



# Hertfordshire Children's Trust Partnership

## Children and Young People's Plan 2011-12

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## Foreword to Children & Young People's Plan 2011-12

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I am delighted to introduce the new Children and Young People's Plan (CYPP) 2011-12 on behalf of the Hertfordshire Children's Trust Partnership. The CYPP is the key document for all partners delivering services to children, young people and their families in Hertfordshire.

Building on the progress we have made during the last year, the CYPP continues to focus on two key areas for improvement. These are:

- **Safeguarding children and young people**
- **Narrowing the gap between children from the poorest families and all children**

Across these themes, we have set out 11 priorities which identify the positive conditions we wish to see for children and young people, the actions we will undertake to achieve these, and how we will measure our success.

Although the current period of significant change and challenges across the partnership has meant that the emphasis for 2011-12 has been on refreshing the existing action plans rather than completely re-writing them, we have a very real opportunity to refocus our approach to meeting the needs of children and young people in Hertfordshire. We will be developing a multi-agency approach to the delivery of support for vulnerable children and families which focuses on effective early intervention to avoid the unnecessary escalation of concerns to specialist support. We will be building this approach on the think family and family intervention initiatives which have recently begun to demonstrate positive outcomes, particularly for the more high risk families.

As we move into the new partnership arrangements under the Health and Wellbeing Board, I would like to thank all our partners who have given their time to contribute to the development of the CYPP and to delivering improved outcomes for children and young people in Hertfordshire. Everyone, at both strategic and operational levels, has a clear role to play and I am grateful for the enormous amount of hard work and effort that partners have continued to invest in the last year.

*Jane Pitman*

County Councillor Mrs Jane Pitman OBE DL  
Lead Member for Children's Services

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# Introduction

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## Hertfordshire's Vision

In Hertfordshire, our vision is that each and every child and young person should enjoy a happy, healthy and safe childhood that prepares them well for adult life and enables them to reach their full potential. The Children and Young People's Plan (CYPP) is the single, strategic and overarching plan which will enable us to translate our vision into practical programmes on the ground with a focus on improving the lives of children and young people within Hertfordshire.

## Context

Covering an area of 634 square miles (1,634 sq km), Hertfordshire is the second most densely populated county in England and is comprised of 10 districts (Broxbourne, Dacorum, East Herts, Hertsmere, North Herts, St Albans, Stevenage, Three Rivers, Watford and Welwyn Hatfield.) Hertfordshire is home to a diverse population in excess of 1 million people, including around 260,000 children and young people, who live in a range of contexts from large urban communities to sparsely populated rural areas. This number is expected to rise to approximately 300,000 by 2030.

## Inspection and Assessment

The Ofsted annual children's services assessment indicated that the large majority of all types of services, settings and institutions inspected by Ofsted are good or better. Key achievements and areas for improvement were outlined by the inspection report of safeguarding and CLA and the 2011/12 CYPP has taken these factors into consideration when setting the priorities for the year. A comprehensive needs assessment for children and young people in Hertfordshire was also completed in 2010. Both the needs assessment and Ofsted inspection results indicate that outcomes for children in Hertfordshire are generally good and often improving but also recognise that these outcomes are not spread evenly among all children and young people in Hertfordshire or among all of the districts.

## Key Achievements

Arrangements for keeping children and young people safe in schools and children's homes are almost always good and the safeguarding practice of staff in both statutory and voluntary agencies has improved significantly. Partners are more responsive to concerns about children's well-being and standards for five, eleven and sixteen year-olds remain higher than in similar areas.

The Think Family and Family Intervention initiatives, which have been developed during the last 18 months in Hertfordshire, have begun to demonstrate a significant impact in addressing the needs of high contact families with multiple risks. They have achieved national recognition, as well as commendation in the Ofsted inspection of safeguarding practice in

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Hertfordshire. These initiatives are a good example of HCTP partners working collaboratively, with a particular lead from the police, to develop improved services for the most challenging and vulnerable children, young people and families.

Significant improvements have been made to tackle the issue of bullying in schools over recent years, and Hertfordshire now has the lowest level of bullying in schools in the East of England region. However, the TellUs Survey 2009 indicates that bullying remains a problem both outside of school. Results from focus groups of parents representing vulnerable communities undertaken by Opinion Research Services on behalf of HCC in July 2010 also indicate that tackling bullying remains a priority for parents.

The establishment of a social work academy for newly-qualified social workers has proved to be an outstanding success in attracting good quality social workers to Hertfordshire and improving social-worker retention rates.

Over 95% of young people in Hertfordshire are in education, employment or training. Additionally, there has been a significant increase in the proportion of looked after children and young offenders who take part in education, employment or training.

Re-offending by young people in Hertfordshire are reducing and fewer offend for the first time. Decreasing numbers of young women under the age of 18 become pregnant in Hertfordshire than in similar areas.

A large majority of local services and settings are good at encouraging children and young people to live healthy lives. Particularly, Hertfordshire's children's centres are playing an important role in preventing obesity in very young children. They are raising awareness of health risks associated with excess weight and empower parents to find strategies to adopt healthier lifestyles for themselves and their children.

Listening to the views of children and young people and involving them in decision making is an important part of the work of all partners involved in delivering children's services. Priority 10 of the 2010-11 CYPP identified a number of actions which would contribute to embedded engagement activity in our work. As a result, there have been some significant developments in the ways that services facilitate the involvement of children and young people and families. These include a participation hub, reporting by members of the Youth Board to the HCTP Strategic Stakeholder Group, the online youth portal and the Mi-Voice survey tool which is being rolled-out in schools. Due to the success of this work, there is no longer a need for a dedicated priority relating to engagement of children and young people, instead this is embedded within each priority.

### Key Areas for Improvement

Despite the high quality environment in Hertfordshire, there is still a significant gap between the outcomes for children and young people from more deprived

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areas of the county such as Broxbourne, Stevenage, Watford and Welwyn Hatfield. Rates of teenage pregnancy remain relatively high in areas such as Broxbourne and Stevenage and these areas also experience the highest levels of obesity for children and young people.

Care planning for children and young people on the autistic spectrum, including those with Asperger's Syndrome and attention deficit hyperactivity disorder is inconsistent across the county. The capacity of services, including health, to meet the needs of looked after children and young people, needs to be improved in order to meet demand.

At school there remains to be gaps in achievement for children who:

- are looked after;
- are from low-income families;
- have special educational needs or disabilities;
- are from certain BME backgrounds; and
- children who are from certain districts in the county,

when compared with all other children in the county. In Stevenage in particular, achievement is exceptionally low compared to the rest of the county. Young people from lower income families achieve relatively well, but the difference in the proportion obtaining two or more A levels or their equivalent compared to their peers has not been getting smaller in recent years. Narrowing the gap in achievement remains to be a key priority for improvement with a specific focus on the more deprived districts.

Corporate parenting arrangements for children in the care of the local authority are limited to an individual agency approach and not undertaken as a shared responsibility across all agencies.

### Challenges facing the HCTP

Recent reductions in public expenditure have prompted partners to reappraise how best to provide services and achieve positive outcomes for children and young people in Hertfordshire.

With the introduction of the NHS white paper, 'Liberating the NHS' there will be a new enhanced Local Authority role in health services in relation to the joint assessment of need, and development of strategy and scrutiny arrangements. This will include the requirement to establish a county wide (upper tier level) Health and Wellbeing Board with membership from GP consortia, the Director of Children's Services and the Director of Public Health to strengthen joint working between the NHS and Local Authority commissioners in this area.

The coalition government has clearly outlined their support for a more localised approach to governing; pledging in the coalition's programme for government to give 'new powers to local councils' including giving 'greater financial autonomy' to local governments through 'the radical devolution of power.' Hertfordshire and its partners need to work with the government within

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this new framework to ensure it uses this changing role of local government to best support its children and young people.

Both the peer review of safeguarding and the Ofsted inspection into Children's Services commented upon the immature way in which data concerning children was used to inform service provision and deliver service improvement. HCTP has embarked upon an ambitious programme to join up partner agency information systems and to train and enable appropriate staff to gain access to multi-agency data so as to improve their decision making. This programme will require continued energy and commitment on behalf of all agencies in the face of public sector finance cutbacks.

### Children and Young People's Plan Priorities 2011/12

As of the 31<sup>st</sup> October 2010, the Children & Young People's Plan (CYPP) Regulations 2005 were revoked and the statutory duty for Children's Trusts to produce a CYPP was removed. The Hertfordshire Children's Trust Partnership Executive Board took the decision to refresh the 2010/11 plan for 2011/12. Future strategic planning for children's services partners will be under the umbrella of the Health and Well Being Board and developed through a set of multi-agency commissioning groups. They will determine how best to use resources across the partnership to provide the greatest impact on outcomes for children and young people.

The CYPP for 2011/12 continues to focus on the following two key themes:

- Safeguarding children and young people
- Narrowing the gap between children from the poorest families and all children

Within these overarching themes, the 2011/12 CYPP includes 11 key priorities. There are also two service management priorities which outline the supporting business processes, systems and infrastructure work that needs to be completed by the HCTP to enable better outcomes for children and young people.

