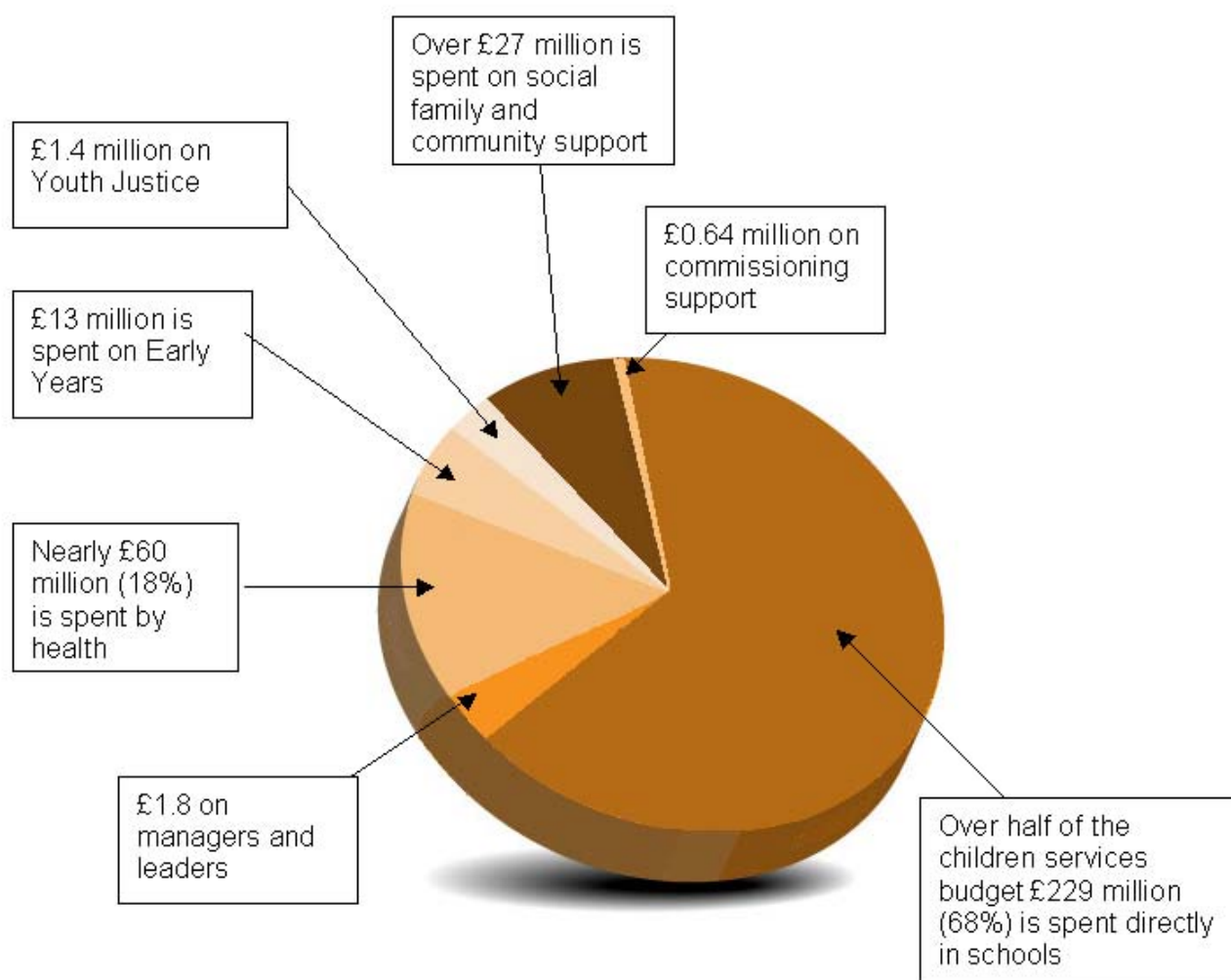
The Children's Trust partners will continue to link into and relate well to the wider Local Strategic Partnership arrangements to ensure that shared interests and priorities are progressed in the appropriate forum and that the interests of children and their families are a major consideration in these wider developments. The full revised partnership structure, to be implemented in September 2011, is set out in Appendix 1.

