

PORTSMOUTH CHILDREN'S TRUST PLAN

2011 - 2014



**Approved at the Children's Trust Board –
10 May 2011**

CONTENTS

- 1. Introduction**
- 2. The Portsmouth Children's Trust**
- 3. The Children's Trust Needs Assessment**
- 4. The Seven Priorities for 2011-2014**
- 5. Resources**
- 6. Monitoring the Children's Trust Plan**

SECTION 1 - INTRODUCTION

The Children's Trust Plan 2011-2014 is the strategic multi-agency plan to outline how public service partners intend to improve the lives of children and young people in Portsmouth.

This is the fifth such Plan for Portsmouth since 2004, and replaces the Children and Young People's Plan 2009-2011.

This Plan has been written following significant consultation and partner engagement between October 2010 and April 2011. The consultation phase involved the following;

- The Youth Parliament
- The Parent and Carers Board
- The Portsmouth Safeguarding Children's Board
- Managers and senior practitioners from across the Children's Trust partnerships
- Multi-agency practitioner focus groups
- Representative school bodies

The needs assessment and consultation phases have led to the development of seven Priorities to cover the 2011-2014 period.

Each one of the Priorities has an improvement or commissioning strategy which has been developed through application of the commissioning process outlined in the Portsmouth Commissioning Framework.

This document provides background information on the Portsmouth Children's Trust and the 2010 Needs Assessment, a brief summary of each of the strategies, the resource implications and monitoring processes.

SECTION 2 - THE PORTSMOUTH CHILDREN'S TRUST

The Portsmouth Children's Trust was first established in 2004. The Trust is led by a Children's Trust Board which has multi-agency representation at Director and Chief Executive level from all the major public service delivery partners in the city.

The Children's Trust Board has the following purpose as outlined in its Terms of Reference;

1. To improve the well-being of all children and young people age 0 – 19 (or beyond for those with specific needs) in Portsmouth. Well-being means children and young people will be healthy, be safe, enjoy and achieve. make a positive contribution and achieve economic well-being
2. To govern the commissioning of high quality, safe and effective universal, targeted and specialist services for children and young people.
3. To ensure service provision and service delivery is shaped so that all children, young people and families access the right services at the appropriate time. Service provision will be effectively integrated.
4. To ensure, through performance monitoring and challenge, that services are effective in delivering improved outcomes for children and young people in the City.
5. To ensure effective prevention and early intervention services and processes are embedded in the city including support for parenting.