In addition to the action and measures identified in this plan, the 11 priorities and 2 service management priorities are complemented by and reflected in individual partners' corporate plans, strategic plans, local plans and other HCTP strategies, including the Hertfordshire Safeguarding Children Board's business plan. Whether they work at a strategic or operational level, everyone within HCTP has a clear role to play in helping to deliver the partnership's priorities, and these plans detail how work within individual organisations will support the improvement of outcomes either by directly contributing to achieving the actions identified in the CYPP, or through other related activity.

<b>Priority 1</b>	Children and young people are safe from abuse and neglect
<b>Priority Lead</b>	Jenny Coles, Director of Safeguarding and Specialist Services
<b>Every Child Matters Outcome</b>	Staying safe

## **a. What specific groups of children will this priority focus on?**

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- Children and young people who are at risk of significant harm
- Children and young people who are from the poorest families and have additional needs

## **b. What positive conditions of wellbeing do we want to see?**

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### **Children and young people:**

- Are protected from abuse and neglect wherever they live
- Can access preventative services earlier and more easily
- Are involved in and consulted about the services they receive

### **Parents and carers of children and young people:**

- Have good access to information and services to help them support their children
- Can access preventative services to prevent problems from escalating

### **Partners working with children and young people:**

- Demonstrate a minimum base of core safeguarding competencies
- Communicate and share information with one another effectively
- Are helped to improve the quality of their safeguarding practice by the Hertfordshire Safeguarding Children Board
- Work collaboratively to provide effective integrated support to children and young people who have additional needs

## **c. Where are we now?**

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Performance in safeguarding has improved significantly over the last year. New arrangements for responding to referrals and contacts have been implemented including agreed thresholds across the partnership which are well understood and complied with. The Targeted Advice Service (TAS) is becoming increasingly multi-agency with the police, Health, Young Carers PAs, A-DASH, Attendance & Pupil Support, Youth Connexions and the District Partnership Service routinely contributing to staffing.

These new arrangements are already having a significant impact on reduction



in the number of referrals to social care assessment teams and an increase in completion of CAFs. The timeliness of initial and core assessments are improving month and month and are consistently above target. These improvements were acknowledged by the findings of the Ofsted inspection of Safeguarding and Children Looked After (CLA) in October 2010 which confirmed our self assessment that children's services are adequate and improving. A number of areas were ranked as good and no area was judged to be inadequate.

Particular strengths reported by Ofsted include:

- Strong leadership, self awareness and effective partnership is working at a strategic and operational level
- Improved partnership working has produced timelier and better quality responses to domestic abuse and public protection arrangements
- Single and multi agency training is well established across the partnership and ensures that staff are equipped with the skills to recognise risk and take appropriate action to safeguard children and young people
- The Common Assessment framework (CAF) is being used increasingly to good effect to support children and young people at an early stage, particularly within schools and some health settings
- Children and young people reported that they feel safe in Hertfordshire
- The active participation of children and young people in service planning and the effectiveness of services in considering the promotion of equality and diversity is good.

Areas for development include:

- The quality of supervision needs to be strengthened for staff working in safeguarding both across CSF and health
- A number of health trusts to review training and the capacity of their staff to undertake their safeguarding responsibilities
- The urgent care centres and Accident & Emergency units need to work with CSF to ensure they have up to date electronic access to child protection plans as well as notifying attendance as appropriate to health visitors and school nurses

The Ofsted report provides welcome confirmation of the good progress that the partnership has made in safeguarding children and young people over the last three years. We know that there is still much to do and the focus must be on embedding and sustaining the improvements made over the last year and ensuring quality of services whilst being delivered more efficiently.

The priorities identified for action this year in the CYPP address the key areas for development picked up in the inspection report.

### **Equality and Diversity**

The Ofsted inspection cited that safeguarding services were effective in

considering the promotion of equality and diversity. Most service areas relating to safeguarding have completed Equality Impact Assessments and have action plans in place to address issues raised. We know that there is still more to do particularly in terms of:

- Improve the robustness of E&D data and how we respond to it, particularly over representation of groups across safeguarding services
- Continue to build capacity within frontline teams to understand and work with different cultures and community groups to better meet the needs of children and their families

### **d. How will we know if we have improved?**

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1. Rate per 1,000 children and young people who have social care referrals compared with those who have Common Assessment Frameworks (CAFs)
  2. The percentage of initial assessments for children's social care carried out within ten working days of referral.  
Previously national indicator 59 (LAA2 target)
  3. The percentage of core assessments for children's social care that were carried out within 35 working days of their commencement.  
Previously national indicator 60 (LAA2 target)
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## e. Action Plan for Priority 1

The following key actions will make the greatest contribution to improving performance against this priority in 2011/12. Please note these do not represent all actions taking place to improve this priority, but the actions that will have most impact.

No	Actions	Milestones / Timescales for Delivery	Lead Agency	Lead Officer	How will we monitor progress
1.1	<p>Improve safeguarding practice by strengthening joint working between children's services and service working with adults , specifically in the areas of:</p> <ul style="list-style-type: none"> <li>• Mental health</li> <li>• Drugs and alcohol</li> <li>• Neglect</li> </ul>	TBC - Business plan - IOG	Improving Outcomes Group of HCTP	Jenny Coles	Monitoring of deliverables in Business Plan through the Hertfordshire Safeguarding Children's Board (HSCB)
1.2	<p>Improve the quality and impact of assessments at all levels:</p> <ul style="list-style-type: none"> <li>• CAFs</li> <li>• Initial assessment</li> <li>• Core assessments</li> </ul>	March 2012	CSF	Sue Williams  David Ring	tbc
1.3	Embed a joined up care pathway for ensuring that children and young people and families receive the right response at the right level of intervention	March 2012	CSF	David Ring	tbc
1.4	Implement the protocols for data sharing amongst targeted services <sup>1</sup> across the partnership, focusing on A&E and urgent care centres	March 2012	HCTP	Chris Miller	tbc

<sup>1</sup> Targeted Services: Children and families with additional or complex needs which can be met by involving targeted services, working alongside universal services.

<b>Priority 2</b>	Children and young people achieve their full potential whilst in and moving on from care
<b>Priority Lead</b>	Jenny Coles, Director of Safeguarding and Specialist Services
<b>Every Child Matters Outcome</b>	Staying safe

## **a. What specific groups of children will this priority focus on?**

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Children on the edge of care, who are in care, care leavers and children placed for adoption and Special Guardianship Orders (SGOs)

## **b. What positive conditions of wellbeing do we want to see?**

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The right children and young people are in care.

- Better and earlier identification of the needs of the child and the family so that the right response is made at the right time

Children and young people looked after:

- Receive timely and quality care planning
- Have a choice of appropriate placements to meet their needs
- Achieve well at school and have flexible and supportive arrangements to do so
- Have regular health and dental assessments to stay healthy
- Have the resilience to respond to the demands of life and the confidence to make individual choices

Children and young people leaving care:

- Can access a wide range of appropriate accommodation and do not become homeless
- Leave care with appropriate qualifications and skills to succeed in education, employment and training
- Leave care with appropriate life skills to live independently
- Have effective support; particularly children who are adopted or placed under Special Guardianship Orders

## **c. Where are we now?**

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The number of children looked after has started to decrease in line with the Children Looked After strategy. This is due to improved family support, robust decision making by managers and the new Hertfordshire Access to Resources Panel (HARP); introduced to ensure packages of care provide the most appropriate support for children and young people in need and at risk within limited resources.

The Fostering Improvement strategy has seen an increase in the proportion of placements made with in house foster carers from 605 to 617 (March to

November 2010) and an expected increase in children placed with Special Guardianship Orders. In addition there are fewer children placed in out of county residential care; these children have moved more locally to in-house residential care or in some cases to specialist foster care.

The CLA Strategy was approved in the summer of 2010 and has four key strands:

- Improved prevention;
- support to care leavers and 16 plus homeless young people;
- care planning to reduce the time in care where appropriate; and
- Improved commissioning of services.

Progress of this will be monitored by the newly-established HCTP Children Looked After Executive.

The Ofsted Announced Inspection in October 2010 found that services for children looked after were adequate overall, with some good aspects<sup>2</sup>. This marks a significant improvement on the judgements in the Joint Area Review in May 2007. A number of areas were considered to be good or outstanding, including the adoption service and the new Adolescent Resource Centre (ARC). Staff were also considered to be committed and knowledgeable. In line with the recommendations made in the inspection report, the subsequent Post-Inspection Action Plan focuses particularly on services for young people and care leavers, and on enhancing our corporate parenting arrangements.

Over the next year we will continue to improve the quality of care planning, ensuring that effective rehabilitation is progressed as soon as a child becomes looked after if it is safe to do so. We also aim to expand the range of placement options available, for example by ensuring that there are sufficient good quality foster carers to help children and care leavers achieve their potential. We will look for greater opportunities for children and young people to live with family and friends, promote special guardianship and adoption as alternatives to being looked after.

A review of the child and adolescent mental health service for children looked after has recently been completed, leading to a new service specification which should become operational in 2011/12.