SECTION 8: USE OF RESOURCES AND INVESTMENTS

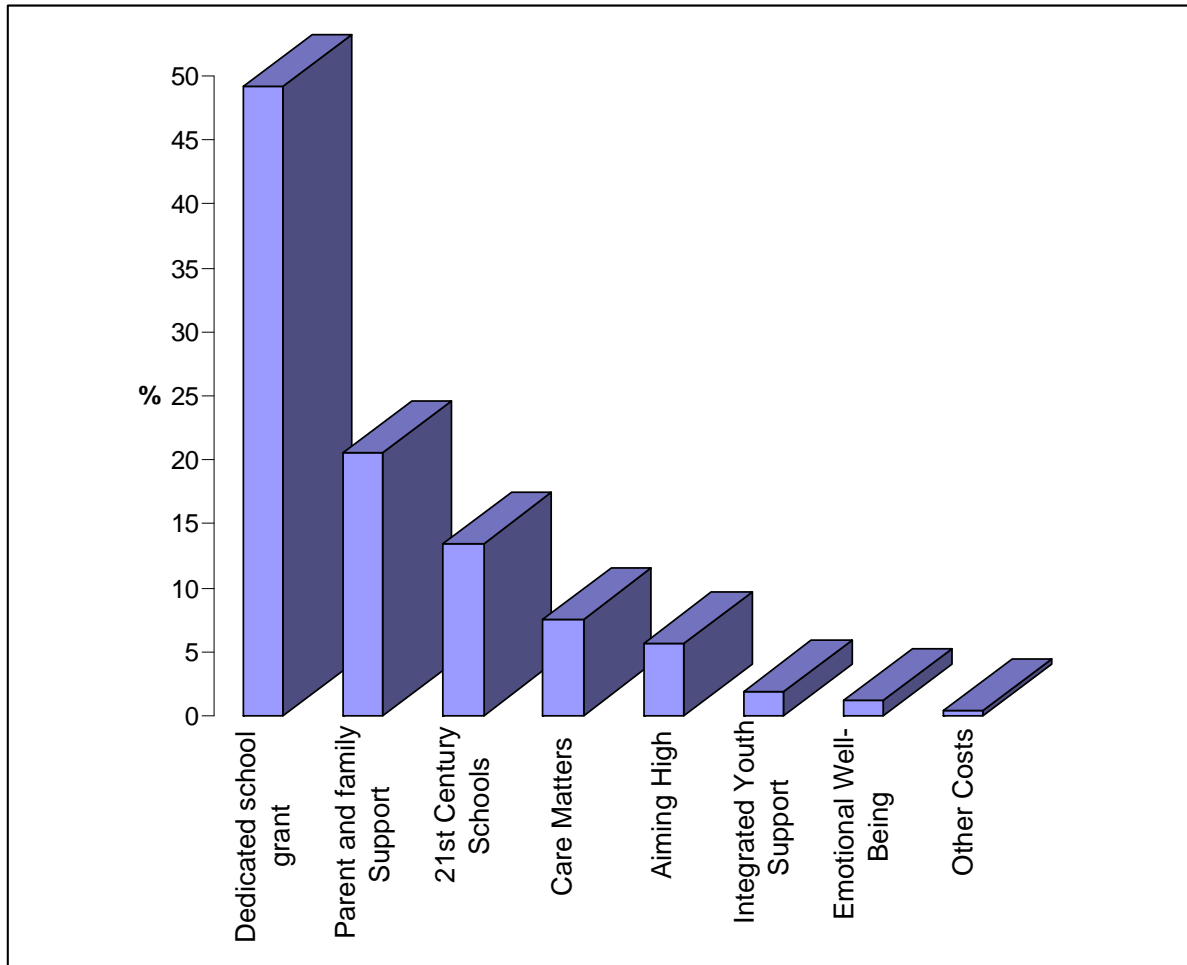
Last year the partnership undertook an exercise to map the investments and staffing resources in children's services in Medway. We learnt a lot from this exercise and identified a number of areas where we aim to improve the alignment of partnership resources and priorities notably in emotional health and well being and supporting young people. We also established a methodology for repeating this exercise, which we will do in 2012, learning from the difficulties and challenges we faced in undertaking this first exercise.

Overall investments in children's support

Our investment mapping in 2010 demonstrated that nearly £336 million is spent on children's services in Medway across all agencies; most of which is spent in education, health and family support are the next largest areas of expenditure:

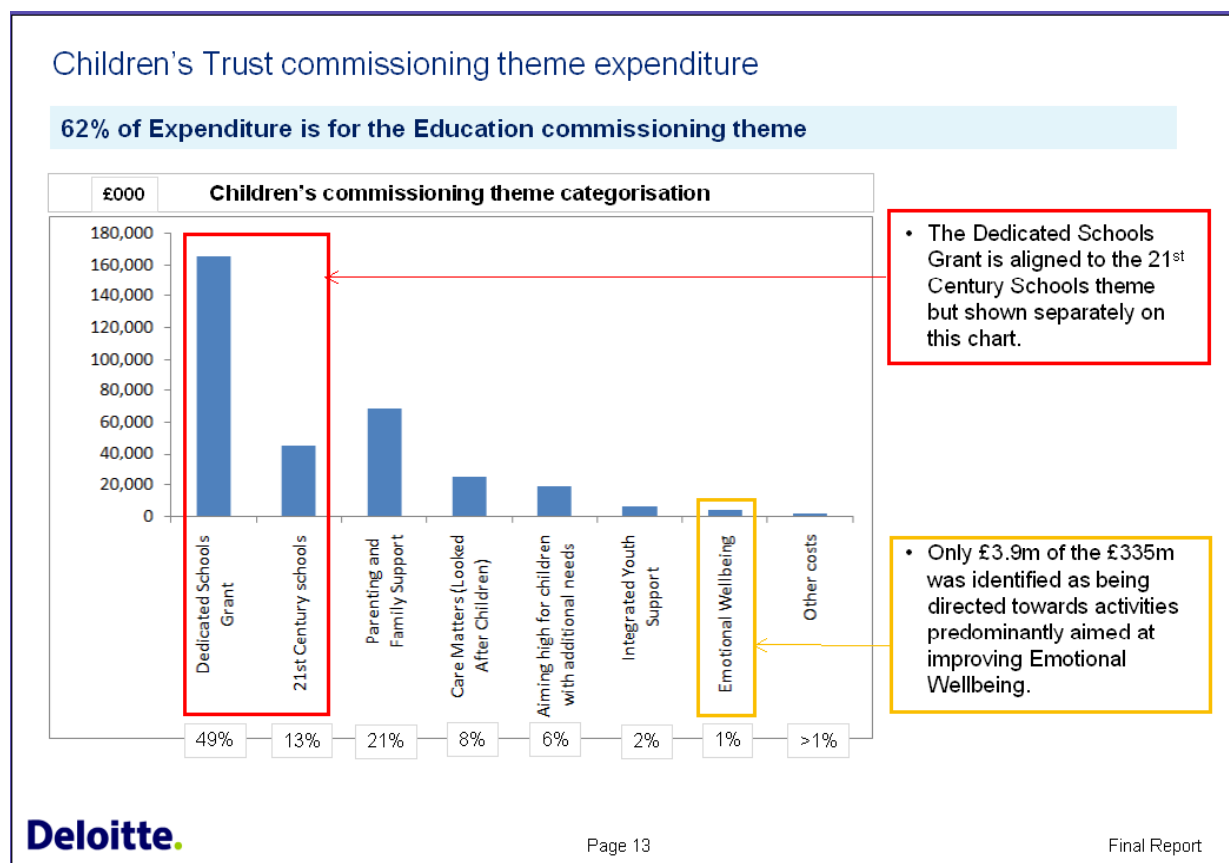


The investment mapping also allowed us to identify what proportion of our joint resources were spent on the Children’s Trust priorities. The chart below shows the percentage of resources spent during 2010/11 by the Children Trust against each commissioning priority:



Source: Data taken from Deloitte, Medway Children’s Trust – mapping of Children’s Services expenditure report 19 May 2011

The chart below shows the detail of this expenditure:



This demonstrates that a large proportion is spent on education (62%) and the next largest area of expenditure is on parenting and family support (28%). We were concerned that only 1% of our joint resources was spent on emotional well being services and are seeking to identify those services where emotional well being support may be provided as part of the wider offer in schools or family/parenting support.

The investment mapping exercise also allowed us to explore how much of our resources are targeted at different levels of need. The outcomes are as set out below:

Name of organisation:	1 - Specialist	2 - Targeted	3 - Universal	4 - Support Services	Grand Total
Medway Council	36,198,816	11,248,136	217,930,687	7,312,656	272,690,295
NHS Medway	19,577,654	12,083,761	27,467,883	146,000	59,275,298
Kent Constabulary			1,316,250		1,316,250
Community & Voluntary Orgs		1,086,562			1,086,562
Kent FRS			621,154		621,154
Kent Probation	60,000	128,926	195,012		383,938
Grand Total	55,836,470	24,547,385	247,530,986	7,458,656	335,373,497
Percentage (%)	16.65	7.32	73.81	2.22	

The vast majority of the partnerships joint resource is invested in universal services (74%) the second largest category of spend is in specialist support (17%) only 7% is spent on targeted provision and only 2% on support services.

The partnership would like to see an overall shift in expenditure from specialist support to more targeted provision as we believe this will result in better lifetime outcomes for children and families and the local community. It will also provide better value for money reaching a potentially wider group of children and families as the expenditure moves down the level of need scale.

This table also demonstrates that the Community and Voluntary sector account for some 3% of total expenditure identified and although this is likely to be an underestimate as that amount does not currently include:

- a) Services commissioned by the local authority or health partners from the community and voluntary sector, or
- b) The important and valuable resource of volunteers, the Children Trust partnership aim to see the community and voluntary sector playing an increasingly important part in the overall landscape of children's services over the next three years.

The partnership will continue to monitor its investments and use of resources to ensure that we are reducing our spend on specialist services and aligning resources with the presenting needs identified in our needs assessment work in both the Joint Strategic Needs Assessment and the Every Child Matters needs assessment.

SECTION 9: MONITORING THE IMPLEMENTATION OF THIS PLAN

The plan will be subject of six monthly reports to the Children's Trust Board and an annual review of the progress against the plan will be produced. The monitoring on a six monthly basis will follow the indicators of performance set out in the Implementation Plan, while the annual review will also update on all the key actions identified in the Implementation Plan using key findings from the ECM needs assessment and the Joint Strategic Needs Assessment (JSNA).

The ECM needs assessment and the Children and young People's plan will be fully updated during 2014 unless circumstances necessitate an earlier update.

SECTION 10: SUMMARY IMPLEMENTATION PLAN FOR IMPROVEMENT

CYPP IMPLEMENTATION PLAN 2011-14			
PRIORITY 1: Make sure babies get the best start in life by helping their mothers to have good physical and emotional/mental health in pregnancy and the early months of the child's life			
Outcome: Pregnant mothers and mothers of very young children have good physical and mental health			
Measures: Rate of breastfeeding, Obesity amongst pregnant women, Smoking during pregnancy, Rate of new mothers experiencing mental ill health			
Action	Lead person	Date to be completed	Evidence of milestone completed
Support young people in transition/ Care Leavers who are mothers to make the best possible start in their babies lives	Adult Commissioning Lead	April 2012	A programme of targeted support and advice available to all care leavers who are mothers
Develop an evidence based ante-natal and early years programme with the Parenting and Family Support partnership to be delivered across Medway	Director of Operations MCH	December 2012	A clear programme of ante-natal and early years care delivered to all families by midwifery and other health staff working across the partnership
Introduce the new health visitor requirements expanding the range of professional support and help available to pregnant women and new parents	Director of Operations MCH	March 2015	The annual increase in the number of health visitors is achieved A clear role and programme of activity is identified for the health visitor team by March 2012

PRIORITY 2:**Help the most vulnerable families to improve the parenting they give their children from birth to age 5****Outcome:** More vulnerable parents are able to maintain effective support to their children in the early years**Measures:** Rate of referral of vulnerable parents to children's social care, number of vulnerable parents effectively support to parent their children