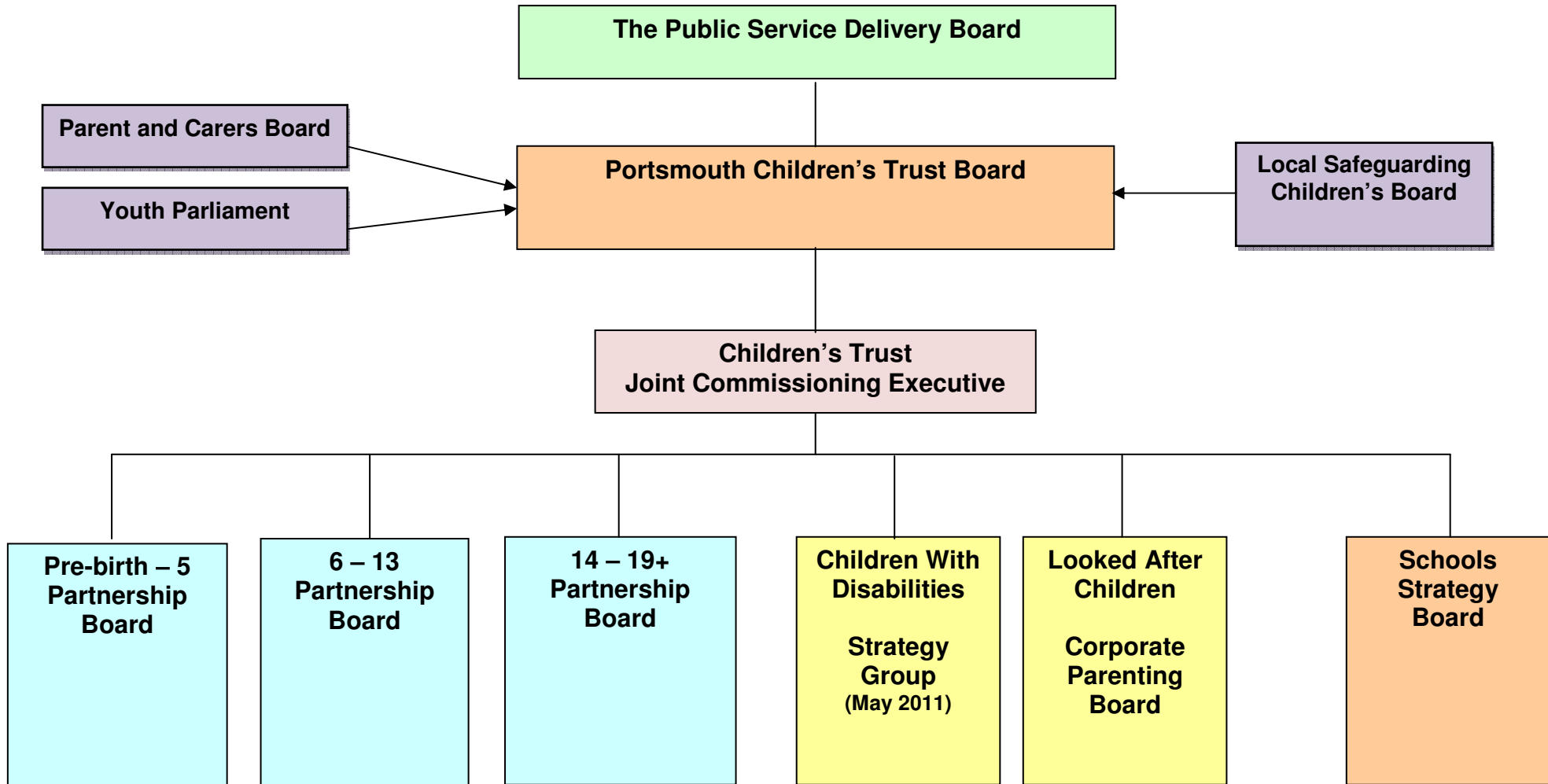
The Board has 16 functions, the first of which is to lead, manage and monitor the Portsmouth Children's Trust Plan.

The Children's Trust Board includes representation from;

- Elected Members
- Portsmouth City Council
- NHS Commissioning
- Solent Healthcare
- Hampshire Constabulary
- Maintained Schools
- Further Education
- The Portsmouth Youth Parliament
- Wessex Youth Offending Team
- The Children and Young People's Voluntary Sector Alliance
- Portsmouth Safeguarding Children Board
- JobCentre Plus
- GPs

In 2010, the Children's Trust restructured its partnership substructure to improve strategic and holistic planning for children and young people. The revised Structure appears overleaf.

Portsmouth Children's Trust Structure – May 2011



SECTION 3 - THE CHILDREN'S TRUST NEEDS ASSESSMENT

The Children's Trust undertook a detailed needs assessment in Autumn 2010 to inform the new Children's Trust Plan.

The full Needs Assessment is available at www.portsmouthchildrenstrust.org

The summary is as follows;

PRE-BIRTH TO 5 AGE GROUP

Encouraging

- Access to maternity services and infant mortality rates are better than the national average
- Less pregnant women are smoking
- Despite a recent small drop, more children access dental care than nationally or regionally
- The number of free early education places taken up by three and four year olds remains higher than the national average
- The percentage of settings judged by Ofsted good or better for 'Overall Effectiveness' remains higher than national and statistical neighbours
- Achievement on the Early Years Foundation Profile is improving and above national and statistical neighbour figures.

Concerning

- Infant mortality has increased slightly
- Although breastfeeding rates are increasing, and comparable to national rates, less than 50% of babies are breastfed
- Immunisation and pre-school booster rates are below target
- Obesity rates in pre-school children are static
- There is a lack of resources to support mental health at an early age
- There has been an increase in the number of children requiring Child Protection Plans
- Boys do less well than girls on the Early Years Foundation Profile.

6 – 13 YEAR OLDS AGE GROUP

Encouraging

- The number of children requiring Child Protection Plans has fallen
- Many children walk or cycle to school
- Pupils' satisfaction with school has improved somewhat
- Intensive support in some schools has led to improved attainment at Key Stage 2 (age 7 to 11).

