

Manchester Children and Young People's Plan

Full Progress Report 2008, Manchester Children's Board



MANCHESTER CHILDREN AND YOUNG PEOPLE'S PLAN

**Progress Report
August 2008**

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FOREWORD

We are pleased to present a progress report on Manchester's Children and Young People's plan 2006-09. The review covers the major services provided to young people from birth to 19, young people aged 20 and over leaving care, and people up to the age of 25 with learning difficulties and their families or carers.

Manchester's Community Strategy, '*The Manchester Way*' sets out a vision over the next decade to create a city where every resident is healthier, happier and wealthier; where people choose to live and to stay; where they contribute to and benefit from the city's wealth; and where they can enjoy its many cultural events and opportunities. To meet this vision we want Manchester to be a great place to live and learn. We want every child and young person to achieve their full potential and benefit from and contribute to supportive neighbourhoods. This means children and young people must have the self-confidence, ability and ambition for a successful and fruitful adult life. All children and young people need to be in a position to make real choices about their future. As members of the Children's Board, we are committed to putting the necessary changes in place to improve outcomes for children and young people in Manchester.

Meeting this vision presents many challenges and over the past year we have put additional focus on a number of key priority areas where greatest progress is required. These priority areas have been agreed with central Government and monitored through a Performance Improvement Board with representatives from Department for Children, Schools and Families, Government Office for the North West, senior managers within the Council and the Chief Executive of the Primary Care Trust. The priorities, linked to the 5 Every Child Matters outcomes, are:

ECM OUTCOME	PRIORITY
Be Healthy	<ol style="list-style-type: none">1. Continue to strengthen the early identification and prevention of mental health issues.2. Significantly reduce the incidence of teenage pregnancy and sexually transmitted infections.

Stay Safe	<p>3. Ensure children and young people are safeguarded and become looked after only where this improves their life chances and outcomes and that no children and young people will be subject to care orders unnecessarily.</p> <p>4. Improve care planning services and increase placement stability for looked after children in order to improve their outcomes.</p>
Enjoy and Achieve	<p>5. Improve outcomes at the Foundation Stage; raise standards at Key Stages 1 and 3; build on improvements at KS2 and 4; and target interventions in underperforming schools and groups, in particular children in care.</p> <p>6. Improve school attendance.</p>
Make a Positive Contribution	<p>7. Continue to support the multi-agency, locality based work to prevent young people becoming involved in risky and antisocial behaviour and, more specifically, to reduce the re-offending rate.</p>
Achieve Economic Well-Being	<p>8. Continue to reduce the number of Young People who are NEET</p>
<p>These priorities are reflected in Manchester's Local Area Agreement for 2008/09-2010/11.</p>	

Focusing on these priorities has enabled us to make some real improvements in the lives of children and young people, although there is much more to do. This report sets out the progress we have made on these priorities and other important commitments set out in the original Children and Young People's plan published in 2006 and reviewed last year. It also highlights where we need to continue our efforts to improve the quality of life for children and young people in Manchester. The Children's Board ensures the delivery of Children and Young People's Plan itself, with more detailed actions being held by the management plans of partner organisations.

Summary

This section provides an overview of the progress we have made over the past year, and the challenges that remain.

The quality of life for children and young people in Manchester continues to improve although outcomes tend to be lower than those nationally. Progress has been made in key areas: reducing the teenage conception rate following several years of increases; the highest ever number of children and young people achieving 5 or more A*-C grades at GCSE; and a significant reduction in the number of 16 to 18 year-olds not in education, employment and training. The challenge for Manchester is to narrow the gap in outcomes compared with national figures and to reduce variations in outcomes within the city. We have identified with the Performance Improvement Board, a partnership with central and regional government, 8 priority areas. We are also reviewing strategies to address rising levels of childhood obesity and the city's approach to reducing child poverty.

Significant progress has been made in developing partnerships and implementing Children's Trust arrangements. Governance arrangements have been agreed, which has seen the establishment of a Children's Trust Leadership Team (CTLT) with joint chairs from the Primary Care Trust (PCT) and the Council reporting to the Children's Board. The CTLT is overseeing the delivery of Children's Trust arrangements and district working. District Wider Leadership Teams (DWLTs), which align the management of the Council's Children's Services with health services are now in place to implement integrated service delivery at the front-line. DWLTs are building effective partnerships through District Panels, comprising other partner agencies and the voluntary sector to inform the delivery and commissioning of services at local level.

An approach to joint commissioning with the PCT has been agreed and key tools such as the Common Assessment Framework (CAF) and Contact Point are being rolled out.

Further progress is required to ensure we: have strong and transparent governance arrangements, including a revised Children's Board with extended membership; implement integrated children's services, particularly front-line service delivery; further develop integrated citywide and district commissioning and the arrangements for district collaboration.

The Children's Board has led the development of a clear, shared vision around the importance of **early intervention and prevention**. We have aligned key preventative strategies on Emotional Health and Well-being, Positive and Responsible Parenting and Family Support through a common understanding of needs across a number of agencies and settings. We have also started to re-design and transform services, including early years and youth support, to provide a cohesive approach to prevention. The Manchester Safeguarding Children Board is driving multi-agency preventative work in key areas of domestic abuse, substance misuse and guns and gangs.

We need to further transform our services, developing a "think family" approach where families can access a range of appropriate support regardless of which service they contact. The implementation of the Common Assessment Framework is key to this.

The **re-design of education services** has been completed and will be fully implemented from September 2008 and we have re-shaped our relationship with schools. A clear, agreed and effective strategy for educational and school improvement following consultation with headteachers and governors is now in place. We have met our target to have 34 Sure Start Children's Centres operating in wards with the highest deprivation. We are also on course to meet the target of 50% of schools providing access to the 'core offer', including wrap around childcare, by September 2008. Agreement has been reached on the creation of 7 Academies linked to key employment growth sectors in the economy.