Action	Lead person	Date to be completed	Evidence of milestone completed
Commission a pilot study on Whole Family Mental Health Intervention	Social Care Commissioner	March 2012	Pilot outcomes
Ensure Adult Community Mental Health Teams routinely recognize the impact of mental health issues within families on the children and young people within the home	Commissioning Manager Parenting and Family Support (PCT/Medway Council)	September 2012	Data base of shared intelligence shows scale of need
Ensure action is taken to protect children and young people living in families where mental health is an issue and reduce the negative impact on their lives and well being	Assistant Director Children's Care	March 2013	Children and young people whose mental health is at risk receive timely access to services
Appoint two senior practitioners working with most entrenched families to reduce level of harm to children and young people caused by parental misuse of drugs and alcohol	Social Care Commissioner	December 2011	More effective identification of families living with drug and alcohol abuse and those families receiving targeting personalised support

PRIORITY 3:

Help very young children to be prepared for starting school and be ready to learn, with good communication and social skills and the ability to manage their own personal needs

Outcome: All children are ready and able to take advantage of the learning opportunities available to them as they start school

Measures: Foundation stage achievements

Action	Lead person	Date to be completed	Evidence of milestone completed
Early Years team lead a review of multi-agency coordination in early years provision, with a view to introducing new arrangements with full multi-agency backing	Strategy Manager for Early Years	October 2011	More Parents report that adequate support has been received.
Implement universal speech and language screening and appropriate interventions as required	AD Inclusion Medway Council	September 2013	All children helped to make better progress in KS1
Provide free access to high quality early childhood experiences for all 2 year-olds from low income households	Strategy Manager for Early Years	tba	Narrowing the gap in attainment between FSM and non-FSM cohort

PRIORITY 4:**Help children and young people to maintain a healthy weight and good mental health****Outcome:** Children and young people maintain a healthy diet and weight throughout their school years**Measures:** Obesity in Yr6, children and young people reporting eating 5 fruit and vegetables a day. CAMHS vital signs indicator

Action	Lead person	Date to be completed	Evidence of milestone completed
Provide easily accessible information on what and how to feed children at all key stages of development	Senior Public Health Manager	December 2010	Greater awareness amongst parents of appropriate portions and foods required by children at each key stage of their development
Re-tender tier 3 CAMH service	Commissioning Manager Emotional Wellbeing and Mental Health (PCT/Medway Council)	December 2011	Better level of service at tier 3 with reduced waiting times and improved integration at all levels
Improve the quality and efficiency of tier 3 CAMH service to reduce waiting times and enhance tier 2 CAMHS	Commissioning Manager Emotional Wellbeing and Mental Health (PCT/Medway Council)	December 2011	Service Improvement plan implemented for CAMHS
Ensure that tier 3 CAMHS effectively supports LAC, 17 year olds and children with ADHD/ASD and high level LD	Commissioning Manager Emotional Wellbeing and Mental Health (PCT/Medway Council)	December 2011	Children and young people form identified groups have good access to emotional health and well being support at all levels of need
Expand and develop the MEND programme	Senior Public Health Manager	March 2012	Increased access to the MEND programme

<p>Encourage better information exchange between A&E and DAAT on incidence of Children & YP attending A&E with drug and/or alcohol abuse.</p>	<p>DAT Manager</p>	<p>June 2012</p>	<p>Established data collection systems for cases of drug and alcohol abuse recorded particularly relating to the most vulnerable groups e.g., looked after children, homeless etc</p> <p>Regular data from health supports DAT planning activity</p>
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PRIORITY 5:

Improve the independence, support and opportunities available to disabled children and their families in all settings – home, school, health, leisure and work

Outcome: Disabled children and their carers have better access to education, care, leisure, training and employment opportunities that support them to live independent healthy lives.

Measures: Disabled children and their carers report improved access to these opportunities and disabled children and young people achieve better education and health outcomes.

Action	Lead person	Date to be completed	Evidence of milestone completed
Implement the 2010 disability review action plan to provide more effective coordinated support to disabled children and their families	Commissioning Manager Aiming High	December 2012	Annual review of action plan (March 2012-March 2013) reported to Vulnerable Children Partnership Group
Increase opportunities and raising expectations (including of young people themselves and their families) for work, work experience and volunteering for young people with disabilities after they leave school/college	Commissioning Manager Aiming High	March 2013	There is a clearly understood and agreed strategy in place.
Introduce minimum standards for information, transparency, participation and feedback about services for children and young people with disabilities and their families	Commissioning Manager Aiming High	March 2013	Surveys of services and of children and young people with disabilities and their families demonstrate that clear and effective standards are in place.
Introduction of integrated specialist assessment and planning processes for children and young people with SEN and disabilities	AD Inclusion Medway Council	March 2014	More integrated assessments are completed for children with SEN or disabilities

<p>Develop information points within schools and other participating organisations (i.e. shops) that provide information, advice and signposting of support services for Young Carers</p>	<p>Voluntary Sector Lead Adult Services</p>	<p>Sept 2012</p>	<p>Information points are available within schools and across Medway through participating companies/organisations</p>
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PRIORITY 6:**Protect children and young people from the harm that domestic and relationship violence can cause them**

Outcome: The incidence and impact of domestic violence is reduced

Measures: Number of domestic abuse incidents is reduced and where families experience domestic abuse victims and their children are provided with timely and appropriate support

