

# Children and young people's plan 2010 – 2025

Refreshed - April 2014

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### 1. Introduction

We are pleased to present this refreshed Children and Young People's Plan (CYPP), covering the period to 2025. Unprecedented economic changes since the initial strategy was agreed in 2010, means that transformational change is required both within organisations and communities to meet the needs of citizens in different ways in the future. The role of local authorities and their partners is necessarily shifting towards a new focus of enabling, rather than always delivering.

A key development since the CYPP was originally agreed is the introduction of Health and Wellbeing Boards. In 2012 Sunderland's Children's Trust became an Advisory Board to the city's Health and Wellbeing Board and is directly responsible for delivering the joint Health and Wellbeing Strategy objective of *"Ensuring children and young people have the best start in life"*, as well as contributing to others. In addition, the Children's Trust has formally adopted strategic responsibility for Child and Family Poverty in the city. Other policy shifts, both locally and nationally, are set out in Appendix 1.

Our vision for children and young people continues to be:

#### 'Working together to improve life chances and raise aspirations for each child and young person in Sunderland, and to narrow the gap in outcomes for our most vulnerable groups and families'.

To provide a clearer focus for the Children's Trust, the refreshed CYPP has been rationalised and contains just four strategic priorities which the Trust will performance manage in order to maintain an overview of the key outcome areas relating to children and young people. The CYPP also continues to be supported by a three year delivery plan, the first covered the period 2010-13, the second being a high level delivery plan for the period 2014-17. This second delivery plan – like the strategy – is also more streamlined, focusing on four priority areas which the Children's Trust believes it can add real value and improve outcomes for children and young people.

### 2. Design principles

We have refreshed our design principles to reflect those of the agreed Health and Wellbeing Strategy and other emerging strategies in the city. These design principles will guide our approach to action planning, commissioning and delivering services for children, young people and their families. These design principles are:

#### **Strengthening Families and Communities**

By recognising everyone has a valuable contribution to make, we will empower children, young people, their families and communities to be involved in the things that are important to them. Understanding the capabilities, skills and assets of children and young people, their families, their peers and their communities will form the starting point for any intervention. We will support children, young people and families to help themselves and develop solutions that prevent, reduce or delay the need for public sector interventions and give them control over their own lives. We will listen to and respect children, young people and families and build services around their needs, making decisions based on sound intelligence and evidence of what works.

#### Prevention

We will place a greater emphasis on the insight of children, young people and their families, using local intelligence and experience to effectively identify and to work with families and communities to prevent children, young people and families developing problems.

#### **Early Intervention**

We know that early intervention with children, young people and their families can reduce more complex issues in the longer term. We will actively seek to identify and tackle issues at an early stage whenever they occur to prevent them escalating into more problematic and complex needs.

#### **Collaborative Working**

We will work together to make best use of our strengths and assets so that we can provide flexible and tailored services that are responsive to local conditions and focus on what matters to children, young people and their families.

#### **Participation and Engagement**

We will ensure that children, young people and their families have a voice and are involved in decisions that affect their lives. They will be empowered to contribute to the redesign of services which are relevant to them. We will enable positive activities for children and young people to participate in, so they can develop their skills and self-esteem to take them through to adulthood.

#### Equity

We know that the conditions in which people are born, grow, live, work and age are responsible for the avoidable differences in people's life chances. Inequalities exist both within Sunderland's communities, and between Sunderland and regional and national comparators. We will focus on those children, young people and families more at risk of developing adverse outcomes.

### 3. Strategic objectives

Our four strategic objectives provide the focus of our efforts to achieve our vision.

- 1. Improving the overall Health and Wellbeing of children, young people and families
- 2. Reducing the number of families with children living in poverty in the city
- 3. Improving educational outcomes and strengthening whole family learning
- 4. Improving safeguarding outcomes for children, young people and families.

These strategic objectives have been developed by reviewing the priorities in the previous CYPP Delivery Plan (2010-13) and where they fit in the recent policy developments both locally and nationally. Young people's views have also been taken into account and a summary of these can be found at Appendix 2. During the life of the CYPP the Children's

Trust will performance manage the four strategic objectives to ensure it has an overview of children and young people's outcome measures. The former priorities of the CYPP will largely be monitored through these strategic objectives, though the detail will be delivered by the relevant services and partnerships and their associated strategies. Appendix 3 of this document details the governance structure for the Children's Trust and Appendix 4 sets out the performance management arrangements and the expectations of the Trust when receiving progress updates from the relevant services and partnerships.

# 4. Children and young people's delivery plan 2014–17

In addition to the strategic objectives, the Children's Trust has agreed four priority areas for its second delivery plan covering the period 2014-17. The priorities identified are those which the Children's Trust believes it can add value to the work that is already being undertaken.