We now need to focus on the delivery of high quality services that encourage raised expectations and aspirations and support for all children, recognising schools as a key universal service through which additional help can be secured from other services. In addition, we need to ensure the Building Schools for the Future and Academies programme leads to a transformation in learning for our children and young people.

The changes we are undertaking are leading to improvements in the effectiveness of our services' contributions to improved outcomes. The outcome of the Annual Performance Assessment 2007 judged the overall effectiveness of Children's Services, the capacity to improve, the outcome areas for be healthy, stay safe, enjoy and achieve, make a positive contribution and service management to be adequate with the outcome of achieving economic well-being judged as good. A slight improvement from the Joint Area Review in 2006. This year the Council has judged itself in consultation with partners that its overall capacity to improve and its contribution to staying safe and making a positive contribution to 'good', although this has yet to be validated by OfSTED. This is consistent with the aim of moving from adequate to good across all of these areas and then to outstanding during 2008-11.

Inspection and assessment findings in other areas are encouraging. As mentioned above CAHMS scores well in its annual assessment. Central Manchester University and Manchester Children's Hospitals NHS Trust, Manchester's main provider of children's specialist health services was rated as 'good' in the children's hospital improvement review. More schools are being judged by OfSTED to be good or better and post 16 provision is outstanding in 3 colleges and good in the other. However the Council's Family Placement and Adoption Service was found to be inadequate last year and a robust strategy with additional investment has been put in place to improve this service.

Significant progress has also been made in **using resources more efficiently and providing better value for money**. There are an increasing number of examples of good and improving practice in joint commissioning. These include the joint approach to target the Local Development Plan 'uplift' monies, the childcare sufficiency statement, the cross-border review of activities to prevent young people entering care and getting involved in gangs, the city's approach to Academies and commissioning of school places.

The Local Area Agreement (LAA) has been used to enable the alignment/pooling of £8.5 million for public health/health inequalities work. This includes £4.8 million of PCT 'Choosing Health' funding. The LSC has pooled £1m to purchase additional Connexions Advisers and procure community based provision to re-engage young people to reduce the number of young learners who are not engaged in education, employment or training (NEET). The Manchester College will deliver an improved more coherent entitlement to learners and employers. An external audit of the PCT in April 2008 indicated good progress over the year in improving its arrangements for value for money. Service reviews and improvements in value for money have enabled the City Council's Children's Services has been able to delegate an additional £18m to schools and to re-invest efficiency saving towards early intervention and prevention.

Progress in other areas is enabling **a coherent workforce development strategy** to be drawn up. A multi-agency Workforce Strategy Steering Group is developing a local vision for all those working with children and young people. This is being supported by a programme of training and development for key service delivery managers to ensure the right culture and skills are in place to deliver more integrated working. The programme also include a multi-agency safeguarding training programme delivered by a multi-disciplinary team from across children's services sector. Further restructuring and development of our workforce and the embedding of a common culture across all workers are key to making integrated working a reality.

Introduction

1. PURPOSE OF REVIEW OF THE CHILDREN AND YOUNG PEOPLE’S PLAN

The city’s first Children and Young People’s Plan was published in 2006. The multi-agency plan brought together for the first time in one place the city’s priorities for children and young people, their families and carers; and set out the key actions to improve outcomes for children and young people over the three year period 2006 – 2009. It was reviewed in June 2007.

This report sets out the progress we have made on the actions set out in the original plan and review and builds on the Children’s Services Directorate self-assessment as part of the Annual Performance Assessment. Partners have contributed to this report through the partnership mechanisms in place across Manchester at citywide and district level.

2. LINKAGES TO MANCHESTER COMMUNITY STRATEGY AND THE LOCAL AREA AGREEMENT

The Children and Young People’s Plan underpins Manchester’s Community Strategy, *The Manchester Way*, which sets out the vision for the city, the improvements required in the city’s economic, social and environmental fabric and how these will be achieved. It links to the three spines of the Community Strategy as follows:

Community Strategy	Linkages
<i>Reaching full potential in education and employment</i>	Raising attainment and improving attendance will support children and young people in reaching their educational potential, with specific actions targeted at those groups who currently do not do so. This in turn will prepare them as independent learners in the 14-19 phase where they will develop employability skills and competences. The city’s 14-19 Strategy contributes through its objectives of improving participation, retention, attainment and progression. The engagement of business sponsors through the Academies programme to ensure that the curriculum meets the needs of Manchester’s successful economy is a key aspect.
Individual and collective self-esteem, mutual respect	The emphasis on personal and social development; participation in a range of positive activities such as volunteering and district youth forums; and on children and young people contributing to the development of our services will help children develop as confident individuals and responsible citizens who relate to each other and to their communities as a whole and who appreciate the benefits of diversity. The development of Integrated Youth Support Services and Targeted

	<p>Youth Support will further support this. Physically and emotionally healthy children who are free from neglect or harm are more likely to become healthy, confident and aspiring adults. The Primary Care Trust and the local authority working with its partners on a range of issues, including parenting, multi-agency teams and district collaboration can raise the overall health and well-being of the community and increase self-esteem and resilience to adversity. This plan sets out our contribution to the key indicator on the percentage of people who feel they can influence decisions in their area.</p>
<p><i>Neighbourhoods of choice</i></p>	<p>Good quality schools at the heart of the community are central to this theme. SureStart Children's Centres, other childcare provision and extended schools are providing a range of services and facilities in local areas that add to the support for families and increase community use of facilities. The Play Strategy is developing and improving opportunities for children to play and access to play spaces, including green spaces in parks and other open spaces. This will enhance the city and the environment for children and their families. Early Years and SureStart Centres deliver parenting programmes to support the Positive and Responsible Parenting Strategy, helping parents to effectively manage their children's behaviour. The development of Integrated Youth Support Services and Targeted Youth Support offers support to parents of teenagers, including parenting programmes.</p>

3. THE MANCHESTER CONTEXT FOR CHILDREN AND YOUNG PEOPLE

Around 111,000 of Manchester's population of 452,000 are aged 0-19. Although the population has been growing at over 1% a year since 2001 the number of children under 15 has decreased. However, it is predicted that from 2009 the population of school-aged children, particularly at primary level, will start to grow and this is already being seen in an increase in the number of children aged under 5. Approximately 28% of children and young people come from an ethnic minority background and there are almost 150 different languages spoken in schools. Pakistani children remain the largest ethnic group, although the population is becoming increasingly diverse with increasing numbers from EU accession states and black African groups. Movement within and in and out of the city is high and this is reflected in pupil mobility, which is 16.5%, slightly reduced from 18% in 2005.