Action	Lead person	Date to be completed	Evidence of milestone completed
Undertake a review of domestic abuse support and care in Medway to direct future commissioning activity	Assistant Director Housing and Corporate Services	September 2011	A clear strategic commissioning approach to domestic violence in Medway
Improve the response to Social Care referrals involving domestic violence	Detective Chief Inspector Medway Police and Assistant Director Social Care Medway Council	December 2011	Referrals involving domestic violence are given a clear route of support and children are effectively protected and supported and the actions agreed are monitored on a regular basis
Improve the understanding of staff in universal services of the impact and signs of domestic abuse on children and young people	Assistant Director Commissioning & Strategy (PCT/Medway Council)	December 2012	Staff in universal setting are able to identify children and young people living with domestic abuse and access help and support to families
Commission a comprehensive range of services to support women and their families experiencing domestic violence	Adult Social Care Commissioner	November 2014	Number of women and children supported to rebuild community links and protected from harm

PRIORITY 7: Reduce bullying and the impact that that this can have on individual children and young people			
Outcome: Less children and young people participate and experience bullying at school			
Measures: Level of bullying reported by children and young people			
Action	Lead person	Date to be completed	Evidence of milestone completed
Refreshed anti-bullying strategy prepared and launched.	Wellbeing Strategy Manager	October 2011	Strategy available and clear implementation plan
Support school staff to report bullying incidents including cyberbullying (including bullying or harassment on Facebook by peers)	Wellbeing Strategy Manager	December 2012	Clear reporting on levels of bullying from schools
Continue to offer CEOP or training to schools and other professionals to provide awareness of issues around cyber bullying and internet safety	Wellbeing Strategy Manager	Ongoing	Increased number of schools/settings booking training

PRIORITY 8:

Improve children's experience of transition from one learning phase to another - nursery into school, from primary school to secondary and from secondary school to college, university or work

Outcome: Children and young people's achievement at all levels improves

Measures: Key stage learning achievements

Action	Lead person	Date to be completed	Evidence of milestone completed
School Challenge and Improvement Leads will work with all partnerships to encourage teacher exchange of expertise, to share curriculum knowledge, approaches to teaching and learning and assessment practices across phases	Head of School Challenge and Improvement	May 2012	Partnerships will feed back on effectiveness of LA activity to support this work and the impact that it has had.
Encourage schools to share their existing programmes of outreach and club and society Yr 6 pupils. For example, attendance and compile a guide of the best activities that work to improve transition using ASTs	Head of School Challenge and Improvement	May 2012	Pupil assessments within Year 7 project shows good continuity of learning. Schools feedback on effectiveness and pupil feedback through attitude survey
Developing a fully person-centred process of transition to adulthood for young people with disabilities	Commissioning Manager Aiming High	March 2013	More young people achieve the destination they have set, post 18
Assessment Lead will work with year 6 teachers and representatives of secondary schools within 2 partnerships each year to establish good practice in assessment for learning	Head of School Challenge and Improvement	July 2014	Pupil performance
Ensure that all new primary school provision includes an integrated foundation stage	Head of School Challenge and Improvement	On-going	Reduction in performance 'dip' following transition to KS1.
Implement the school organisation plan principles as appropriate by reducing the number of separate infant and junior schools in Medway as a proportion of primary schools	Head of School Organisation and Student Services	On-going	National test scores
Establish seamless pathways for children from birth to the commencement of school, coordinated by local Sure Start Children's Centres	Strategy Manager Early Years	On-going	Reduction in performance 'dip' following transition to KS1.

PRIORITY 9:**Raise the aspirations and expectations of all children, families, teachers; schools and communities in Medway.****Outcome:** Children families, schools and wider community working together to ensure children receive the best possible education and learning opportunities so that they develop high aspirations for a successful life**Measures:** Achievement at all key stages, apprenticeship provision and take up, school inspection outcomes for teaching and learning

Action	Lead person	Date to be completed	Evidence of milestone completed
Young people with learning difficulty and/or disability find transition harder, MYT offer -those identified within the organization that will be making the transition onto college to be offered a place on a transition program	Chief Executive Medway Youth Trust/Connexions	September 2011	Retention on course at college
Convene a Task & Finish group of Headteachers, Governors and LLEs to design a methodology for School Reviews that will highlight areas of good practice, identify areas of need and validate evidence of progress	Head of School Challenge and Improvement	January 2012	LA knowledge of schools is increased. Earlier diagnosis of weakness. Improved partnership working.
Introduce high quality personal education plans for looked after children on pre school provision	Strategy Manager Early Years	March 2012	Young LAC are prepared to start school
Continue to Improve quality and timeline of PEPs for LAC at all ages	Head of School Challenge and Improvement	March 2012	tba
LA will offer a programme of support through buy back arrangements to all primary schools that will include intensive support to all pupils achieving level 3 in SATS Reading. Aim will be to boost their reading before entry to secondary school. The programme will deliver support during post SAT period and over the summer holiday	Head of School Challenge and Improvement	September 2012	Pupils achieving below level 4 Reading in SATS make good progress and 'catch up' with peers before entry to Year 7.
Identify the best assessment for learning practice in Medway schools and disseminate key aspects of this to those schools with weakest conversion rates in pupil performance from end of Key Stage 1 to end of Key Stage 2	Head of School Challenge and Improvement	September 2014	LA validation of schools' own records, Ofsted inspection' National test scores