Children's views matter and we need to ensure that the views of all children are sought and reflected in the service they receive. The Children in Care Council has arranged a number of open fora, and have contributed to a programme of consultations based on the Pledge and the CLA Strategy. As we progress through Transformation the messages from children in care will influence the design of the new service.

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[http://www.ofsted.gov.uk/oxcare\\_providers/la\\_download/\(id\)/6326/\(as\)/LAC/lac\\_2010\\_919.pdf](http://www.ofsted.gov.uk/oxcare_providers/la_download/(id)/6326/(as)/LAC/lac_2010_919.pdf)

### **d. How will we know if we have improved?**

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1. Number of Children Looked After
2. Number of children placed for adoption or via special guardianship orders
3. Average length of stay for Children Looked After within the current CLA population

\* Priority 9 also records the percentage of CLA aged 16 to 19 who are (a) not in education, employment or training (NEET) and (b) NEET for 6 months or longer

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## e. Action Plan for Priority 2

The following key actions will make the greatest contribution to improving performance against this priority in 2011/12. Please note these do not represent all actions taking place to improve this priority, but the actions that will have most impact.

No	Actions	Milestones / Timescales for Delivery	Lead Agency	Lead Officer	How will we monitor progress
2.1	Embed more robust corporate parenting arrangements to provide effective challenge and drive the agenda to improve lives of children looked after, in line with the recent Ofsted inspection.	Summer 2011	CSF	Jenny Coles	Reports to Health and Wellbeing
2.2	Review services to Children Looked After aged 14+ in light of the outcomes of the recent Ofsted inspection.	April 2011	CSF	Darren Newman	Report to CLA Exec group
2.3	Develop a commissioning strategy for children looked after and young people leaving care to expand the range of available placement options	June 2011	CSF	Darren Newman	Report to CLA Exec group
2.4	Review health services for Children Looked After and ensure there is access to services to promote emotional and physical wellbeing:				
	Re-tender the CAMHS service in line with the new service specification	March 2011	HCC	David Evans and Deirdre Ginnity	Report to CLA Exec group
	Improve the commissioning processes relating to health assessments	March 2011	Health	Deborah Brice	New service specification
2.5	Implement the Children Looked After strategy to further decrease the number of children looked after and reduce costs through efficient use of available resources	Year on year targets	CSF	Jonathan Fisher	Report to CLA Exec

<b>Priority 3</b>	Children and young people are confident to respond to bullying
<b>Priority Lead</b>	Liz Biggs, Team Leader - Health and Well Being
<b>Every Child Matters Outcome</b>	Staying Safe

## **a. What specific groups of children will this priority focus on?**

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All children and young people in Hertfordshire, particularly those from vulnerable groups, who are affected by bullying.<sup>3</sup> This includes bullying related to:

- Appearance or health conditions, gender or sexual orientation
- Ethnicity, religion or culture, disability or special educational needs

## **b. What positive conditions of wellbeing do we want to see?**

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Children and young people:

- Have confidence that bullying is being dealt with effectively in schools and in communities
- Feel empowered to respond confidently to bullying
- See a reduction in the number of bullying incidents over time.<sup>4</sup>

## **c. Where are we now?**

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The quality of anti-bullying work in Hertfordshire has improved significantly over the past 3 years. The 2009 Tell Us survey of young people showed that Hertfordshire schools have the lowest levels of bullying in the Eastern Region. In the 2009/10 Ofsted inspections 94% of Hertfordshire schools received a judgement of good or outstanding for "The extent to which children feel safe". 20% of Hertfordshire schools have registered for the Hertfordshire Anti-bullying Accreditation Programme, which has been recognised nationally and regionally as a model of good practice. More than 100 schools are part of a rigorous pupil engagement programme, 'HABI Your Say', which has been developed to regularly investigate issues emerging from the termly data collection eg appearance focussed bullying, transition and cyberbullying.

Although there is some very positive anti bullying policy and practice in place, the following aspects require further development. In the Tell Us survey 2009 Hertfordshire children and young people reported higher than national and statistical neighbour averages for bullying experienced outside school. In addition, 40% of respondents still say their school does not deal well with bullying. The coalition government's approach increases the responsibility of

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<sup>3</sup> 'Bullying' is defined as: Behaviour by an individual or group, usually repeated over time, that intentionally hurts another individual or group either physically or emotionally.

<sup>4</sup> Increased reporting initially may indicate improvement in practice or awareness



schools for bullying experienced by young people outside in the community. Hertfordshire's termly data collection from schools has achieved good levels of reporting in 2010 but in order to ensure effective targeted support it will be important to continue to support and promote accurate reporting from schools. In 2010 this data was used to target specific districts and issues e.g. workshops held on sexualized bullying and the 'HABI Your Say' programme. The data is also compared to national data to inform work with schools and partners e.g. cyber bullying.

Recent consultation with focus groups of parents representing vulnerable communities highlighted bullying as a significant issue. These parents identified the link between bullying and low achievement in school and felt that there is a need to support parents to liaise with schools to tackle bullying. Bullying casework that is referred to the LA by schools or parents is becoming more complex. Support for whole school approaches to working with parents/carers will enhance existing policy and practice and focus priority on reducing escalation and achieving resolution at the earliest possible stage.

### **Equality & Diversity**

The actions in this priority have taken into account national and local research and data on bullying related to race, disability, gender, religion or belief and sexual orientation, in addition to class and socio-economic issues. Due to the nature of this priority all areas of equality and diversity are included. Particular actions for this year focus on addressing homophobic (Stonewall action plan) and sexualised bullying. HABI Your Say has a programme of pupil consultation to investigate further specific equality issues.

### **d. How will we know if we have improved?**

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1. Number of bullying and racist incidents reported by schools
  2. Method and focus of incidents reported by schools
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## e. Action Plan for Priority 3

The following key actions will make the greatest contribution to improving performance against this priority in 2011/12. Please note these do not represent all actions taking place to improve this priority, but the actions that will have most impact.

No	Actions	Milestones / Timescales for Delivery	Lead Agency	Lead Officer	How will we monitor progress
3.1	Support schools in: <ul style="list-style-type: none"> <li>• managing and resolving individual complex bullying cases with parents and families</li> <li>• whole school approaches for parent partnership work on anti-bullying</li> <li>• monitoring and targeting increasing forms of bullying (e.g. cyber-bullying)</li> <li>• preparing for the new Ofsted framework in September 2011</li> <li>• implementing updated national guidance on anti bullying</li> </ul>	March 2012	CSF	Karin Hutchinson	<ul style="list-style-type: none"> <li>• School bullying cases database</li> <li>• SOLERO school reporting system</li> <li>• Ofsted inspection judgement data</li> <li>• Ofsted parental questionnaires</li> </ul>
3.2	Support schools, the community and wider partners to develop joint working in Local Service Delivery Partnerships (LSDPs) to respond to locally identified community safety issues	March 2012	CSF / Police	Liz Biggs & Lara Stevenson	<ul style="list-style-type: none"> <li>• Restorative Justice database</li> <li>• Restorative Justice case studies</li> <li>• Pilot SHARP system data (Dacorum)</li> </ul>

<b>Priority 4</b>	Children and young people's emotional wellbeing and mental health is well supported
<b>Priority Lead</b>	David Evans – Senior CAMHS Commissioner
<b>Every Child Matters Outcome</b>	Being Healthy

## **a. What specific groups of children will this priority focus on?**

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All children and young people aged 0 to 18 years who are resident, educated or registered to a GP in Hertfordshire and some young people up to 19 years in school settings where counselling services exist.

Specific groups of children and young people who are at risk of developing emotional or mental health problems and are covered by this outcome include:

- Children looked after
- Children with learning difficulties and disabilities
- Young Carers

## **b. What positive conditions of wellbeing do we want to see?**

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Children and young people:

- Fewer children and young people self-harm, attempt or commit suicide –
- Are better equipped to cope with change in their lives and worry less
- Can access local services to support their emotional and mental health
- Take part in leisure activities to improve their emotional and mental health

Parents and carers of children and young people:

- Know what services are available to support their child's emotional and mental health and how to access them.

Partners working with children and young people:

- Are skilled to recognise children's emotional and mental health needs, and can direct children to earlier, appropriate support
- Reduce inappropriate referrals to specialist services by offering earlier support, making services available to children with most complex needs.

## **c. Where are we now?**

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Progress has been made in all service areas and overall waiting times for CAMHS outpatient appointments are improving but we still need to focus attention on certain vulnerable groups, simplify pathways to care and achieve better integration between the services.

During the past year, 3 newly commissioned services, two of which are focused on Early Intervention, have started to deliver positive results.

Action for Children is delivering Protective Behaviours (PBs) training, workshops and groups to professionals, parents and carers to support 0-5 year olds and their families through the Children's Centre network in areas of most need. Feedback from Early Years staff has been consistently excellent and trained staff and parents/carers are starting to use PBs with children and families in their own settings. The sustainability of this work is evidenced by PB trained Early Years workers running Parent Groups and Parent Workshops in local settings across the county. These are targeted at parents and carers with the greatest need.