Despite excellent economic growth and slight reductions in deprivation, there continues to be persistent and high levels of worklessness. 41.5% of children live in families in receipt of out of work benefits and the IMD 2007 ranked Manchester as

the fourth most deprived local authority in England, the most deprived areas being in north and east Manchester and in parts of Wythenshawe. There has been a slight decline in the number of children eligible for free school meals in recent years although the figure remains high at 38.2%. The 2005 survey found that there were 5,695 children in need, i.e children who are unlikely to achieve a reasonable standard of health or development without extra local authority provision or who are disabled. There are 1,316 looked after children (LAC) with an additional 111 who are unaccompanied asylum seeking children (UASC). Just over 2,000 pupils (3.2%, compared to 2.8% nationally) have a Special Educational Needs (SEN) statement. There are approximately 3,000 children registered on the disabled children's register, an increase of over 650 in the last 2 years.

4. SIGNIFICANT DEVELOPMENTS SINCE THE LAST REVIEW

In our original plan we set out a number of goals in establishing Children's Trust arrangements, implementing key programmes and projects and maintaining the current focus around improving services. We have made significant progress in a number of areas in the last year:

4.1 Establishing Children's Trust Arrangements

Children's trust arrangements are led by the Children's Board, as the executive of the Children and Young People's Partnership. Membership comprises: Children Services Directorate, health, voluntary and community sector, Learning and Skills Council (LSC) and police. Over the past year, the Children's Board has benefited from a formal relationship with central and regional government through the Performance Improvement Board (PIB), which has helped focus energies on priority areas and provided some additional capacity to progress key areas. The role and membership of the Children's Board and associated governance structures are now being reviewed in the context of proposals to conclude the work of the PIB and widen representation, including headteachers.

Progress has been made in developing partnerships and implementing Children's Trust arrangements. A Children's Trust Leadership Team (CTLT) has been established which reports to the Children's Board, with joint chairs from the Council and the PCT, to drive forward the implementation of our Children's Trust arrangements. Initially this is through an aligned management model at a district level (see map) with 6 District Wider Leadership Teams (DWLTs) comprising children's social care, education, and health managers. This is a change in approach to our original intention of creating 14 multi-agency teams.

An approach to joint commissioning with the PCT has been agreed and key tools such as the Common Assessment Framework (CAF) and Contact Point are being rolled out across the city. CAF is a key part of delivering frontline services that are integrated and focused around the needs of children and young people. It provides a standardised approach to conducting an assessment of a child's additional needs and deciding how those needs should be met.

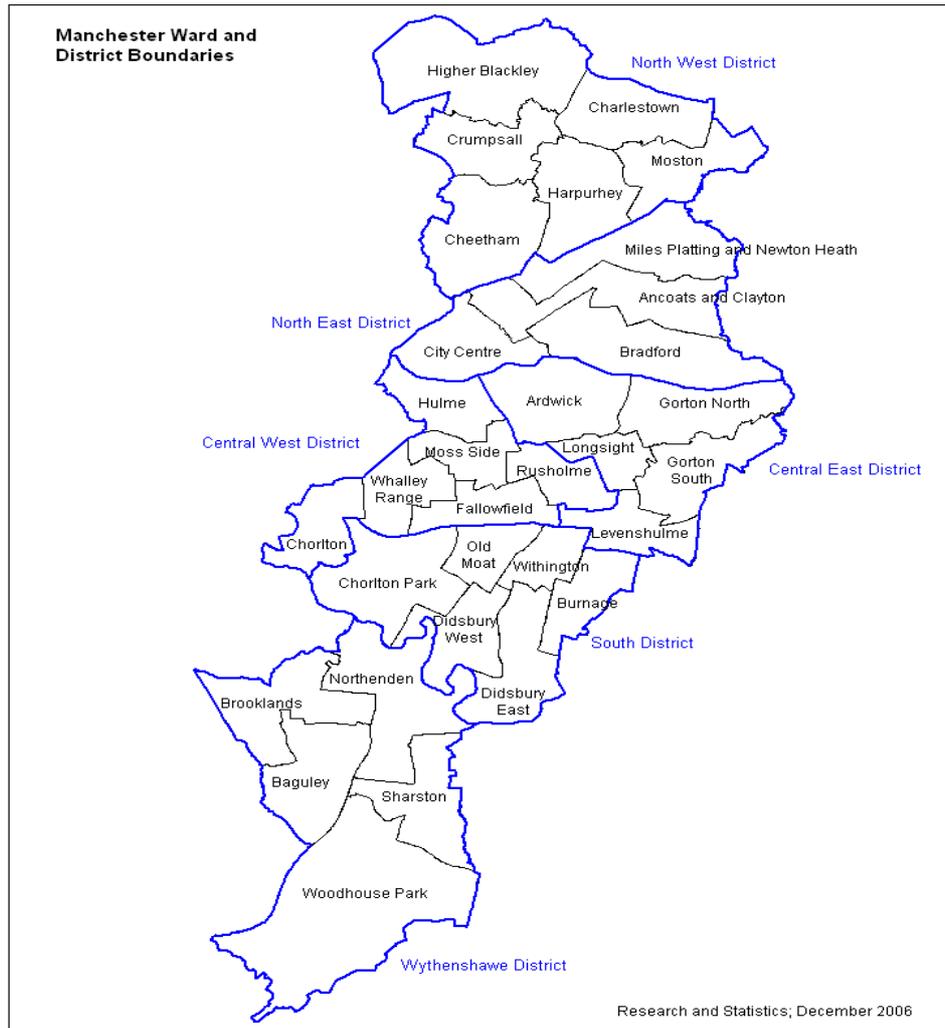
Plans to implement ContactPoint, a new national information system from the Department for Children, School and Families (DCSF) are now well under way, with