Plan and deliver an Improvement Plan for every Medway school that is currently below national Floor Standards	Head of School Challenge and Improvement	September 2014	On-going monitoring of pupil performance by LA. Performance in national tests. Ofsted inspections
Support schools causing concern to improve their own monitoring of pupil performance	Head of School Challenge and Improvement	September 2014	
Young people engage in programs facilitated or signposted by Medway Youth Trust that focus on skills needed for education, employment or training to increase confidence, motivation, self awareness and help them onto their next steps	Chief Executive Medway Youth Trust/Connexions	On-going	Young people making positive transitions into EET.
Offer information advice and guidance to help young people decide what they want to do in the future and how services including through our partners in the community, such as voluntary organisations, web and in schools, colleges and training providers can help them	Chief Executive Medway Youth Trust/Connexions	Continual	Young people more informed about their options to increase their potential.
Insert action on missing children safeguarding			

<p>To conduct a 'missed opportunities' review of the YP within Cookham Wood build on work already undertaken by re settlement team which identified that YP in custody had had significant agency involvement prior to their sentencing</p>	<p>AD Inclusion and Improvement</p>	<p>April 2014</p>	<p>Needs analysis undertaken for the grant funded evidence based project with DfE and DoH or children on edge of care and custody.</p> <p>Identify the resilience factors that enable similar YP in similar circumstances to have positive (non custodial) outcomes</p> <p>Build information into the 'Hidden Patterns' dataset to use as a predictor tool.</p> <p>Use information on evidence based practice in conjunction with the predictive tool to better target interventions to YP on the edge of custody and reduce ineffective support</p>
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PRIORITY 10:

Celebrate the achievement of children and young people and the contribution that they make to Medway. Encourage more of them to give their time and energy to making Medway a good place to live and learn.

Outcome: The achievements and aspirations of children and young people are celebrated in Medway and young people participate in the wider society through volunteering opportunities.

Measures: Number of positive news stories about children and young people in the local press, number of young people participating in volunteering

Action	Lead person	Date to be completed	Evidence of milestone completed
Increase the access to, range and type of volunteering opportunities available to young people in Medway	Commissioning Manager – Parenting and Family Support	December 2010	Increased opportunities and improved access to volunteering for young people
Young Volunteers to continue to develop further voluntary opportunities for the organisation to enable young people to participate	Head of Development and Locality Manager MYT	April 2012	Increased participation of young people on the forum
Every young person able to become a member of the youth forum which helps shape the organisation. Forums are run monthly, agenda set by young people and facilitated by a specialist personal advisor for youth participation	Head of Development and Locality Manager MYT	April 2012	As above.
Celebrate the achievement of Looked After Children through an annual event	Head of Development and Locality Manager MYT	December 2012	Positive feedback from LAC about their achievements and aspirations

PRIORITY 11:

Increase the number of opportunities for young people to gain the skills to take up apprenticeship courses

Outcome: A wide range of apprenticeships are available for young people in Medway

Measures: Number of employers offering apprenticeships; number of young people taking up apprenticeships, number of Looked After Children/Care Leavers taking up apprenticeships

Action	Lead person	Date to be completed	Evidence of milestone completed
Deliver 100 in 100 apprenticeship campaign – to engage more employers in apprenticeships and deliver at least 100 new apprenticeships starts in 100 days.	Head of 14-19 Strategy and Commissioning	October 2011	Performance information from National Apprenticeship Service giving apprenticeship starts and employer numbers.
Increase the number of pre apprentice courses for Looked After Children/Care Leavers in order that they are sufficiently skilled to take up apprentice courses	Service Manager Specialist Services	March 2012	Those with the most complex needs are prepared and enabled to take up apprentice courses.
Develop apprenticeship delivery plan, building on the 100 in 100 campaign, to continue increasing employer involvement from Oct 2011 to the end of the CYPP	Head of 14-19 Strategy and Commissioning	October 2013	As above

PRIORITY 12:

Increase the number of young people who are in education, training or work after they leave school

Outcome: Most children and young people are gainfully engaged in education, training or employment when they leave school

Measures: No of children and young people in education training and employment, youth unemployment

Action	Lead person	Date to be completed	Evidence of milestone completed
To increase our offer of accessible information, advice and guidance by improving our web site and introducing a telephone service	Chief Executive Medway Youth Trust/ Connexions	April 2010	Increase of engagement of young people using the service.
Plan and implement a campaign to raise awareness of Raising the Participation Age amongst young people	Head of 14-19 Strategy and Commissioning	March 2012	Increase in participation as shown by DfE Participation rates.
Identify young people at risk of dropping out of education or training and implement preventative measures	Chief Executive Medway Youth Trust/ Connexions	March 2012	Reduction in NEET.
To give providers such as schools and colleges the opportunity to purchase careers information/lesson plans that link into subject areas to be delivered by teaching staff or Personal Advisors	Chief Executive Medway Youth Trust/ Connexions	September 2012	Young people making right choices, sustaining any employment, education or training placement.
Track those that are not in education, employment or education through a an initial phone call and possibly 1:1 interaction	Chief Executive Medway Youth Trust/ Connexions	Ongoing	Reduction of those that are not in education, employment or training.