Step 2 was launched in July 2010 to provide an early intervention child and adolescent mental health service; including a consultation service for any professionals working with young people in Hertfordshire; a direct intervention service for young people who do not meet the criteria for a more specialist mental health service; and training to increase the confidence and skills of those working within universal services. In the first 4 months of operation, by the end of October 2010, the service had responded to 331 requests for support.

The Challenging Behaviour Psychology Service is for children & young people with learning disabilities and/or autistic spectrum disorder who present with challenging behaviours, focusing on those with complex needs. It is now receiving on average, 24 appropriate referrals per month and provides local specialist support that previously, many children would have travelled out of county to receive.

In relation to progress on the Emotional Health of Children, as previously measured by NI 50, both the Health Related Behaviours Survey and the Tellus Survey show that two thirds of pupils are 'quite happy' or 'very happy' with their lives which is slightly above the national and regional averages.

### **Equality & Diversity**

A CAMHS Equality Impact Assessment will be conducted in 2010/11

#### **d. How will we know if we have improved?**

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1. The effectiveness of Mental Health Services (CAMHS - old NI51 Achievement of 16/16 by planned improvements to tier 2, rationalising pathways; increased provision and improved integrated services or children with a learning disability; improved social care support)
  2. Emotional Health of CLA – (old NI58) Through improvements to the range of services provided to CLA. Service user feedback mechanisms and Strengths and Difficulties Questionnaires'.
  3. The number of children and young people in Hertfordshire aged 0-18 who wait more than 18 weeks for a CAMHS outpatient treatment appointment.
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### e. Action Plan for Priority 4

The following key actions will make the greatest contribution to improving performance against this priority in 2011/12. Please note these do not represent all actions taking place to improve this priority, but the actions that will have most impact.

No	Actions	Milestones / Timescales for Delivery	Lead Agency	Lead Officer	How will we monitor progress
4.1	<p>Raise awareness and improve co-ordination with universal and preventative services to ensure services are flexible and accessible in meeting the needs of children and young people.</p> <p>Continued development of Tier 2<sup>5</sup> services by establishing improved integration and links with wider universal and preventative services; alongside pathways that step up in specialist services when appropriate.</p>	Ongoing	HCTP	David Evans	CAMH Tier 2 Integration working group
4.2	Develop the Emotional Wellbeing and Mental Health Workforce to build, resilience, capability and skill base across all services	Ongoing	HCTP	David Evans	CAMH Stakeholder Group
4.3	Review emotional wellbeing and mental health support for vulnerable groups e.g. Learning difficulties and disabilities (LDD) and CLA by examining care pathways and identifying any service gaps	October 2011	CAMHS SCG	David Evans	Service redesign
4.4	Fully develop outcome and performance measures throughout the Specialist CAMHS Service ensuring quality and best practice which will include:	April 2012	HPFT	Janis Pridgeon	Contract monitoring and outcomes of performance models

<sup>5</sup> Tier 2 (defined as specialist mental health professionals working closely with primary care)

No	Actions	Milestones / Timescales for Delivery	Lead Agency	Lead Officer	How will we monitor progress
	<ul style="list-style-type: none"> <li>• CAMHS Outcome Research Consortium (CORC)</li> <li>• Quality Network for Inpatient CAMHS (QNIC)</li> <li>• Service User Feedback</li> <li>• Stakeholder Feedback</li> </ul>				HCTP Participation Strategy; Young Carers in Herts Council minutes; Newsletter and articles

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<b>Priority 5</b>	Children and young people have a healthy weight
<b>Priority Lead</b>	Anka Johnston, Children's Healthy Weight Manager,
<b>Every Child Matters Outcome</b>	Being Healthy

### **a. What specific groups of children will this priority focus on?**

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All children and young people in Hertfordshire aged 0 to 19, particularly those who are overweight or obese, and children 0 to 5 years.

### **b. What positive conditions of wellbeing do we want to see?**

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Children and young people:

- Are not overweight and lead healthy lifestyles in and out of school.

Parents and carers of children and young people:

- Are aware and take responsibility for their children's healthy lifestyles.

Partners working with children and young people:

- Work with local communities to provide children and families with advice, support services and accessible opportunities to lead healthy lifestyles

Work with each other to develop a targeted approach to improving children's health lifestyles, participation in sport and access to free play opportunities.

### **c. Where are we now?**

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Over 21,000 children in Hertfordshire have taken part in the National Childhood Measurement Programme (NCMP) since 2006/07. Participation in the programme has experienced a year on year increase since it was introduced in Hertfordshire in 2006. In 2009/10, 92% of Reception aged children and almost 90% of year 6 aged children were measured, exceeding our coverage target of 86%.

2009/10 NCMP results indicate that, despite parental concerns, only 1% of all children measured were found to be underweight and in most cases this was no reason for concern. However, among Reception children, just under 25% were either overweight or obese in 2009/10. This figure has increased since 2008/09 remains below the 2006 baseline. Regionally, East of England results also showed a slight increase in the same period. The prevalence of overweight pupils (13.7%) was greater than the prevalence of those who were classified as obese (9.1%).

In Year 6, the opposite was found with prevalence of overweight children (14.5%) being lower than that of obese children (17.0%). Nearly 1 in 3 (31.2%)

year 6 children were either overweight or obese. This is the highest level since the start of NCMP in Hertfordshire but it is below the national average (18.7%). The results show that weight problems continue to be far worse for older children than for younger children. The percentage of obese children in year 6 (17.0%) is distinctly higher than that in Reception (9.1%) with a stronger increase in boys than girls.

In Hertfordshire, prevalence of obesity in the 'Black ethnic' group is higher than all other ethnic groups. Overall obesity prevalence is lowest in the Indian ethnic group. Obesity prevalence in Year 6 is significantly higher in the Black ethnic group than in "Other White", "Other Mixed", Indian, and White British children.

There are considerable differences across the local area districts in Hertfordshire, which need particular attention. Targeting children and their families in Broxbourne and Stevenage is a priority but improvement in other areas remains to be important. Child obesity prevalence is known to increase with greater socioeconomic deprivation. The obesity prevalence in Hertfordshire's most deprived wards increased twice as much compared to the county result in 2009/10.

Intervention programmes have to consider the socio-economic status and ethnicity of the target population. Different approaches will be required for different populations. All interventions aimed at families of minority ethnic groups should be culturally appropriate and be developed in consultation with the target population wherever possible.

Whilst targeted work has been undertaken in schools to improve eating habits and physical activity, the desired outcomes have not yet been achieved. There is a clear need to increase the efforts to reach the parents who are still very important "gatekeepers" for these age groups if we want to influence behaviour change in families. The NCMP results suggest that more needs to be done at a younger age to combat obesity before children start school. Children's centres have to be supported in positively encouraging healthy eating and participation in physical activity to reduce future health implications for these children.

Pupils in Year 8 and Year 10 took part in the 2008 TellUs4 survey. 66% agreed that they received sufficiently high quality information on healthy eating and lifestyle at school. However, 15% felt that this information has not been helpful and 7% claimed they never received any information and advice with regard to healthy eating or lifestyle.

The 2009/10 national data for the PE School Sport Strategy for Young People, has shown improvements in the numbers of young people participating in PE and sport. The data shows that in Hertfordshire schools, 90% of pupils, aged 5 to 16 are taking part in 2 hours of PE per week. This is an increase from 88% last year. The number of pupils aged 5-16 taking part in 3 hours PE and sport was 53%, which is also an increase from last year's figure of 50%.

The DfE has now removed the requirement placed upon schools to measure these targets. However the value of PE and sport, as part of a rounded



education and healthy lifestyle are recognised in two recent white papers; The Importance of Teaching and Healthy Lives, Healthy People. There is now governmental support and confirmation of funding up to 2013 for PE and sport.

The journey to school provides an opportunity to build physical activity into children's daily routines and consultation with children shows that more children would like to travel to school using active travel modes (walking and cycling) than currently do. Within Hertfordshire's Local Transport Plan, the School Travel Plan and Safer Routes to School programmes have been successfully working with schools to encourage more walking and cycling for several years. This work has been further developed through the Hertfordshire Sustainable Modes of Travel Strategy. Currently 83% of schools have School Travel Plans and the 2010 School Census shows that more than 52% (92,233) of children are travelling by active modes of transport (walking or cycling). This is an improvement of 0.5% since 2009 census which translates to 2222 more children walking or cycling.

The Hertfordshire Healthy Schools programme provides a framework in which health outcomes for every child and young person can be achieved. To attain Healthy School Status schools are required to meet set criteria in four core themes, including both Healthy Eating and Physical Activity. From April 2011, the programme will move towards being schools led. It will be based on local needs and priorities to support health improvement and the adoption of healthier behaviours in children and young people. The emphasis on a more locally driven model will also allow greater flexibility for schools to focus on needs and priorities within their local community. From April 2011, the local authority will formally recognise and acknowledge Healthy School status. Currently, 83.5% of Hertfordshire schools have National Healthy School Status; a further 15.5% of schools are working towards status. Only 5 schools are not engaged in the programme.

The "Healthy Weight, Healthy Lives" strategy (out for consultation) to reduce childhood obesity levels in Hertfordshire 2009-11 covers the prevention of obesity as well as proposed personalised support for families with obese children. The joint efforts of all partners to implement this strategy in Hertfordshire will become a very important part of the action plan in this priority.