rollout across Manchester and the rest of England currently estimated to start in early 2009. ContactPoint is an integral part of Manchester's Children's Trust Arrangements. It is a quick way of finding out who else is working with the same child or young person. This basic on-line directory will make it easier for those working with children to deliver more co-ordinated support to parents and families. The purpose is to improve services to children and young people and there is a strong emphasis on early intervention and prevention. ContactPoint will hold a small amount of core demographic information on every child in England (aged up to 18). It will also have contact details for parents/carers and for practitioners providing services to the child. This will not include any sensitive information, case or assessment information.

The key benefits of ContactPoint are:

- less time trying to find other practitioners;
- quicker assessment of whether a child is receiving universal services (education, primary health care); and
- enables more effective multi-agency working, which leads to better service experience for children and young people.

The DWLTs are building effective partnerships through District Panels, which have been established with representatives from wider partner agencies, including the voluntary sector. These enable all agencies to contribute to a common understanding of needs and priorities within each district to inform commissioning to deliver better outcomes. The work of the District Panels supports the wider approach to delivering a neighbourhood focus, for example linking with Ward Coordination groups, to enhance understanding of particular communities needs. This year for the first time we have produced district plans based on local needs, and the following priority areas of need have been identified for each of our six districts.



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For district delivery, the plan is to provide services to children and young people on a multi-agency basis within six geographical districts, close to their families, friends, homes, schools and other local settings. Early Years staff, Play staff, Family Support Officers and Youth Staff all have individual skills and expertise and this will be strengthened by them working much more closely together, developing a common core of values, knowledge and skills, and by being located more closely together in the districts. These staff will provide universal and targeted services and work very closely in the district with their colleagues in the Education Service (SAIS etc), the Youth Offending Team (YOT), the Connexions Service, the Health Service (Health Visitors, etc) and staff in schools, as well as local community, voluntary and private services. Over time, all staff will be increasingly co-located.

All these staff will become budget-holding lead professionals for children and deliver the Common Assessment Framework and lead on and contribute to other more specialised and complex assessments for children where necessary. Social workers will be the lead professionals for highly specialised and complex multi-agency assessments and services covering child protection investigations, child protection

plans, care proceedings, and the more complex care plans for looked after children. Individual staff will get to know individual children very well and build a lasting and continuous relationship with them, ensuring there is a clear knowledge, one overall record and assessment of their history and needs, good communication and information sharing, good planning and that these needs are being met by good quality services that are regularly reviewed. All staff will increasingly use electronic means of recording and sharing information through ContactPoint, Integrated Children's System, MiCare, and the E-CAF systems.

<u>DISTRICT PRIORITIES</u>	
CENTRAL EAST	<ul style="list-style-type: none"> • Children and young people’s mental health and well-being • Children and young people’s participation
CENTRAL WEST	<ul style="list-style-type: none"> • Guns and gangs • Disabled children • Exclusions
WYTHENSHAW	<ul style="list-style-type: none"> • Improving mental health and well-being; including looking at the impact of drugs and alcohol and domestic abuse • Raising aspiration; which has a knock-on effect of reducing teenage pregnancy, raising attainment, reducing NEETs and also raising skill levels for employment. • These two areas are set within the context of looking at the impact of poverty (including working for low wages) on Wythenshawe families.
SOUTH	<ul style="list-style-type: none"> • Exclusions in primary school • NEETS (looking at causes and links to NEETs and exclusions) • Family support • Participation
NORTH WEST	<ul style="list-style-type: none"> • Engagement, LAC, early intervention and prevention • School attendance • Educational attainment (including Foundation Stage) • Safeguarding • Mental health and emotional well-being
NORTH EAST	<ul style="list-style-type: none"> • Reduce the number of LAC and improve outcomes for LAC • Increase aspirations and well-being • Reduce teenage pregnancy and improve teenage sexual health • Improve attainment • Improve outcomes for 14-19 year-olds • Attendance

4.2 Prevention and Early Intervention

We recognise that if we are to narrow the gaps between the most disadvantaged children in our communities and our peers we need to commission and deliver services of the highest quality with encouragement for raised expectations and support for all children to aspire to the highest possible goals. This requires a move away from crisis interventions towards proactive delivery of quality universal services with a focus on prevention and early intervention. Implementation of the Common Assessment Framework is central to this.

The Children's Board has led the development of a clear, shared vision around the importance of prevention, and there is a widespread commitment to make this work. Through district-based, multi-agency services families will have a clear understanding of the core offer of support and opportunities available to them within their district to help them reach their full potential. This will include access to a school they are happy with, parental information and advice, primary healthcare, sufficient childcare and play, sport and leisure opportunities. Families will feel that universal services are flexible so that more of their needs are met without being referred to more targeted support.

Families in need of more targeted support will have:

- a clear understanding of what support they can expect and their own responsibilities for maximising the benefit from that support;
- help in gaining this understanding from the first point of contact so they do not feel passed round the system;
- an experience of needs assessment that grows at each stage rather than going over old ground; and
- consistent contact with a lead professional and a clear understanding of when and why this role needs to change, if it does.