The four priority areas for the period 2014-17 are:

- Child and Family Poverty
- Best Start in Life
- Child Obesity
- Sexual Health (including teenage pregnancy).

Delivery plans for these four priority areas will be developed by the Children's Trust.

# **Policy Context**

### **National Policy Context**

#### **Changes to Children's Trusts**

In October 2010, the Coalition Government withdrew the statutory obligation to have a standalone Children's Trust, however the 'duty to co-operate' remains, with local flexibility on how to manage this. Trusts have the autonomy and flexibility in the way they work. For example:

- There are no guidelines setting out how often the Board should meet and operate.
- There is no prescription on the name of the Board or that it should have a clear and separate identity within the wider cooperation arrangements.
- There is no need to for a separate representative for each relevant partner. The local authority and the other relevant partners can agree that one person or body can represent others.

Local areas are therefore free to ensure the Children's Trust Board fits within newly emerging structures in ways that best reflect and meet local needs.

With so much transformational change Sunderland has taken the stance that the Children's Trust should continue to provide the strategic leadership as the partnership group with sole responsibility for championing the needs of children and young people. There have been some changes to the Trust: it is now an advisory board to the Health and Wellbeing Board on matters relating to children and young people, and has also adopted strategic responsibility for Child and Family Poverty across the city.

#### Child Poverty Act 2010 and national Child Poverty Strategy

The Child Poverty Act 2010 places a duty on local authorities in England to cooperate to reduce, and mitigate the effects of, child poverty in their local areas; to prepare and publish local child poverty needs assessments; and to consult children, parents and organisations representing them when preparing their strategy. The expectation is that areas will have their needs assessments and strategies in place from 2011 onwards to drive their priorities on addressing child poverty.

In 2014, the Government published its second Child Poverty Strategy which focuses not only on poverty, but also on breaking the cycle of deprivation to reduce future poverty levels. It sets out its actions to tackle child poverty and meet the targets set in the Child Poverty Act, around three priorities:

- Supporting families into work and increasing their earnings
- Improving living standards
- Preventing poor children becoming poor adults through raising their educational attainment.

### Local policy context

Locally, the Children's Trust has adopted the responsibility for co-ordinating the work around Child and Family Poverty in the city. The Children and Young People's Plan fulfills the statutory duty of preparing a Child Poverty Strategy.

#### Joint Health and Wellbeing Strategy

This strategy – developed by the Health and Wellbeing Board – aims to enable and support people to enjoy much better health and wellbeing with less reliance on the public sector in the longer term. It will do this by reviewing the way agencies interact with communities, being responsive to local needs, but also to community strengths, recognising and enhancing their untapped potential which could complement the public sector's offering.

The Strategy identifies six strategic objectives to achieve its vision of the 'best possible health and wellbeing for Sunderland'. They are:

- 1. Promoting understanding between communities
- 2. Ensuring that children and young people have the best start in life
- 3. Supporting and motivating everyone to take responsibility for their health and that of others
- 4. Supporting everyone to contribute
- 5. Supporting people with long-term conditions and their carers
- 6. Supporting individuals and their families to recover from ill health and crisis.

As advisory group to the Health and Wellbeing Board, the Children's Trust is responsible for delivering the strategic objective of the Health and Wellbeing Strategy relating to "ensuring children and young people have the best start in life."

To further support transformational change in Sunderland there are a number of other plans which the Children's Trust will give due regard to, these are:

#### **Community Resilience Plan**

The Community Resilience Plan recognises that individual, family and community resilience are intrinsically linked. Resilient individuals have certain skills and qualities that enable them to adapt well in the face of adversity and access the resources and support they need to succeed. However, it also recognises that external pressures (i.e. financial), poor physical and mental health and low self-esteem can make it especially difficult for an individual to cope with a challenge or take advantage of opportunities to improve their circumstances.

The Community Resilience Plan has nine strategic objectives which complement the whole ethos of the Children's Trusts. They are:

- Help households to maximise their income
- Ensure all residents have access to a decent and affordable place to live that meets the needs of their household
- Motivate and support people to take responsibility for their own health and wellbeing, and the health and wellbeing of others
- Support local people to maintain a community that is, and feels, safe and secure

- Encourage residents to take care of, and take pride in, their neighbourhood and its environment
- Ensure people have access to appropriate services and support that enable them to meet their changing needs
- Empower people to influence decisions and take control of changes that affect them and the community they live in
- Promote a sense of community belonging for people of all ages and backgrounds
- Facilitate the growth of mutual support and self-help activity in communities.