### **d. How will we know if we have improved?**

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1. Obesity among primary school children in (a) Reception and (b) Year 6 in Hertfordshire  
National indicators 55 & 56 (LAA2 target)
  2. Prevalence of breastfeeding at 6-8 weeks from birth in Hertfordshire (previously national indicator 53)
  3. Mode of Travel to School (previously national indicator 198)
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## e. Action Plan for Priority 5

The following key actions will make the greatest contribution to improving performance against this priority in 2011/12. Please note these do not represent all actions taking place to improve this priority, but the actions that will have most impact.

No	Actions	Milestones / Timescales for Delivery	Lead Agency	Lead Officer	How will we monitor progress
5.1	Promote awareness amongst families, staff and strategic partnerships of the importance of a healthy lifestyle. Focussing on parts of the county with the highest levels of obesity, such as Broxbourne, Stevenage and Watford.	March 2012	NHS	Anka Johnston	Reporting to CYPP Healthy Weight Steering Group (HWS Group)
5.2	Increase the rate of breastfeeding, focussing particularly on deprived parts of the county,	March 2012	NHS	Rosie Gagnon	Quarterly 6-8 week breast feeding rates (NI 53)
5.3	Working with Children's Centres and schools, identify opportunities for providing community-based healthy eating, cookery or exercise programmes or activities targeted at the most vulnerable groups and/or those at risk of becoming overweight or obese.	March 2012	HCC	Caroline Swindells	Healthy weight steering group reporting
5.4	Promote greater physical activity amongst children and young people within schools and the community.	March 2012	HCC	Nic Holmes	

<b>Priority 6</b>	Under 5s from the poorest families have a positive early childhood
<b>Priority Lead</b>	Sally Orr – Head of Early Years and Childcare
<b>Every Child Matters Outcome</b>	Enjoying and Achieving

### **a. What specific groups of children will this priority focus on?**

Children under 5 in Hertfordshire vulnerable to poor outcomes

### **b. Conditions we want to see**

Children under 5 from the poorest families:

- Have good physical and emotional health
- Are supported to reach their appropriate developmental milestones
- Are able to communicate, socialise and play appropriately for their age.
- Are accessing local universal services that provide them with extra preventative support

Parents and carers of children under 5 from the poorest families:

- Are confident, capable and enjoy their parenting role
- Can readily access information about the range and quality of services available to support them
- Are in contact with their local children's centre
- Take up early years services
- Have their parenting responsibilities recognised and supported by all agencies

Partners working with children under 5 from the poorest families:

- Have specific qualifications in working with this age group at an appropriate level for their role
- Are aware of universal entitlements for this age group and how to sign post parents to services
- Understand safeguarding practice, thresholds and accountabilities in relation to children under 5 from the poorest families and use integrated practice tools such as Single Service Request (SSR), Common Assessment Framework (CAF) and Early Support appropriately
- Listen to the voices of young children in developing and providing services

### **c. Where are we now?**

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Overall progress for this priority has been good in the last year. The Foundation Stage Profile is the most comprehensive indicator for this priority and has again shown overall improvement and the gap has narrowed for children doing least well. Social care data relating to children under 5 shows a reduction in referrals in an increasing number of children's centre communities (see Indicator 2). This indicates that families with young children are better supported by preventative services.

10 Phase three Children's Centres have reached full core offer status and the programme is for the remaining 22 to achieve this within the year. Ofsted inspections began in January 2010 and the rolling programme will mean that every Children's Centre is inspected within the 3 year cycle.

Outreach workers are posted in all children's centres and capacity is due to increase with the introduction of additional health visitor posts linked to Children's Centres funded through the Department of Health.

Protocols for better information sharing will be in place by April 2011, supporting Children's Centres to meet their targets. Numbers of 0-5 yr olds registered to Children's Centres reached 32% by September 2010 and appear set to reach over 50% of the child population in 2011/12.

The Revised Code of Practice for the free place entitlement may affect the sufficiency of free places from April 2011 as some providers are likely to withdraw from the scheme. This is being carefully monitored and the Family Information Service will help parents find alternative provision. Providers will be encouraged to seek support from their peers locally as the level of LA support reduces, and we are communicating with providers through emails, text messages and on the website.

40% of providers now have graduate-level leaders, and the aim is to continue increasing this, despite the reduction in funding for qualifications courses.

### **d. How will we know if we have improved?**

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1. Number of Children's Centres with reach figures of 50% or greater than the target population
2. Improving the quality of provision:  
Increase to 80% the levels of green RAG rating for early years maintained and PVI settings (78% and 73% currently) and ensure 0.5% or less PVI group early years settings are graded inadequate by Ofsted
3. Ensure there is a graduate leader in place or undertaking level 5/6 training in 80% of the 40 Children's Centre communities with highest levels of disadvantage

## e. Action Plan for Priority 6

The following key actions will make the greatest contribution to improving performance against this priority in 2011/12. Please note these do not represent all actions taking place to improve this priority, but the actions that will have most impact.

No	Actions	Milestones / Timescales for Delivery	Lead Agency	Lead Officer	How will we monitor progress
6.1	Build the capacity and capability of children's centres to improve outcomes for children who need extra support	March 2012	CSF	Caroline Swindells	Ofsted inspection grades and reports
6.2	Increase the capacity of all universal services to meet the needs of children with SEND	March 2012	CSF	David Silverman	Numbers of Early Support family Plans registered EY Exceptional Needs Panel – successful applications
6.3	Improve the health outcomes of children under 5	March 2012	Health	tbc	Breastfeeding rates Healthy weight at yr 1
6.4	Improve support and information to parents and carers particularly those living in poverty.	March 2012	CSF	Caroline Swindells	Child Poverty Action Plan

<b>Priority 7</b>	Vulnerable children achieve as well as others
<b>Priority Lead</b>	Gillian Cawley, Head of Standards and School Effectiveness (interim)
<b>Every Child Matters Outcome</b>	Enjoying and Achieving

### **a. What specific groups of children will this priority focus on?**

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Children and young people in Hertfordshire at risk of underachieving, in particular: children looked after; those from low-income families (measured by free school meals (FSM)); those with special educational needs or disabilities (SEND); those from low-attaining schools or districts and those from specific underachieving black and minority ethnic (BME) backgrounds (key stage 2: Pakistani, Turkish and Bangladeshi pupils, key stage 4: Turkish, Black Caribbean, White/Black Caribbean, Bangladeshi and Pakistani pupils).

### **b. What positive conditions of wellbeing do we want to see?**

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We want children and young people at risk of underachieving to make at least as good progress in school (and other settings) as all children.

### **c. Where are we now?**

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The educational achievement of children and young people from this cohort in the population of Hertfordshire is better than the national average, but this is in the context of higher achievement of all children and young people in the county. While some gaps are narrowing there are still significant gaps in educational attainment between children and young people who are looked after, those from low-income families, those with special educational needs or disabilities and children and young people from certain BME backgrounds, and that of all other children. This is specifically an issue for the more deprived districts in the county such as Broxbourne and Stevenage.

Over the last few years the achievement gap for children looked after has remained similar; the improvement in attainment is reflected in the improvement for all pupils. In 2010 provisional results at GCSE show an increase for CLA achieving 5A\*-C including English and mathematics, although the overall improvement in achievement in Hertfordshire meant the gap widened slightly.

In 2010 the gaps for pupils at most stages of SEND have stayed similar to 2009 at key stage 2, with a slight widening at key stage 4 for statemented pupils and those at school action plus.

At key stage 2 the gap for FSM pupils compared to the Hertfordshire average remained similar to 2009 with a slight widening of the gap at key stage 4 after narrowing in 2009.

In 2010 particular progress has been made in narrowing the gaps for Turkish,

Traveller and black Caribbean pupils at key stage 2. At key stage 4 (GCSE) the gap for Pakistani origin pupils and for Gypsy/Roma pupils narrowed by over 10 percentage points (however the cohort number for Gypsy/Roma is very small). Year 6 black Caribbean pupils and white and black African mixed race pupils at GCSE are now achieving higher than the Hertfordshire average. The gap for Bangladeshi pupils has now reduced at both key stages and their attainment is now just below the Hertfordshire average.

### Equality & Diversity

The actions in this priority have taken into account national and local research and data on achievement related to ethnicity, gender, special educational need and/or disability in addition to class and socio-economic issues. Attainment data is not currently available on religion or belief or sexual orientation as it is not collected by the school census due to sensitivity around data collection. Schools are supported to respond to these issues at school level.

#### **d. How will we know if we have improved?**

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1. Narrow the gap in educational achievement between children from lower income and disadvantaged backgrounds and their peers, specifically:
  - underachieving BME groups (see above);
  - children looked after<sup>6</sup> (for at least 12 months during the key stage);
  - those eligible for free school meals; and
  - children with SEND:

the achievement gap between each group and their peers achieving the expected level at the early years foundation stage, key stage 2 and key stage 4

\* Priority 9 also records the percentage of children and young people aged 16 to 19 who are (a) not in education, employment or training (NEET) and (b) NEET for 6 months or longer, also broken down by:

- children looked after
  - specific at risk BME groups (white & black Caribbean and black Caribbean)
  - those living in 20% most disadvantaged super-output areas (SOAs)
  - children with statements of SEN in their final year of school
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<sup>6</sup> children looked after for whom Hertfordshire is the care authority

## e. Action Plan for Priority 7

The following key actions will make the greatest contribution to improving performance against this priority in 2011/12. Please note these do not represent all actions taking place to improve this priority, but the actions that will have most impact.