Concerning

- Obesity rates at the end of Primary School are higher than national or regional comparators
- Involvement with alcohol and smoking increases, and physical activity decreases, with age
- Attainment has fallen at Key Stage 1 (age 5 to 7) and progression at Key Stage 2 (age 7 to 11) is less than national or regional
- Boys' writing is a particular concern
- Disruption and concerns about bullying increase with age
- There are not enough affordable out of school activities, especially at weekends
- There is insufficient support, advice and guidance in school
- Children feel their views are not valued
- The intention to enter Higher Education falls at age 12 to below national and statistical neighbour comparators.

14 – 19+ AGE GROUP

Encouraging

- Low mortality rate
- High immunisation and screening rates
- Fewer young people requiring Child Protection Plans
- Reduction in school exclusions
- Improvements in attainment at GCSE in 2010
- Improved post-16 Level 2 and 3 qualifications including a faster improvement in post-16 attainment for those young people from poorer backgrounds
- Increasing participation in post-16 full time education and training
- Reduction in youth offending rates, both first offences and re-offending
- Low and reducing rates of serious substance misuse.

Concerning

- Less than 50% of children and young people have the opportunity to attend a good or outstanding secondary school or FE college
- Worst secondary persistence absence rates in the South East
- Chronic school absence levels not falling
- Continued high rates of teenage conception
- Rising levels of young people who are not in education, employment or training
- Low involvement in positive activities
- Too many young people feel unsupported and their views under valued
- High risk of binge drinking
- Under use of CAF.

LOOKED AFTER CHILDREN

Encouraging

- Care placement stability is very good
- Health assessments are above national averages
- There has been good progress in reducing offending rates for LAC
- Increasing numbers of LAC are contributing to their reviews and are involved in participative groups
- Absence rates have reduced and were equivalent to the national average in 2009/2010
- Educational attainment at Key Stage 2 is good, but the numbers obtaining 5 A*-C at GCSE has fallen. These figures fluctuate significantly year on year due to small cohorts.

Concerning

- The rate of LAC is currently higher than at any time in the last six years. Around 350 children are in care at any one point.
- There remains challenges around NEET care leavers aged 19.

SAFEGUARDING CHILDREN

Encouraging

- Child protection reviews completed on time
- Improvements in reporting of allegations
- Reduction in sexual abuse
- Reduction in road traffic accidents involving children
- Reduction in emergency hospital admissions.

Concerning

- High number of children with a Child Protection Plan.
- Neglect remains a significant safeguarding issue
- Numbers of children with a child protection plan for a second or subsequent time
- Increasing referrals to children's social care
- High rate of inappropriate referrals to Social Care
- High levels of domestic abuse identified in child protection
- CAF processes are not yet fully embedded.

SECTION 4: THE SEVEN PRIORITIES FOR 2011 - 14

The Children Trust Sub-Groups have been developing improvement and commissioning strategies for each of the seven priorities in this Plan.

The detailed strategies will be available from the Children's Trust website from May 2011.

Priority A	Identification, assessment and support for families from pregnancy to school age
Lead Partnership	Pre-Birth to 5 Partnership Board
Rationale	Support services for parents 'from the womb to the school gate' are not coherently 'joined-up'. Whilst confident parents can negotiate the support they and their children need, parents who are more vulnerable (Tier 2 and 3) are at risk of missing the services that can make a difference.
Key Outcomes	<ol style="list-style-type: none"> 1. Childhood obesity at age 5 2. Foundation Stage Profile scores at age 5 3. Numbers of children under 5 subject to Child Protection Plans and Children in Need

Priority A	Identification, assessment and support for families from pregnancy to school age
What we will do	<ul style="list-style-type: none"> a) Develop a coherent pathway to ensure regular assessment of child development and child safety using a simplified and universal assessment based on the Common Assessment Framework. b) Ensure effective transition between midwifery, health visiting, child minders, children’s centres, nursery and school. c) Increase the numbers of health visitors. d) Develop the Family Nurse Partnership for young parents. e) Refocus Children’s Centres on more vulnerable families. f) Build stronger links between the children’s and adults workforce. g) Improving Children’s Centre ‘reach and outreach’ to offer targeted support in the home. h) Ensure easy access to evidence-based parenting programmes. i) Develop further programmes that support the development of solid and secure early attachments between babies and carers. j) Ensure that all families have a dedicated lead professional where multi-agency support is required. k) Fully implement the Early Support Programme for children with disabilities. l) Expand the two-year old nursery programme. m) Further implement language development support. n) Develop the workforce to ensure consistency of messages around attachment, immunisations, breastfeeding, neglect, domestic abuse and language development.