It is crucial in addressing individual needs and achieving improved outcomes to provide children, parents and carers with the opportunities to develop:

- positive social, emotional and psychological well-being designed to improve happiness and confidence; and
- autonomy, problem solving, resilience, attentiveness and involvement; and
- good relationships with others.

We are implementing and aligning a number of key strategies that support these needs:

- the Positive and Responsible Parenting Strategy, which emphasises the importance of parents/carers developing strong and affectionate relationships with their children and the contribution this makes to the development of a child's emotional health, well-being and resilience. It ranges from the provision of information, advice and support to all parents to help their child develop and achieve to their potential to more targeted support such as Webster Stratton courses, for parents in need of additional support;
- the Family Support Strategy, which recognises the development of emotional and mental well-being as central to a menu of family support activities designed to promote the well-being and welfare of children in their homes and families;
- the Emotional Well-being and Behaviour Strategy, which provides a framework for settings, schools and services to work in a more coherent way in order to help all children and young people develop social, emotional and

behavioural skills building resilience and promoting optimistic thinking;

- the Healthy Schools Strategy, which makes a major contribution, working with partners, in supporting the development of emotionally healthy children and young people; and
- the Child Adolescent and Mental Health (CAMHS) Strategy, which includes a strand on improving access to mental health services in schools and other settings, including: increasing training to enable effective work with children and families to take place (Tier 1), supporting therapeutic interventions (Tier 2) and providing courses for parents.

The Manchester Safeguarding Children Board has identified key themes from a variety of sources, most notably from serious case reviews as key issues for Manchester to prevent crises occurring:

- Domestic abuse within families and the consequences of this on the child or young person;
- Parental substance misuse and substance misuse by young people themselves; and
- Gun and gang crime and the incidence of young people involved in this either directly or due to family involvement.

The Stay Safe section of this plan sets out measures for addressing concerns about child sexual exploitation.

The move to earlier intervention and prevention requires us to transform some of our key services. The key elements for this year are to:

- Develop an integrated early years service combining Children's Centres, Sure Start Centres, accessible childcare provision, extended provision in schools and play services;
- Develop stronger level 2 and level 3 family support services and accessible childcare provision with an emphasis on safeguarding, positive and responsible parenting and supporting children and young people at risk of family breakdown and becoming looked after (on the edge of care);
- Develop an integrated service for children and young people with physical and learning difficulties and disabilities; and
- Develop an Integrated Youth Support Service, including targeted youth support.

Where children do need to be taken into care we will deliver more effective care planning services and better placement choice for looked after children.

4.3 SureStart Children's Centres

We have met our target to have 34 Sure Start Children's Centres operating meaning that centres are established in all of the wards within the 30% top levels of deprivation. There is a range of commissioned services targeting work with children under five years in settings and in the home. These include speech and language

services, play and child development sessions, family education services and services to ensure early identification of special needs. The city is integrating its existing early years service with Sure Start services and the Early Years Development Childcare Partnership to ensure a more cohesive delivery and link outputs to outcomes for children. This will deliver support to the private, voluntary and independent sector providing a quality assurance framework to drive up standards across all sectors. Our target is to have 36 centres in place by March 2009, reaching 40 by 2011.

4.4 Extended Schools

National targets for the development of extended schools require that every school in England offers access to a 'core offer' of services by 2010. This core offer has five main elements to provide access to:

- childcare from 8 am to 6 pm (in primary schools);
- parenting support and information;
- a varied menu of activities;
- swift and easy access to specialist support services; and
- community access to school ICT and sport facilities.

Schools do not need to offer all services themselves and it is recognised that schools will often best fulfil their extended role by working together in clusters and by sharing facilities and strengths. Currently around 60% of schools in Manchester are in active clusters. It should be noted that each of the core offer areas comes under the remit of at least one other agency and that partnership working is an absolute necessity to meeting targets for delivery. The role of the Extended Schools Team is as an agent for change in brokering relationships, stimulating partnership working, encouraging innovation and facilitating the engagement of schools in the broader 'Change for Children' agenda. Current priorities for extended schools in Manchester are:

- **Targets** - progress is well underway in Manchester to meet the next target for 50% of schools to be offering access to the core offer by September 2008. This equates to 86 schools and Manchester's ES Team is confident that this target will be met;
- **CAF implementation** - Manchester's Extended Schools team has gathered data as part of the annual extended schools audit on individual school readiness for CAF implementation. This information has been shared with the District CAF Workers to identify schools where CAF implementation can be implemented swiftly;
- **Parent Support Advisors** - extended schools budgets in 2008-09 have included funding for the implementation of a new role in schools across England, that of Parent Support Advisors (PSAs); and
- **Capital programme** - Manchester's Extended Schools programme has a small capital budget from 2008-11 to support the delivery of the extended schools core offer and this will necessitate close planning and delivery with both schools and the School Organisation and Development team within the local authority.

4.5 Building Schools for the Future

The BSF and Academies Programme is making good progress. It will transform education for 11 to 19 year-olds in Manchester - the whole estate of 33 mainstream and special schools will have been rebuilt or refurbished by 2014. Under the Academies Programme, five high schools (three are performing below the floor target of 30% of pupils achieving 5 or more A*-C GCSE grades including English and Maths) are being replaced by seven Academies. Each Academy will have a specialism and partnership arrangements relating to one of the leading employment growth sectors in the city. It will also provide far greater admissions choices starting from next year.