No	Actions	Milestones / Timescales for Delivery	Lead Agency	Lead Officer	How will we monitor progress
7.1	Support schools and early years settings to offer effective support to accelerate the progress of specific underachieving groups and pupils including the establishment of the virtual school for CLA, support for targeted schools and settings and diverse governor recruitment	March 2012	CSF	Gillian Cawley	HCTP, CSF board, HCTP sub groups
7.2	Provide a framework to support schools in sustainable work with vulnerable groups including extended services, parent support workers and one to one tuition	March 2012	CSF	Head of Childhood Support Services	HCTP CSF board
7.3	Strengthen support for underachieving groups and pupils in 14-19 provision taking into account the raising of the participation age, the role of Information Advice and Guidance (IAG), collaborative groups and preparation for the world of work	March 2012	CSF	Head of 14-19 Strategy and Commissioning	HCTP, CSF board, 14-19 strategic partnership group



<b>Priority 8</b>	Children and young people with learning difficulties and disabilities are empowered to reach their full potential
<b>Priority Lead</b>	Debbie Orton, Head of Inclusion Services
<b>Every Child Matters Outcome</b>	Being Healthy

## **a. What specific groups of children will this priority focus on?**

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All children and young people in Hertfordshire aged 0 – 19 with special educational needs and disabilities (SEND). A child or young person should be regarded as disabled if he or she has special needs in the area of health, education or physical, intellectual, emotional, social or behavioural development due to:

- Multiple and complex health needs
- Sensory impairment such as hearing loss, visual impairment or deaf-blind
- A significant learning difficulty
- A chronic physical illness
- Autism (autistic spectrum disorder) and communication disorder
- A significant pre-school development delay.

*This priority should be seen in conjunction with Priority 7 which concerns the achievements and progress of children and young people with SEND*

## **b. What positive conditions of wellbeing do we want to see?**

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Children and young people with SEND:

- Who need co-ordinated high quality, timely, multi-agency support receive this through appropriate services working together with their parents/carers and families
- Take part in and enjoy leisure and educational activities outside of and after school that reflect their interests and meet their needs
- Progress into adult life having benefited from a range of opportunities that meet their needs, reflect their aspirations and enhance their quality of life.

## **c. Where are we now?**

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Developmental work has taken place over the last 12 months resulting in:

- A refreshed SEN and Inclusion Strategy, including a detailed plan to develop special provision to meet more SEND needs locally (DSPL);
- A reconfigured short breaks service to support disabled young people and their families, particularly those with Autistic Spectrum Disorder (ASD) and/or challenging behaviour and complex health needs, in their

- local communities;
- The development of a specialist adventure playground on a closed site at Aldenham Country Park;
- Improved access to up-to-date information on available services;
- Improved involvement of disabled young people, parents and carers in the planning and commissioning of services;
- a newly formed and fully developed Transition Team that supports disabled young people, including those with complex needs, into further education and employment, and providing a pathway plan to the provision of services from ACS;
- training of staff in universal services providing them with confidence to include disabled young people in a variety of leisure activities;
- a move to more integrated support for families from multi-agency and multi-discipline teams.

In order to ensure this work is sustained and makes a real difference we need to embed the hub and spoke model of delivery into the practice of people working with disabled children and their families. The hub will act as a local focal point for families and service providers and will develop and co-ordinate some services itself (such as information, advice and guidance). The spoke element of the model will facilitate access to universal providers and establish links with them (for example children's centres and voluntary organisations).

Work is continuing to encourage local communities of schools to work together and with the local authority to meet the diverse needs of disabled young people through a range of flexible and inclusive provision in both mainstream and special schools; supported by well co-ordinated services.

The number of parents/carers of disabled children and young people registered on the Hertfordshire Additional Needs Database (HAND) continues to rise. Registration provides information about recreational organisations that offer access and concessions for disabled young people and their carers in some cases.

### **Equality and Diversity**

We have produced a full demographic profile of all children and young people with SEND in Hertfordshire. This informs our commissioning and delivery of services to meet their needs as developed under the Aiming High for Disabled Children (AHDC) programme and our Developing Special Provision Locally Strategy. We are working with parents/carers on all areas of the programme including better training and information.

Equality Impact Assessments have been carried out in operational and policy areas and these will be regularly reviewed.

There are a number of national drivers which will need to be considered over the coming year, in particular the Green Paper on SEND and also the White Paper 'The Importance of Teaching'.

### **d. How will we know if we have improved?**

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1. More children and young people with SEND have access to universal, targeted and specialist services in their community
2. The percentage of children who have been assessed by the Complex Care Panel who have a nominated Lead Professional.

\* Priority 9 also records the percentage of CLA aged 16 to 19 who are (a) not in education, employment or training (NEET) and (b) NEET for 6 months or longer

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## e. Action Plan for Priority 8

The following key actions will make the greatest contribution to improving performance against this priority in 2011/12. Please note these do not represent all actions taking place to improve this priority, but the actions that will have most impact.

No	Actions	Milestones / Timescales for Delivery	Lead Agency	Lead Officer	How will we monitor progress
8.1	Ensure delivery of services through the 'hub and spoke' model is fully implemented	March 2012	CSF/NHS	Sheila Reynolds	JDSG Service Improvement Plan
8.2	Further develop and improve transition services for disabled young people	March 2012	CSF	Justin Donovan/ Andrew Simmons	JDSG Service Improvement Plan
8.3	Embed the Early Support Approach, Team around the child and Common Assessment Framework into working practices.	March 2012	CSF/NHS	Mark Whiting	JDSG Service Improvement Plan
8.4	Ensure continued involvement of disabled children and young people and their parents/carers in the planning and development of services.	March 2012	CSF/NHS	John O'Loughlin / Deirdre Ginnity	JDSG Service Improvement Plan
8.5	Develop special provision locally through seven workstreams. Implement the 'Delivering Special Provision Locally' programme	Implementation from September 2011	CSF	Jim Dalton	Against SEN Implementation and Inclusion Strategy Group (Details to be agreed)

<b>Priority 9</b>	Young people get a wide range of opportunities to learn
<b>Priority Lead</b>	Andrew Simmons, Deputy Director – Services for Young People
<b>Every Child Matters Outcome</b>	Achieving Economic Wellbeing

### **a. What specific groups of children will this priority focus on?**

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All young people in Hertfordshire aged 16-19 (up to age 25 for those with a learning difficulty and/or disability), with a particular focus on vulnerable young people.

### **b. What positive conditions of wellbeing do we want to see?**

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Young people:

- Aged up to 18 participate in, complete and achieve from appropriate learning and employment opportunities.<sup>1</sup>
- Aged 16 and 17 receive an offer of an appropriate place in learning by the end of September (September Guarantee)
- Are able to access a broad range of informal positive learning and development opportunities
- With learning difficulties or disabilities are able to progress through access to appropriate learning and development opportunities
- Have their learning needs met by the Hertfordshire 14 – 19 curriculum
- Continue to learn up to and beyond NVQ Level 3 or equivalent.

Fewer young people:

- Are unemployed, with youth unemployment eradicated in the long-term
- Are absent or excluded from learning opportunities for 14 to 16 year olds.

More Hertfordshire employers:

- Take collective responsibility for our economy locally by investing in the skills and opportunities of our County's young workforce
- See the value of young people participating in learning as part of their employment and offer flexible opportunities to enable young people do so
- Participate in apprenticeship arrangements leading to an increased range and volume of opportunities.

<sup>1</sup> Up to 25 years for young people with learning difficulties and/or disabilities

### **c. Where are we now?**

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The proportion of young people participating in some form of learning aged 16 & 17 continues to increase. Hertfordshire has one of highest shire county

participation rates in England for 16 and 17 year olds. The year to year increase in the 16-18 in-learning rate has continued with a figure of 83.6% recorded at the end of November 2010.

Not in education, employment or training (NEET) rates have fallen significantly overall despite the economic downturn; however there is an increase in the 18 year old NEET rate. At the November 2010 count, only 2.8% of 16 year olds and 4.1% of 17 year olds were NEET, which is a slight increase on 12 months ago when there were additional funding streams available to fund additional personalised training places.

The gap between participation in education and training by most disadvantaged groups and the whole cohort continues to narrow. However there is growing evidence that those in poverty (using free school meals proxy) are less likely to progress as well as their peers between age 15 and 19.

There is some evidence that young people are finding it tougher if they are to progress into Higher Education due to increased competition for places, Higher Education (HE) participation is static; however demand for places are expected to be high in 2011, in advance of the change to the fees system that is due to take place in 2012.