Priority B	Co-ordinated multi-agency intervention for families with multiple needs
Lead Partnership	6 – 13 Partnership Board
Rationale	Formally known as the ‘High Cost Chaotic Families’ agenda growing out of the Total Place work of the Safer Portsmouth Partnership. The intention is to redesign service delivery around 100 – 200 families in the city where outcomes are particularly poor (Upper Tier 3 and Tier 4).
Key Outcomes	<ol style="list-style-type: none"> 1. Reduce the number of children in care. 2. Reduce the number of children requiring Child Protection Plans. 3. Improve key outcomes in target families including domestic abuse, homelessness, offending, mental health and worklessness.
What we will do	<ol style="list-style-type: none"> a) Commission a new multi-agency co-located and integrated service for 100 families. b) Ensure every family where children are at risk of requiring statutory intervention have a whole family assessment (based on the Common Assessment Framework), lead professional and Team Around the Family. c) Develop the children’s and adults’ workforce to enable effective family based working, focussing on keeping children safe, building on the Think Family reforms. d) Develop a Multisystemic Therapy team. e) Remodel the Children’s Social Care Children in Need service.

Priority C	To support all schools to be ‘good’ or ‘outstanding’
Rationale	Good schools are key to raising all outcomes for 5 to 19 year olds. Educational attainment and attendance are key issues in the city. School leadership is key to improving these specific outcomes, as well as wider related outcomes such as health, safeguarding and making a positive contribution. Well-led schools are key to effective prevention and early intervention
Key Outcomes	<ol style="list-style-type: none"> 1. To improve Key Stage 2 and GCSE attainment. 2. To increase the number of schools judged ‘good’ or ‘outstanding’ in Section 5 Ofsted inspections.
What we will do	<ol style="list-style-type: none"> a) Develop a coherent vision and strategy for education 0 - 19 in the city. b) Develop robust, stretching school/city improvement trajectory. c) Develop school clusters to take responsibility for improving attainment. d) Promote school reorganisation where it will drive up standards and achieve better value for money. e) Ensure sufficient school places during the changes in demographics predicted for the coming decade. f) Improve training around behaviour for the schools workforce. g) Improve the mainstream school inclusion of children with social, emotional behaviour difficulties. h) Develop a special education needs outreach service from special schools into mainstream schools. i) Develop a specialist autism resource. j) Explore a city-wide IT-based learning platform.

Priority D	Targeted support for children and young people who demonstrate behaviours that may put them at risk
Lead Partnership	14 – 19 Partnership Board
Rationale	Our current service delivery for Tier 2 and 3 children and young people is broadly structured around specific outcomes (NEET, offending, non-attendance, positive activities, health) rather than risk and causal factors. Services can be redesigned to better meet the needs of those children and young people who may be at risk of a range of poor outcomes and reduce the number who may require expensive (and less effective) Tier 4 services.
Key Outcomes	<ol style="list-style-type: none"> 1. Reduce the number of young people who are Not in Education, Employment or Training. 2. Reduce the number of children persistently absent from school. 3. Reduce teenage conceptions. 4. Reduce first time entrants into the youth justice system.
What we will do	<ol style="list-style-type: none"> a) Invest in community-based positive activities offering accredited programmes in target areas of the city. b) Develop a multi-agency targeted youth support service. c) Develop the role of a generic ‘youth adviser’, skilled in a range of intervention styles and methods. d) Improve the support to schools to offer high quality Personal Social and Health Education. e) Re-commission the school nursing service. f) Supported transitions, especially from primary to secondary school, for at risk youngsters.

Priority E	Excellent safeguarding and early intervention practice, processes and procedures
Lead Partnership	The Joint Commissioning Executive
Rationale	<p>Effective early intervention and safeguarding is predicated on having a confident and competent workforce across agencies that have high quality policies, procedures and practices. A weak link in the network of services leaves children less safe and interventions less effective.</p> <p>The city needs to be confident that the 8,000 people across 300 agencies who work with children and families have the right skills, knowledge, systems and processes to keep children safe and promote their well-being.</p> <p>The Common Assessment Framework and related processes are key to ensuring that vulnerable children are identified, assessed and access the right support at the right time.</p>
Key Outcomes	<ol style="list-style-type: none"> 1. Reduction in inappropriate referrals to Children's Social Care. 2. Increase use of the Common Assessment Framework. 3. Agencies compliant with local safeguarding standards and practice, including Section 11 of the Children's Act.
What we will do	<ol style="list-style-type: none"> a) Develop and implement a new Protocol and Guidance for early intervention and safeguarding. b) Annually audit every agency in the city for compliance against established early intervention and safeguarding practice, including Section 11 compliance. c) Sustain and improve the Integrated Working and Safeguarding Training Programme for practitioners and managers.