Manchester is making unprecedented investment in its schools through the Building Schools for the Future and Academies programme, as follows:

- BSF Wave 1 investment in 16 schools, construction work commencing 2006, total investment £240m
- Academies investment in 7 schools, total investment £150m (see table, below)
- BSF Wave 4 investment in 9 schools, construction work commencing 2009, total investment £100m

The Academies programme has linked schools to key employment growth sectors in Manchester's economy:

Specialism	Sponsors	School
Manchester Health Academy	Central Manchester and Manchester Children's University Hospitals NHS Trust, The Manchester College and MCC	Brookway
Manchester Enterprise Academy	Manchester Airport with Willow Park Housing Trust, The Manchester College and MCC	Parklands
East Manchester Academy (Construction and Built Environment)	Bovis Lend Lease with Laing O'Rourke, The Manchester College and MCC	No pre-existing school
Creative and Media Academies	The Manchester College, Microsoft and MCC	North Manchester High School for Boys and North Manchester High School for Girls
Manchester Communication Academy	BT, The Manchester College and MCC	No pre-existing school
Manchester Co-operative Academy (Financial and Professional Services)	Co-operative Group, The Manchester College and MCC	Plant Hill

The Academies are part of wider plans to improve how well children do at school. They will provide more than an academic education. Through close links to business they will raise aspirations and help young people develop confidence in their abilities

and optimism for their futures. This new approach will create more resilient young people, equipped with both the practical and emotional skills they need to cope with the challenges of living in the city.

4.6 Organisational changes in the Local Authority and Primary Care Trusts

A single Primary Care Trust (PCT) has been established, with a new chief executive, executive directors and third-tier managers. The LA and PCT have jointly established the Children's Trust Leadership Team (CTLT) to lead performance improvement in districts and the implementation of the children's trust. It is co-chaired by the LA and PCT and is supported by District Wider Leadership Teams made up of district-based social care, education and health managers.

The LA and the PCT have worked more closely together on key planning and performance management processes such as "Vital Signs" the local health development plan and on the Joint Strategic Needs Analysis of the health and well-being of people in Manchester. An approach to joint commissioning has also been developed and there are examples of joint allocation of resources, for example through the Local Development Plan 'uplift' monies and alignment/pooling of £8.5 million for public health/health inequalities work, including £4.8m of PCT 'Choosing Health' funding through the Local Area Agreement

4.7 Reconfiguration of Secondary Healthcare

There is a national and local requirement to work towards changing the way health care is delivered to meet the needs of people in the 21st century. Increasingly, health care services will be provided outside hospital in people's homes, in clinics, children's centres and schools, resulting in a reduced requirement for hospital provision.

The PCT has led the implementation of Maternity Matters to ensure that all women are offered choice in relation to places to give birth. This is supported by the wider changes to maternity services across Greater Manchester. The PCT is also leading on the closure and re-provision programme for Booth Hall Children's Hospital. These will ensure that all clinical services in Greater Manchester are clinically safe, of good quality and sustainable and that centres of excellence are developed and supported by extended and enhanced centres in the community for ill and disabled children. They will assist the PCT in achieving standards 6, 7 and 8 of the National Service Framework. Central Manchester University and Manchester Children's Hospitals NHS Trust, Manchester's main provider of children's specialist health services, was rated as 'good' in the children's hospital improvement review (2007).

4.8 Working in Partnership with the Voluntary and Community Sector

Comprising independent, value-based, not-for-profit organisations, Manchester's voluntary and community sector plays a crucial role that is distinct from both the statutory and private sectors.

The voluntary and community sector has several roles: service provider, strategic partner and as a voice for the community. In terms of listening to local needs, the voluntary and community sector help articulate the views of the children, young

people and families with whom they work – indeed it is a characteristic of the sector that they have a long history of involving their service users in shaping and managing their work.

The trust and value that local communities place in the voluntary and community sector means that they are able to reach groups that statutory agencies find it more difficult to engage with. They are well placed to spot emerging needs and gaps in provision, draw upon resources in the community and gain local support for new projects.

Children's Services and voluntary sector partners are leading the implementation of a strategy to improve the commissioning arrangements with the voluntary sector by, for example, aligning systems across several funding streams, bringing a district focus to decision-making and developing outcome-focussed performance management based on the Outcomes Based Accountability (OBA) model.

The Children's Board is leading a process to put in place a longer term strategy to build capacity in the third sector. Options will be outlined for support business and workforce development in the sector, improving safeguarding practice and promoting a diverse and active sector with a geographical coverage that matches the level of need across the city.

4.9 Measures to engage children and young people

We have made significant progress this year in establishing robust decision-making structures to ensure that children and young people have a voice in issues impacting on their lives.

The Manchester Young People's Council has been redesigned and five out of six district forums have been established, with a membership of 60 young people and growing, to ensure that young people have a say in their local communities. Consultation and training has been delivered to over 175 young people in how to self-manage their district forums, influence and inform decision-making. Alignment with other local forums and ward structures is developing.

Children and young people are routinely engaged in discussions at Overview and Scrutiny Committee (CYPOS). Elected members have prioritised and facilitated the influence and views of children and young people to amend a number of themes and issues including life in children's residential homes. A range of media have been used to represent children and young people's views including DVDs, research and data, case studies and presentations. A Children and Young People's Engagement Sub-group has been established to coordinate visits to inform the CYPOS calendar next year.

The Youth Capital and Youth Opportunity Funds have been used to empower young people to be the commissioners and decision makers in providing the basis of Manchester's Youth Offer - Places to Go, Things to Do. Children and young people have been recruited from across the city through a range of youth projects and faith groups and involved in all aspects of the grant scheme. 24 young people have acted as grant givers/decision-makers, 1,790 have been project leaders/ applicants, and

14,044 have been involved as users of activities or facilities. Over 1,000 activities have now been run, and young people have applied for funding to create new spaces and make improvements to existing spaces, (e.g. music studio, dance studio, IT suite, nursery equipment for young parents group, community kitchen, disabled access to outdoor education centre). Evaluation of children and young people's feedback includes increased confidence and skills and feelings of empowerment in how the funds are processed and implemented. Further work is planned to ensure the panel is fully representative of all groups, for example young parents and looked after children.