The Tellus Survey has been discontinued, so it has become difficult to benchmark participation in positive activity rates with other local authorities. Local data shows that the growth in the number of young people accessing activities run by Youth Connexions and District Councils has continued. The availability of, and access to, activities remains a high priority for parents and young people across the county.

### **Equality & Diversity**

This priority links directly to two areas within the community cohesion agenda: Addressing youth disaffection, both in ethnic minority and mainstream communities and also addressing economic deprivation.

Some particular E&D issues which need to be addressed include access to appropriate and sufficient learning provision for young people with learning difficulties and disabilities. Another example is that some minority communities are likely to follow societal/cultural norms leading to learners discontinuing their education/training (e.g. young people from the Mixed Heritage White and Black mixed race Caribbean community)

#### **d. How will we know if we have improved?**

1. The proportion of young people participating in positive activities
2. The proportion of young people aged 18 participating in some form of learning (In Learning Data)
3. The percentage of children and young people aged 16 to 19 who are (a)

not in education, employment or training (NEET) and (b) NEET for 6 months or longer, also broken down by:

- young offenders (priority 11)
  - children looked after (priority 2 & 7)
  - specific at risk BME groups (white & black Caribbean and black Caribbean) (priority 7)
  - those living in 20% most disadvantages super-output areas (SOAs) (priority 7)
  - children with statements of SEN in their final year of school (priority 7 & 8)
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## e. Action Plan for Priority 9

The following key actions will make the greatest contribution to improving performance against this priority in 2011/12. Please note these do not represent all actions taking place to improve this priority, but the actions that will have most impact.

No	Actions	Milestones / Timescales for Delivery	Lead Agency	Lead Officer	How will we monitor progress
9.1	Enable Young People to access a broad range of positive activities that fulfil their broader development needs (see also 5.4). Particular emphasis will be placed on the roles of preventative work and volunteering.	March 2012	CSF – Services for YP Vinvolve Steering Group	Andrew Simmons	Regular review of performance data
9.2	Revise existing arrangements in the light of the Government’s new strategy for ‘All Age’ guidance. Ensure that all young people are able to access the right advice at the right time and ensure young people are able to access appropriate work experience so that they are able to make informed choices about careers.	March 2012	CSF Services for Young People	Andy Manson	Undertake formal review and evaluation of EBL activities
9.3	Establish and implement the strategy for increasing the volume and range of apprenticeship opportunities available.	March 2012	CSF Services for Young People	Andrew Simmons	Regular review of data
9.4	In preparation for Raising the Participation Age continue to minimise the number of young people who are not in education, employment or training (NEET) through implementation of NEET strategy and the development of tailored packages of learning and support particularly for vulnerable groups.	March 2012	CSF Services for Young People	Andy Manson	Revise NEET Strategy – progressed reviewed through NEET Strategy Group



<b>Priority 10</b>	Children and young people thrive in spite of family poverty
<b>Priority Lead</b>	Andrew Simmons – Deputy Director – Services for Young People – CSF, HCC
<b>Every Child Matters Outcome</b>	Economic Wellbeing

## **a. What specific groups of children will this priority focus on?**

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- Families in poverty across Hertfordshire, but with a focus on specific deprived communities
- Families with children with disabilities and families with parents with disabilities ( including young carers )
- Migrant workers
- Children of prisoners
- Extended families where worklessness or low income extends across several generations
  - work with family groups
  - low level of qualifications
  - low level of numeracy and literacy

## **b. What positive conditions of wellbeing do we want to see?**

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We want to see conditions where our most deprived families and the communities in which they live are supported and empowered to tackle deprivation by improving their skills and earning capacity.

## **c. Where are we now?**

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Despite relative affluence across much of Hertfordshire, families within some of our more deprived communities do not benefit from this and the impact of the current economic conditions presents further challenges for these communities.

The recession placed significant further pressure on the poorest families and communities. Unemployment rates have increased, for those in work wage increases, if available, are generally below inflation and families are under increased pressure, primarily caused by the shortage of available credit and high levels of existing debt.

Planned changes to other Government funded payments, such as Education Maintenance Allowance and the perception of increases in Higher Education fees, will also have a particular impact on young people living within more deprived families. Demand for advice services has peaked and although demand has dropped off a little, it is still significantly higher than three years ago. Additional funding has been made available to Citizen Advice Bureau and other agencies have responded positively too. However this funding is primarily reacting to rising demand rather than providing an enhanced and prevention

based service for vulnerable families. .

Considerable progress has been made in embedding a wider range of support for vulnerable families within Hertfordshire's network of Children's Centres. Many offer a range of programmes to address key skills that improve employability together with outreach services from Jobcentre Plus that provide comprehensive benefit advice.

Think Family / Family Intervention Projects are testing out family centred interventions in a range of deprived areas across the county. Early evidence indicates that these projects are having significant impact both in addressing complex challenges facing vulnerable families and reducing the long term costs associated with potential longer term interventions.

Work by Money Advice Unit and other partners has significantly improved the range of and access to information and advice on a broad range of financial matters that vulnerable families face.

### **d. How will we know if we have improved?**

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1. Number of Children eligible for Free School Meals
  2. Working age people on out-of-work benefits  
Former National Indicator 152
-

## e. Action Plan for Priority 10

The following key actions will make the greatest contribution to improving performance against this priority in 2011/12. Please note these do not represent all actions taking place to improve this priority, but the actions that will have most impact.

No	Actions	Milestones / Timescales for Delivery	Lead Agency	Lead Officer	How will we monitor progress
11.1	Implement Think Family / Family Intervention Projects and embed lessons learned from this work to shape emerging family based 'early intervention' arrangements.	July 2011	CSF	David Ring	Think Family Project Board
11.2	Work with Children's Centres and other outreach arrangements to deliver multi agency approaches to help families in poverty become more employable	September 2011	CSF	Sally Orr	Children's Centre performance monitoring
11.3	Ensure that those in poverty receive the financial support that they are entitled to	July 2011	ACS	Gary Vaux	Performance data from MIU
11.4	Develop revised Child / Family Poverty strategy which addresses new requirements from central government within a Hertfordshire context.	April 2012	CSF	Andrew Simmons	Publication of revised strategy

<b>Priority 11</b>	Children and young people keep on the right track
<b>Priority Lead</b>	Lindsay Edwards – Operational and strategy manager for Welwyn Hatfield and Hertsmere & vulnerable young people lead
<b>Every Child Matters Outcome</b>	Making a positive contribution

### **a. What specific groups of children will this priority focus on?**

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Children and young people who are at risk of going off the track or are already engaged in unacceptable and harmful behaviour including anti social behaviour, offending, substance misuse and early teenage pregnancy.

### **b. What positive conditions of wellbeing do we want to see?**

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Children and young people:

- Are valued, listened to and regarded positively
- Have increased confidence and resilience in order to cope well with risks and pressures
- Feel safe in their communities and avoid becoming involved in crime or anti social behaviour.

Our services:

- Are accessible, welcoming and children and young people friendly
- Are open at times when young people wish to use them and are well marketed with particular emphasis on weekend activities.
- Enhance the abilities of parents of young people who are identified as 'at risk' to support their children to stay on the right track.

### **c. Where are we now?**

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Compared with the national picture, Hertfordshire has low numbers of children and young people at risk of unacceptable or harmful behaviour.

The numbers of young people entering the criminal justice system for the first time (FTEs) have reduced by 29% in 09/10 on the 05/06 base rate and this looks likely to stabilise. The Youth Justice Service has a baseline in relation to re-offending which is significantly below the national rates.

The Under 18 Conception rate in Hertfordshire has now fallen to 25.6 per 1000 females, This data relates to 2008 figures and was received from the Office of National Statistics in August 2010. This figure is lower than the East of England rate which is 31.3 and the England rate which is 39.5. Although this shows a reduction of 24.7% since the Teenage Pregnancy Strategy commenced in 1998, there are still districts within the County, such as Stevenage and Broxbourne, where rates remain relatively high. Additional

resources are being concentrated on these districts in the final year of the strategy.

Analysis by the Teenage Pregnancy Strategy has established that there are approximately 2000 young people across Hertfordshire who may be at risk of not achieving their full potential, this includes being at risk of becoming a teenage parent. A pilot project has begun in two schools in Stevenage to support these young people to reach their full potential.

The prevalence of drug use by young people in Hertfordshire has steadily declined since 2004. In 2010 10% of secondary pupils surveyed in the Health Related Behaviour Survey said they had tried drugs at least once, a reduction of 2% from 2008 and down from 16% in 2004.

Work by the Police on improving information to young people about avoiding becoming a victim of crime has contributed to a 25% reduction in young people's victimisation.

Keeping Young People on the Right Track has been a priority theme since April 2009 and its elements link closely with other strategies under priorities 4 and 9 in this plan. The development of the Services for Young People portfolio group now brings the services in this priority together under Targeted Youth Support arrangements from January 2011. This is reflected in the revised actions.

### **Equality & Diversity**

This Priority impacts upon all the equality strands. There are gaps in data around some of the indicators because of relative difficulty in getting the information or that the information is gathered by an outside body (e.g. Teenage Pregnancy Unit at Office of National Statistics) and they have not included any equality breakdowns. The Teenage Pregnancy Strategy has been working with its partner agencies to collect data in a more timely way, instead of waiting upon data released from the Office of National Statistics, for which there is always a time lag. It is hoped that by having access to up to date statistics, service delivery can be targeted to the areas where there is most need.