Priority E	Excellent safeguarding and early intervention practice, processes and procedures
	<ul style="list-style-type: none"> d) Enable quality safeguarding leadership and change management in every service to embed safeguarding, common assessment and case management processes. e) Fully embed the Early Intervention Audit. f) Implement, roll-out and sustain the Portsmouth Children's Data Hub. g) Develop supervision training so that practitioners are effectively supported to keep children safe. h) Ensure every children's and adults' service worker in the city is properly inducted, including an assessment of their safeguarding knowledge and skills. i) Ensure every children's and adults' services worker has a Job Description and Person Specification that is mapped to the six Common Core skills and competencies.

Priority F	Improving outcomes for Looked After Children
Lead Partnership	Corporate Parenting Board
Rationale	Looked After Children and care leavers are highly vulnerable children and young people who are at particular risk of poor outcomes including health, education and unemployment.
Key Outcomes	<ol style="list-style-type: none"> 1. Improve placement stability. 2. Improve educational outcomes. 3. Improve the participation of Looked After Children.
What we will do	<ol style="list-style-type: none"> a) Increase the number of local authority foster carers. b) More efficient and effective commissioning of care placements. c) Review the effectiveness of specific LAC focussed services from health and education. d) Improve the participation of LAC in service design and evaluation. e) Strengthen the focus on educational attainment. f) Supported pathways out of care.

Priority G	Improving outcomes for disabled children
Lead Partnership	Children with Disability Strategy Group
Rationale	<p>Parents of children with disabilities generally feel that the services they receive are of a high quality. However, children with disabilities often require a number of services and that service delivery is not always well-joined up. This makes life harder for the children and for their families.</p> <p>Universal services are not as inclusive as they could be.</p>
Key Outcomes	<ol style="list-style-type: none"> 1. Improve satisfaction with services by parents. 2. Reduce SEN/Non-SEN educational attainment gap.
What we will do	<ol style="list-style-type: none"> a) Create a multi-agency co-located service for children with complex disabilities. b) Develop a single integrated care pathway for children including simplifying assessment and planning processes. c) Ensure the universal children's workforce has the right skills and knowledge to work with children with disabilities. d) Develop further opportunities for short breaks providers. e) Improve parent and child participation in service design and evaluation.

SECTION 5 – RESOURCES

A mapping of total expenditure on children and young people in 2010 has shown that agencies spend around £180 million on services directly for children and families in the city. Public sector funding cuts during the 2011-2014 period will see this figure drop.

This funding supports the following;

- 67 schools
- 2 colleges of further education
- 16 Children's Centres
- Paediatric hospital services
- Community health services
- Over 100 foster carers
- Around 40 targeted and specialist services
- Over 70 voluntary and community-based organisations

Additionally, there are services for adults and universally available resources including GPs, health centres, police and community safety support, community buildings, leisure services, membership organisations and a wide range of user-led support projects and networks.

Each of the improvement and commissioning strategies for the seven priorities includes plans to ensure that resources are efficiently, effectively and sustainably deployed to maximise improvement in outcomes.

The 2011 – 2012 financial year will see significant reconfiguration of targeted and early intervention services funded out of the Early Intervention Grant. A key challenge for 2012 onwards will be mainstreaming some of the grant-funded services wherever possible.

The reduction in local authority funding for school improvement and the forthcoming Pupil Premium will see schools emerging as key commissioners of services. Likewise, GP commissioning through the 2011 Health White Paper will bring new commissioners into the frame.

SECTION 6 - MONITORING THE CHILDREN'S TRUST PLAN

Effective monitoring of the Children's Trust Plan is essential in ensuring that the Commissioning Strategies are having an impact on children and families in Portsmouth.

The Children's Trust Joint Commissioning Executive is responsible for monitoring implementation and impact

The format for the quarterly monitoring is as follows;

1. ACTIONS

- RAG Assessment against actions due for completion that quarter.

2. INDICATORS

- New data on Main and Secondary Indicators
- RAG assessment against Main indicators (and targets)
- RAG assessment against secondary indicators (and targets).

3. OUTCOMES

- RAG assessment against *confidence* of meeting March 2012, 2013 and 2014 targets.

4. RISK ASSESSMENT

- Main risks to delivery and outcomes, planned mitigation and date.