#### **Strengthening Families Framework**

This framework recognises that families are the cornerstone of society and families who enjoy good health and wellbeing are less likely to require intervention.

The framework sets out our commitment to safeguarding and promoting the welfare of those who are vulnerable or potentially vulnerable by working with them at the earliest opportunity and making the best use of all resources available. It also seeks to ensure that families in Sunderland can easily access the right support, at the right time and in the right way to enable them to meet their needs and realise their aspirations. Integral to this approach is identifying and building on families' strengths, helping them to recognise and fulfil their potential and make a positive contribution to their community.

The desired outcomes from the framework are:

- Improved quality of life for vulnerable families and their communities through, for example, increased confidence and self-esteem; improved health and wellbeing throughout the lifecourse; and stronger, more resilient communities
- **Reduced demand on services**, as a result of, for instance, families having the capacity to solve their own problems; or communities playing a stronger role in supporting individuals
- **More effective and efficient use of resources**, by early intervention when problems arise, greater locality working and evidence based approaches
- Greater trust in and satisfaction with the public sector and service providers as a result of integrated and seamless service delivery.

### Summary of the views of children and young people

The refresh of the CYPP has been informed by the views of young people from three separate events, namely:

- Children's Trust Advisory Network (CTAN) 'confirm and challenge' exercise
- State of the City Debate
- Direct consultation on the proposed CYPP with CTAN.

#### **CTAN** confirm and challenge exercise

In May 2012, CTAN undertook a 'confirm and challenge' exercise of the priorities in the CYPP Delivery Plan 2010-13 to determine whether these were still relevant and important to young people. The network members worked with their peers who they represent to complete the consultation.

A total of 578 young people took part in the challenge. Young people were asked to state whether they thought a priority was relevant or not and explain the reasons for this.

The majority of young people felt that all the issues were still important and that is why the Children's Trust will retain a strategic overview of these areas. A small number of priorities are no longer being considered by the Children's Trust. Those priorities and the reasons why they are being no longer being considered by the Children's Trust are set out below:

- **Improve the public perception of young people** this priority will be embedded into the principle of participation and engagement.
- **Improve accessibility and affordability of public transport** the cost of transport is set regionally and so the Children's Trust is not able to influence this.
- Improve the environment whilst the Children's Trust understands the importance of the environment, it is an issue which the whole population benefits from – adults and children. Therefore, this priority is best dealt with by existing services, such as the Council's Streetscene Team and its partners.

The remainder of the 2010-13 priorities are built into the four new strategic objectives. The Children's Trust will monitor these through the CYPP delivery plan 2014-17 or through the wider performance management arrangements.

#### Young People's State of the City Debate

The subjects debated in this year's young people's State of the City Debate in October 2013 were:

- Transport
- Student Rights
- Anti-social behaviour
- Sex education
- Discrimination.

These are issues debated are determined by young people themselves and so are clearly important to them. In support of these topics, the CYPP directly deals with Sex Education issues through the sexual health priority, and with Discrimination through the Equity design principle.

#### Consultation with the Children's Trust Advisory Network (CTAN)

In November 2013, officers met with young people from CTAN to discuss the draft strategic objectives and priority areas for the refreshed CYPP. Detailed discussion took place about the different elements of the proposals, for example ways to improve health and wellbeing and the importance of educational attainment. By and large, the young people were happy with the proposals and did not feel that anything additional needed to be included in this plan.

CTAN were consulted again in March 2014 on the final strategic objectives and priorities. It was agreed that this group would feed comments and views in relation to the strategic objectives and priority areas to the relevant strategic lead officers, in line with scheduled performance reporting.

#### **Governance arrangements**

In order to ensure we have a joined up approach to driving improvements in the identified priority areas, the Children's Trust will and must engage with other partnerships and agencies. For example, the Safer Sunderland Partnership, Sunderland Safeguarding Children Board, the Health and Wellbeing Board, Economic and Education Leadership Boards will be vital partners – though not the only partners – in devising a co-ordinated approach towards realising our vision for children and young people.

The Children's Trust has already established links with the city's five People Boards and through them, Area Committees. This is a crucial move in order to ensure actions at a citywide and local level are joined up and complementary and do not lead to a duplication of efforts.

The diagram below shows those groups where formal and informal relationships have already been established and who the Children's Trust will work with to improve outcomes. The partnerships listed are not exhaustive, however, and the Children's Trust will engage with other partners and agencies, both those within its membership and wider, to achieve its goals.