An Equality Impact Assessment has recently been completed for the Young People's Substance Misuse Team and is currently under review. Key findings are that a higher number of BME (33%) would keep a drug issue to themselves compared to White young people (26%) in relation to speaking with their parents. The service is monitoring current trends of drug use amongst Turkish, Traveller, Pakistani and Bangladeshi young people. YOTs maintain local data on BME young offenders. This is reviewed with staff teams and partner agencies to develop local responses. The Youth Justice Diversity Action Plan 2010 -12 contains statistical information on BME young people in the youth justice system and action points for the service.

### **d. How will we know if we have improved?**

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1.
  - a. First time entrants to the Youth Justice System aged 10-17  
National indicator 111
  - b. Rate of proven re-offending by young offenders  
National indicator 19
2. Substance misuse by young people  
National indicator 115
3. Under 18 contraception rates  
National indicator 112

\*The percentage of young offenders aged 16 to 19 who are (a) not in education, employment or training (NEET) and (b) NEET for 6 months or longer is recorded in priority 9.

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## e. Action Plan for Priority 11

The following key actions will make the greatest contribution to improving performance against this priority in 2011/12. Please note these do not represent all actions taking place to improve this priority, but the actions that will have most impact.

No	Actions	Milestones / Timescales for Delivery	Lead Agency	Lead Officer	How will we monitor progress
11.1	Develop a partnership strategy to ensure improved responses to young people at risk of or involved in gang activity	June 2011	Youth Justice and Police	Jackie Clementson	Safeguarding children affected by gangs steering group
11.2	Increase the range of community based resettlement opportunities and support available to young people leaving custody and care with statutory and third sector partners through the proposed Youth in Focus lottery bid.	Dec 2011	Herts Young Homeless group	Glen Middleton	Youth In Focus partnership bid steering group
11.3	Target preventative intervention with high risk young people and in areas with high or increasing rates of conception through outreach services and accessible GUM delivery sites (e. g Stevenage Leisure park).	June 2011	CSF/PCT	Liz Bell	Priority 12 Project Group
11.4	Ensure that training for health and non-health professionals is supported in order to positively affect the quality and accessibility of services.	June 2011	PCT	Liz Bell	Priority 12 Project Group

## Narrowing the Gap

Priority 11

<b>No</b>	<b>Actions</b>	<b>Milestones / Timescales for Delivery</b>	<b>Lead Agency</b>	<b>Lead Officer</b>	<b>How will we monitor progress</b>
11.5	Promote opportunities for young people from vulnerable groups to participate in a range of youth work /positive activities including making a contribution to their community, through working with partners to ensure the youth offer is widely accessible and targeted at specific groups and individuals.		Services for young people	Peter Hosier	Priority 12 Project group

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## Service Management

Two Service Management Priorities have been identified which underpin the 11 priorities of the CYPP. These are:

<b>SMP1</b>	Build an excellent children's workforce across Hertfordshire, through workforce reform, to support and deliver the outcomes in the Children and Young People's Plan	<b>Priority Lead</b> Gill Gibson
<b>SMP2</b>	Ensure services make best use of resources and provide good value for money	Andrew Nightingale

The following actions will make the greatest contribution to improving performance against the Service Management Priorities outlined above in 2011/12. Please note that these do not represent all actions taking place to improve the priorities, but the actions that will have the most impact.

No	Actions	Milestones / Timescales for Delivery	Lead Agency	Lead Officer	How will we monitor progress
<b>SMP1</b>					
SMP 1.1	Develop a workforce strategy which supports the four Priority Action Plans of Leadership, Culture and Behaviours; Safeguarding, Integrated Practice and Information Access; and ensure that the action plans are taken forward and reviewed in line with the Children's Services Transformation Agenda.	April 2011 September 2011 March 2012	Workforce Reform Delivery Group	TBC	Monitoring engagement and delivery of action plans by partner agencies through termly reporting by priority leads to the Workforce Reform Delivery Group

## Service Management

No	Actions	Milestones / Timescales for Delivery	Lead Agency	Lead Officer	How will we monitor progress
SMP 1.2	Embed the Hertfordshire Competency Framework/common core of skills and knowledge in policy, recruitment, induction, training and service delivery.	April 2011 – September 2011  April 2011 – March 2012	Workforce Reform Delivery Group	TBC	Through changes in policy to ensure job specifications, induction, training, supervision, skills, knowledge and behaviours, of staff in all partner agencies reflect the common core of skills and knowledge.  Through roll out of Professional Development Portfolios (PDPs)
SMP 1.3	Develop and provide essential multi-agency workforce development programmes which promote integrated practice, reduce duplication of training to ensure value for money, and supports frontline practitioners to deliver positive outcomes for young people.	April 2011 – March 2012  April 2011 – March 2012	Workforce Reform Delivery Group	TBC	Through multi-agency delivery of the new level 3 Children and Young Peoples Diploma  Through multi-agency Integrated Practice training, joint delivery of training

## Service Management

No	Actions	Milestones / Timescales for Delivery	Lead Agency	Lead Officer	How will we monitor progress
		March 2012			<p>programmes, with an emphasis on training Adult Services and VCS, and NeCAF training to maximise number of NeCAF users involved in TAF.</p> <p>Transition to LSDPs and ITST delivers specified success criteria</p>
<b>SMP2</b>					
SMP 2.1	Implement a Joint Commissioning Framework for HCTP	April 2011	CSF/NHS	Frances Coupe/ Jane Hainstock	HCTP exec
SMP 2.2	Develop Strategic Commissioning Groups for priority service areas e.g. Children looked After, Early Intervention and Targeted support	June 2011	CSF/NHS	Frances Coupe/ Jane Hainstock	
SMP 2.3	Map resources against priority service areas and develop Commissioning Plans for each strategic commissioning group	September 2011	CSF/NHS		
SMP 2.4	Use the Commissioning Plans to ensure best use of resources and monitor effectiveness of commissioned services	March 2012	CSF/NHS		

## Focused District Activity

The October 2010 announced Ofsted inspection of children's services which focused on safeguarding and children looked after highlighted areas of focused action required for specific districts. These have been identified within the relevant priorities and will be addressed by local delivery groups. The table below outlines these local priorities, the relevant lead and the supporting plan.

Additional 'Local' Priorities	Related CYPP Priority	District Requiring Focused Attention	Lead	Supporting Plan
<b>Achievement</b>				
Raise achievement levels for children and young people aged 5,11 and 16 so that they are in line with Hertfordshire levels as a whole.	7	Broxbourne	11-19 Sub-group of BCTP	BCTP Action Plan
		Stevenage	School heads, School forums, CSF SSE, (LSDP in future and monitored by SDCTP and SoStevenage LSP)	TBC
		Welwyn and Hatfield	Bob Jewell	Review and scrutiny by Social overview and scrutiny committee
Increase the number of 19 year olds who obtain qualifications in line with the County and national levels	7	Stevenage	School heads, School forums, CSF SSE, (LSDP in future and monitored by SDCTP and SoStevenage LSP)	TBC
<b>Obesity</b>				
Reduce the level of obesity for 5 and 11 year olds to those of other Districts within Hertfordshire	5	Broxbourne	TBC	BCTP Action Plan
		Stevenage	SDTCP	SDCTP Plan 2009-12
		Watford	Currently Pam Taylor, Assistant Manager CSF District Partnership Team.	WDCTP Plan 2010-2013

## Focused District Activity

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Additional 'Local' Priorities	Related CYP Priority	District Requiring Focused Attention	Lead	Supporting Plan
<b>Teenage Pregnancy</b>				
Reduce the number of young women under 18 who become pregnant	12	Broxbourne	Youth Connexions School Nurse Team 11-19 Sub-Action Group	BCTP Action Plan
		Stevenage	Strategic Teenage Pregnancy Action Group (SDCTP)	SDCTP Plan 2009-12 Strategic Pregnancy Action Group Plan (being developed)

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### **Resources**

Over the next twelve months all partners will need to work together to use resources creatively to continue to improve outcomes for children and young people. In refreshing the plan this year, priority leads have considered changes in funding when amending the action plans. Currently the funding streams are as follows:

*Analysis to follow*

### **Monitoring Progress and updating the Children and Young People's Plan 2010/11**

The delivery of the Children and Young People's Plan is underpinned by the multi-agency action plans identified for each priority. These action plans and their supporting performance measures are monitored half yearly and quarterly respectively.

*Further detail of monitoring process to be added following the away day.*

The performance monitors, the CYPP and other information will continue to be available via: [www.hertsdirect.org/childrenstrust](http://www.hertsdirect.org/childrenstrust) (tbc)

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## How to Contact us

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On behalf of the Hertfordshire Children's Trust Partnership, please contact CSF in the first instance, with any queries or feedback regarding the CYPP on the details below.

An electronic version of the CYPP and other information will be available at:

[www.hertsdirect.org/childrenstrust](http://www.hertsdirect.org/childrenstrust)

Or Contact:

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