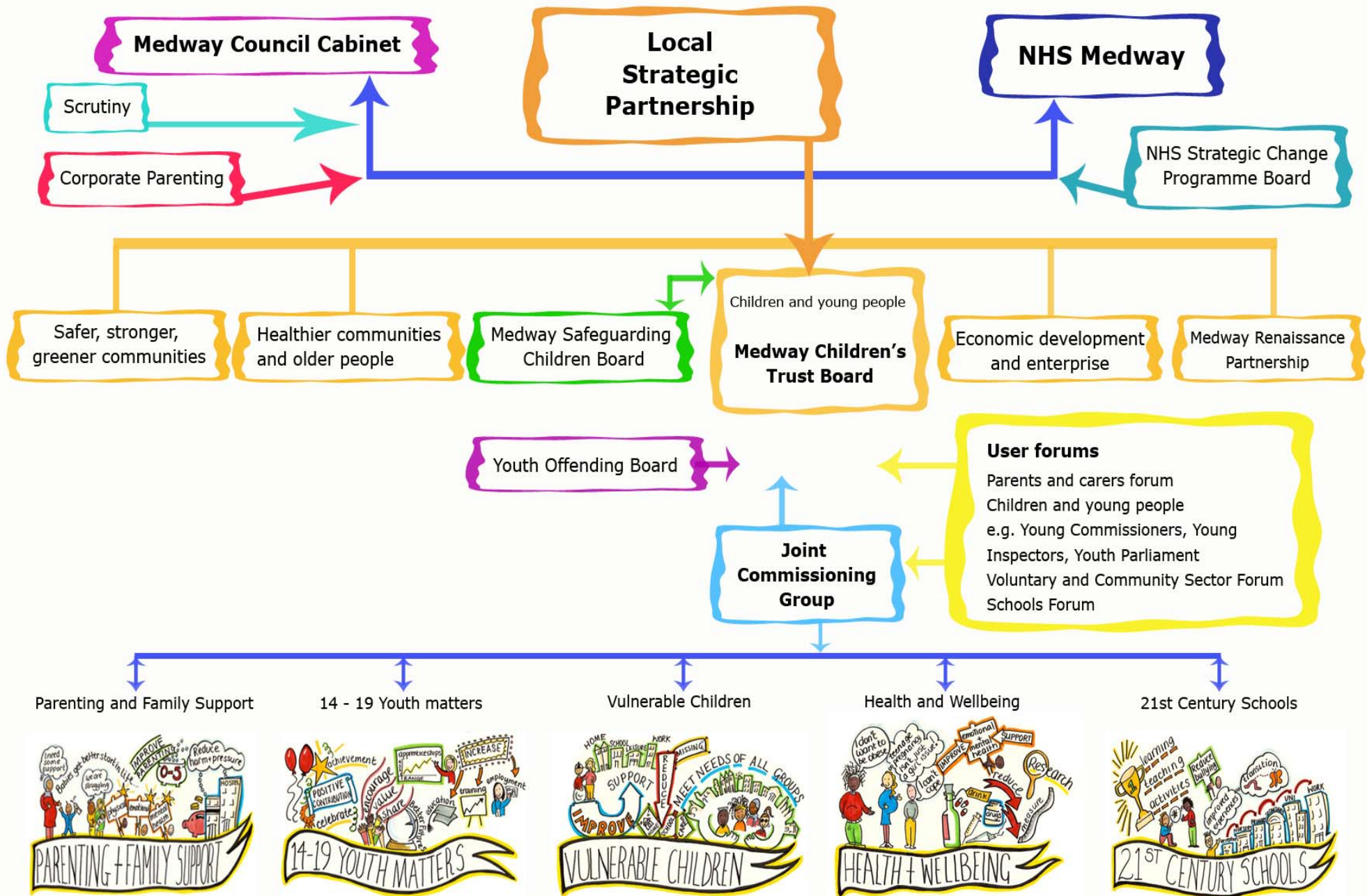
PRIORITY ENABLERS:

Outcome: Progress on key enablers supports the delivery of the plan

Measures: Use and outcomes of CAF, Number of children and young people and parents report feeling engaged in children's services, reductions in workforce pressures

Action	Lead person	Date to be completed	Evidence of milestone completed
Make sure that teams of professionals work well together to identify and meet the needs of vulnerable children and young people	AD Social Care	tba	Evaluation of threshold document shows it is working in practice
Make sure children and young people and their parents/carers have a chance to give their views and participate in decisions that affect them, ensuring that professionals listen and respond to what they say	Research & Information manager	tba	Evidence of increased participation of children in children's services Participation Strategy action plan progress in evidence
Implement effective processes, systems, workforce changes and development to support the effective implementation of the plan	Social Care Systems Manager	tba	Integrated processes strategy is implemented and monitored CAF distance travelled model embedded Workforce priorities are monitored as part of this plan Workforce pressures are reduced

Appendix 1: Medway Children's Trust Partnership Arrangements



APPENDIX 2: to be updated

RELATED PLANS/STRATEGIES FOR THE DELIVERY OF THE CYPP

Health & Well Being – relevant health plans include:

Crime and safety – relevant police and community safety plans include:

- Anti Bullying Strategy

Education – relevant education plans/strategies include:

- 21st Century Schools comprehensive Policy on Education at Home
- Special Education Needs Policy and Strategy 2010
- The Education and Skills Act 2008

Vulnerable Children – relevant plans relating to vulnerable children include:

- Medway Safeguarding Children Board – Annual Review of 2010 and Business Plan 2011/12
- Kent and Medway Information Sharing Agreement.