#### Children's Trust governance arrangements April 2014



### **Performance management**

### Appendix 4

The Children's Trust will manage the performance using the four strategic objectives of the Children and Young People's Plan through the Council's People Services. Delivery of these areas will be the responsibility of the relevant service areas or partnerships and their associated strategies. The Trust will receive regular performance updates from the relevant area and will provide appropriate challenge and support. The performance information relating to the strategic objectives that the Children's Trust will receive is detailed in Table 1 below.

In relation to the priority areas, the Children's Trust will receive regular progress update reports which will include:

- Current performance information relating to the priority area
- Details about what progress is being made against the action plan
- How the lead officer is collaborating with other services, organisations and partnerships to ensure that efforts to improve outcomes complement other local and citywide activities
- Where there are difficulties in achieving targets/goals and what the barriers are
- What the Children's Trust can do to support services in breaking down barriers.

# PERFORMANCE FRAMEWORK FOR THE CHILDREN & YOUNG PEOPLE'S PLAN

Strategic Objective	Measure
Improving the overall Health and Wellbeing of children, young people and families	Percentage of infants being breastfed at 6-8 weeks (prevalence)
	Children aged 10-11 (Year 6) who are obese
	Proportion of young people successfully completing structured substance misuse treatment in the community (Tier 3)
	Teenage pregnancy (under 18 conception rate)
	Sexually Transmitted Infections (STIs) prevalence
Reducing the	Proportion of children living in relative low income
number of families	
and children living	Proportion of children and young people eligible for free school meals
in poverty in the city Improving	Educational attainment for all children and young people
educational	School readiness: % of Year 1 pupils achieving the expected level in the phonics screening check
outcomes and	Early Years Foundation Stage Profile Good level of development
strengthening	Percentage of pupils achieving Level 4+ Reading Test, Writing Teacher Assessment and Maths Test at Key Stage 2
whole family	Percentage of pupils achieving 5+ A*-C GCSE Grades or equivalent including English and Maths
learning	Percentage of young people achieving a Level 3 qualification (A-level)
	Percentage of LAC who achieved level 4+ in Key Stage 2 English and maths
	Young people of academic age 12-14 NEET
	Young People In Learning: Academic Age 12-14
	Achievement of a level 2 qualification by the age of 19
	Educational attainment for vulnerable groups
	Percentage of pupils with a special educational need achieving 5+A*-C GCSE Grades
	Percentage of pupils eligible for free school meals achieving 5+A*-C GCSE Grades
	Percentage of pupils whose first language is other than English achieving 5+A*-C GCSE Grades
	Percentage of looked after children achieving 5+A*-C GCSE Grades

Strategic Objective	Measure
Improving safeguarding outcomes for children, young people and families Best Start in Life	Number of children with a Child Protection Plan
	Number of children looked after
	Stability of placements of looked after children: length of placement
	Percentage of children who ceased to be looked after who were adopted
	Care leavers in suitable accommodation
	Care leavers in not education, employment or training
	First time entrants to the Youth Justice System aged 10 - 17 (local measure)
	Communication and Language
	School readiness: % of Year 1 pupils achieving the expected level in the phonics screening check
	School readiness: % of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check
	Adult literacy rate
	Physical health
	Percentage of all live births at term with low birth weight
	Infant mortality rate
	Tooth decay in children aged 5
	Smoking status at time of delivery
	Breastfeeding Initiation Rates
	Percentage of infants being breastfed at 6-8 weeks (prevalence)
	Vaccination coverage
	Children aged 4-5 (Reception) who are overweight/obese
	Percentage of adults who eat recommended five or more portions of fruit and vegetables per day
	Percentage of adults achieving at least the recommended 150 minutes (5 x 30min) of physical activity per week
	Social and Emotional Development
	Number of low income families with children < 5 using Children's Centres
	School readiness: Narrowing the gap between the lowest achieving 20% in the EYSF and the rest
	School readiness: The percentage of children achieving a good level of development at the end of reception
	School readiness: The percentage of children with free school meal status achieving a good level of development at the end of reception
	Teenage pregnancy (Under 18 conceptions)
	Maternal mental health
	Number of children in households experiencing domestic violence
	Number of Children in Need

Strategic	Measure
Objective	
	Number of children with a Child Protection Plan
	Number of children looked after
Child Obesity	Children aged 4-5 (Reception) who are overweight/obese
	Children aged 4-5 (Reception) who are obese
	Children aged 10-11 (Year 6) who are overweight/obese
	Children aged 10-11 (Year 6) who are obese
Sexual Health	Under 18 conception rate per 1,000 of the population
including teenage pregnancy	Number of sexually transmitted infection diagnoses in 15-24 per 100,000 of the population
	Re-infection rate in young people aged 15-19
	Number of clients attending Contraceptive and Sexual Health (CaSH) services for any service