Children and young people are helped to acquire the knowledge and understanding to become informed and responsible citizens. A range of existing youth provision delivers programmes of socially educative activities designed to raise aspirations, develop responsibility and involve young people in informed decision-making. The review of the Youth Service is reaching its conclusion via a new management approach and service design: the planned model for autumn implementation refocuses quality youth work as a significant contribution to outcomes for many young people through universal and outreach provision as well as skilled youth work contributing to focussed work with young people demonstrating higher level needs.

The Parenting Strategy supports the emphasis that children and young people need support and role models to become active and responsible citizens. A new parenting working group (in response to DCSF feedback on the Manchester parenting strategy) is developing a robust performance management approach to our parenting provision to measure such impact and outcomes. Innovative work with parents is continuing: Manchester launched a competition with parents, families and children in 2007 to suggest top parenting tips and this was turned into a Little Book of Great Parenting, with comments from professionals in the city. Over 20,000 copies have been distributed to all agencies in the city, including Sure Start Centres, health centres, libraries, schools, housing associations and the voluntary sector, and the book received national recognition.

From a health perspective, the Public Health Development Service have engaged with young people on issues such as sexual health, homophobia, stopping smoking and exercise. Examples of how young people's engagement in volunteering opportunities can be found in the 'Making a Positive Contribution' section of this plan.

To further embed, extend and quality assure practice, children and young people's engagement standards have been prepared drawn from national models and practice elsewhere. The standards will be piloted in the next planning cycle, although we have not yet established a survey linked to the Children and Young People's Plan priorities. The intention is that this will be delivered across partners and provide us with a mechanism for gathering the views of children and young people on an annual basis. This is a priority for the coming year.

Be Healthy

ENCOURAGING TRENDS

- The **under-18 conception rate** fell from 71.9 per 1000 in 2005 to 67.0 in 2006, a reduction of 6.8%. The number of conceptions fell from 591 to 537, a reduction of nearly 10% and is now lower than the 1998 baseline.
- **Breastfeeding initiation rates** in Manchester increased from 63% to 72.7% of mothers in 2007/08.
- The **percentage of women smoking during pregnancy** has fallen below 2004/05 levels to just under 20%.
- **Infant mortality rates** continue to fall. The infant mortality gap compared with the North West as a whole has reduced to 1.2 deaths per 1,000 from 2.9 deaths per 1,000 in 1999-01.
- 9.3% of births in 2004/6 in Manchester were **low birth weight babies** a substantial fall since 1993/5, when the proportion was 12.5%.
- 96% of schools are currently engaged with the national **Healthy Schools** programme and the percentage achieving the standard has accelerated. By December 2007, 48% had achieved the standard against a national target of 55%, and we are on target for an additional 5% of schools achieving the standard by July 2008.

CHALLENGING TRENDS

- Findings from the strengths and difficulties questionnaire exercise conducted in 2006 on **emotional health and well-being** found that: **15.1%** of primary school age children (5-11 years of age) have a 'probable' psychiatric disorder, while a psychiatric disorder is 'possible' in a further 12.9% of children according to a sample of Manchester teachers. **16.9%** have a 'probable' psychiatric disorder but a slightly lower prevalence of 'possible' psychiatric disorder (10.6%) according to a sample of Manchester parents in the same study. **18%** of secondary school age children (11-16) in Manchester have a 'probable' psychiatric disorder according to a sample of teachers.
- 12.5% of boys and 10.4% of girls in Reception year were measured as being obese in 2006/7. 23.9% of boys and 21.6% of girls in Year 6 were obese. This is above the average for the North West region as a whole and the city is among the top 25% of local authorities in the region in terms of its high levels of **childhood obesity**.

- **Levels of dental decay** among five year-old children have changed little since the 1980s and the dental health of children in Manchester remains poor compared to the North West and England. 62% of five year-olds in Manchester had some experience of tooth decay in 2005/6, compared to 47% in the North West and 38% in England.
- The most recent national statistics indicate that **rates of chlamydia, gonorrhoea and genital warts** are highest in 16 to 19 year-old women and 20 to 24 year-old men. Whilst rates of gonorrhoea have stabilised in Manchester, we have seen an increase in the incidence of drug resistance. There has been a 34.5% increase in new cases of chlamydia and a 59.1% increase in cases of genital herpes and syphilis in Manchester since 2000. Of 978 tests for Chlamydia done in May 2008, 11.5% tested positive.
- Currently the **uptake of MMR vaccine** in children aged two years is 84.4% against a national uptake of 85.3%. This leaves the potential for measles mumps and rubella disease to spread within the pre school environment. Within the school environment, only 73.6% of children against a national average of 79.3% have received their school entry boosters and 64.7% against a national average of 72.8 have received both MMR doses.

Many interventions cannot be shown to have a population-level benefit due to high levels of transience in the city. The PCT is working with others in the North West to consult the public about the introduction of water fluoridation over a geographical area that includes Greater Manchester. To gain a further measure of progress we will build on the baseline data collected during 2006 from a sample of over 3,000 primary and secondary school pupils in Manchester about their health behaviour, we intend to re-run the School Health Education Unit survey in 2008. The survey will collect data on: fruit and vegetable consumption; rates of physical activity; smoking; use of cannabis and other drugs; dental hygiene; stress and knowledge of availability of contraception.

1. HAVING A HEALTHY START TO LIFE

1.1 Low Birth Weight Babies and Infant Mortality Rates

The proportion of low birth-weight babies and infant mortality rates continues to fall. The infant mortality gap compared with the North West as a whole has reduced to 1.2 deaths per 1,000 from 2.9 deaths per 1,000 in 1999-01. We are very much aware that the problem of low birth weight babies cannot be dissociated from other health issues such as smoking, nutrition and general health and much of our work has been centred on addressing these factors.