Economic and Community Plans – relevant plans include:

- Medway Housing Strategy 2008/11

Other – relevant plans include:

- Medway Participation Strategy 2008/11 – Listening to children, young people and their families
- Every Child Matters Needs Assessment
- Joint Strategic Needs Assessment (JSNA)
- Tellu4 Report Medway, April 2010

Appendix B - Diversity Impact Assessment: Screening Form

Directorate Children & Adults	Name of Function or Policy or Major Service Change Strategic Plan for Children & Young People		
Officer responsible for assessment Sally Morris	Date of assessment June 2011	New or existing? New Plan	
Defining what is being assessed			
1. Briefly describe the purpose and objectives	The Children & Young People's Plan (CYPP) sets the strategic priorities for the commissioning and delivery of children's services in Medway.		
2. Who is intended to benefit, and in what way?	Children, young people and families in all aspects of their health and well being.		
3. What outcomes are wanted?	1) Be safe and cared for 2) Succeed in learning 3) Thrive		
4. What factors/forces could contribute/detract from the outcomes?	Contribute <ul style="list-style-type: none"> • Clear partnership working on priorities • Aligned funding to priorities 	Detract <ul style="list-style-type: none"> • Changes in health system • Partner individual organisational priorities 	
5. Who are the main stakeholders?	Children, families, children and family staff in all relevant service areas, Members, PCT Board, Police, Community & Voluntary sector.		
6. Who implements this and who is responsible?	Children's Trust Partnership.		

Assessing impact		
7. Are there concerns that there <u>could</u> be a differential impact due to <i>racial/ethnic groups</i>?	YES	No because the needs analysis on which the plan is based included a full analysis of data by racial/ethnic group to identify any specific issues for these groups.
	NO	

What evidence exists for this?	JSNA & ECM Needs Analysis and other thematic needs analysis that underpin this work.	
8. Are there concerns that there <u>could</u> be a differential impact due to <i>disability</i> ?	YES	No because the needs analysis on which the plan is based included a full analysis of data by disability to identify any specific issues for these groups.
	NO	
What evidence exists for this?	JSNA & ECM Needs Analysis and other thematic needs analysis that underpin this work.	
9. Are there concerns that there <u>could</u> be a differential impact due to <i>gender</i> ?	YES	No because the needs analysis on which the plan is based included a full analysis of data by gender to identify any specific issues for these groups.
	NO	
What evidence exists for this?	JSNA & ECM Needs Analysis and other thematic needs analysis that underpin this work.	
10. Are there concerns there <u>could</u> be a differential impact due to <i>sexual orientation</i> ?	YES	No because the needs analysis on which the plan is based included a full analysis of data by sexual orientation to identify any specific issues for these groups.
	NO	
What evidence exists for this?	JSNA & ECM Needs Analysis and other thematic needs analysis that underpin this work.	
11. Are there concerns there <u>could</u> be a have a differential impact due to <i>religion or belief</i> ?	YES	No because the needs analysis on which the plan is based included a full analysis of data by religion or belief to identify any specific issues for these groups, although there is less data available on religion or belief.
	NO	
What evidence exists for this?	JSNA & ECM Needs Analysis and other thematic needs analysis that underpin this work.	
12. Are there concerns there <u>could</u> be a differential impact due to people's <i>age</i> ?	YES	No because the needs analysis on which the plan is based included a full analysis of data by people's age to identify any specific issues for these groups.
	NO	
What evidence exists for this?	JSNA & ECM Needs Analysis and other thematic needs analysis that underpin this work.	
13. Are there concerns that there <u>could</u> be a differential impact due to <i>being trans-gendered or transsexual</i> ?	YES	No because the needs analysis on which the plan is based included a full analysis of data by trans-gendered or transexual to identify any specific issues for these groups, although there is less data available on trans-gendered or transexual.
	NO	
What evidence exists for this?	JSNA & ECM Needs Analysis and other thematic needs analysis that underpin this work.	
14. Are there any <i>other</i> groups that would find it difficult to access/make use of the function (e.g. speakers	YES	If yes, which group(s)?

of other languages; people with caring responsibilities or dependants; those with an offending past; or people living in rural areas)?	NO	
What evidence exists for this?		
15. Are there concerns there <u>could</u> be a have a differential impact due to <i>multiple discriminations</i> (e.g. disability <u>and</u> age)?	YES	This has been accounted for in the analysis.
	NO	
What evidence exists for this?	JSNA & ECM Needs Analysis and other thematic needs analysis that underpin this work.	

Conclusions & recommendation		
16. Could the differential impacts identified in questions 7-15 amount to there being the potential for adverse impact?	YES	
	NO	
17. Can the adverse impact be justified on the grounds of promoting equality of opportunity for one group? Or another reason?	YES	N/A
	NO	
Recommendation to proceed to a full impact assessment?		
NO	This function/ policy/ service change complies with the requirements of the legislation and there is evidence to show this is the case.	
NO, BUT ...	What is required to ensure this complies with the requirements of the legislation? (see DIA Guidance Notes)?	Minor modifications necessary (e.g. change of 'he' to 'he or she', re-analysis of way routine statistics are reported)
YES	Give details of key person responsible and target date for carrying out full impact assessment (see DIA Guidance Notes)	

Action plan to make Minor modifications		
Outcome	Actions (with date of completion)	Officer responsible

Planning ahead: Reminders for the next review		
Date of next review		
Areas to check at next review (e.g. new census information, new legislation due)		
Is there <i>another</i> group (e.g. new communities) that is relevant and ought to be considered next time?		
Signed (completing officer/service manager)	Date	
Signed (service manager/Assistant Director)	Date	

NB: Remember to list the evidence (i.e. documents and data sources) used