1.2 Breastfeeding/Smoking during Pregnancy

The Breastfeeding Strategy, midwifery services commissioned through Sure Start and training for all midwives and other maternity staff to help pregnant women to stop smoking and lead healthier lifestyles, are having a positive impact. Breastfeeding initiation rates in Manchester increased from 63% to 72.7% of mothers in 2007/08. Following a rise last year the percentage of women smoking during pregnancy has fallen below 2004/05 levels to just under 20%. The PCT is planning new investment in infant feeding advisor posts through its Local Delivery Plan for 2008/09 (LDP).

1.3 Maternity Services

The PCT has led the implementation of Maternity Matters to ensure that all women are offered choice in relation to places to give birth, as part of wider changes to maternity services across Greater Manchester. The PCT is also leading on the closure and re-provision programme for Booth Hall Children's Hospital. These will ensure that all clinical services in Greater Manchester are clinically safe, of good quality and sustainable and that centres of excellence are developed supported by extended and enhanced services in the community for ill and disabled children. They will assist the PCT in achieving standards 6,7 and 8 of the National Service Framework. Central Manchester University and Manchester Children's Hospitals NHS Trust, Manchester's main provider of children's specialist health services, was rated as 'good' in the children's hospital improvement review (2007).

1.4 Uptake of MMR

Nationally, a decline in MMR vaccine uptake occurred following unfounded vaccine safety concerns but the uptake rate is now showing a slow improvement. Manchester already had lower levels of vaccination uptake, especially on school entry and on leaving school. This further impacted on overall uptake. Currently the uptake of MMR in children aged two years is 84.4% against a national uptake of 85.3%. This leaves the potential for measles mumps and rubella disease to spread within the pre school environment. Within the school environment, only 73.6% of children against a national average of 79.3% have received their school entry boosters and 64.7% against a national average of 72.8 have received both MMR doses. This further leaves the potential for disease to spread within the school environment, which then spreads via siblings to the pre school environment.

On leaving school, approximately 50% of young people are incomplete in their immunisations. Depending on lifestyle choices, risks are increased for measles, mumps and meningitis C on entering further education. All vaccines are recommended to protect individuals with careers or holidays involving foreign travel.

The PCT is in the process of developing an MMR action plan and has secured funding to progress improving the uptake of all children under the age of 11 years. In addition, the Department of Health has very recently announced a 'catch up' of all under-18 year-olds, due to be implemented from September 2008. The PCT MMR action plan is being reviewed and amended accordingly to take account of this recent government announcement.

2. BEING PHYSICALLY HEALTHY AND LEADING A HEALTHY LIFESTYLE

2.1 Substance Misuse

Research carried out by the Drug and Alcohol Strategy Team and Eclipse (a specialist young people's substance misuse service), found that:

- Cannabis remains the key presenting substance being misused by young people, both as a primary and as a secondary substance. Figures reflect a growing use of alcohol, cannabis, cocaine and ecstasy, a profile that is consistent with a number of cities in the North West and elsewhere;
- The majority of young people receiving a service were aged 13-18, with those aged 15-16 accounting for most of these;
- 34 young people who received a service identified as having a disability;
- 21% of young people who received a service were from black and minority ethnic communities;
- Eclipse provided interventions to 4 young pregnant women; and
- 115 young people who are looked after received a service over the past 12 months.

Progress on Manchester's ***Young People's Substance Misuse Plan*** is regularly monitored and reported to a Board chaired by the Deputy Chief Executive of the City Council. Eclipse is fully integrated with wider drug and alcohol and youth services. There is an effective screening, assessment and referral pathway, especially for looked after children and young offenders. During 2007-08 there was an increase in referrals to and engagement with the service.

Drug and alcohol education has been developed to be a central part of the Healthy Schools programme. Two new workers have been employed to work with the Healthy Schools Partnership one to focus on young people and smoking and one to focus on drugs and substance misuse including alcohol. Joint work between the Public Health Development Service and the police with shops selling alcohol has sought to reduce access to alcohol by underage young people. The training on challenging young people and developing skills of refusal has been well received. Key future actions are to ensure that the screening and assessment pathway is embedded into the model for Integrated and Targeted Youth Services, to meet the needs of young people in transition from primary to secondary schools and from youth to adult services, and to implement the national Youth Alcohol Action Plan.

2.2 Smoking

The 2006 Health-Related Behaviour Survey of primary and secondary schools in Manchester reported that 11% of pupils in Years 4 and 5 had tried smoking or were already regular smokers. 13% of pupils in Years 8 and 10 'regularly' or 'occasionally' smoked. There are significant gender differences in this age group with 19% of girls in Year 10 reporting having smoked at least one cigarette during the past 7 days compared with 12% of boys in the same school year. Nationally, the prevalence of smoking among young people has not changed substantially since 1982 and, given that other local figures are consistent with national patterns of smoking among young people, it is reasonable to suggest that the prevalence of smoking among young

people in Manchester is equally intransigent. One of the new Healthy Schools Partnership workers will focus specifically on smoking prevention with young people.

2.3 Reducing Obesity

The 2006-07 National Child Measurement Programme found that 12.5% of boys and 10.4% of girls in Reception year were measured as being obese in 2006-07. 23.9% of boys and 21.6% of girls in Year 6 were obese. This is above the average for the North West region as a whole and the city is among the top 25% of local authorities in the region in terms of its high levels of **childhood obesity**. This suggests levels of obesity in Manchester are increasing as is the case nationally and increases in children as they get older. Evidence from surveys of young people is mixed with high levels of physical activity reported but low quality of food intake.

There are, however, encouraging signs of progress. The Healthy Schools Evaluation Report (September 2007) found qualitative evidence of changes in all Healthy Schools themes, including eating healthier food, taking more exercise and improved confidence. The implementation of the programme is accelerating with improved joint working between the PCT and education services. 96% of schools are currently engaged with the programme and the percentage achieving the **National Healthy Schools Standard** has accelerated. By December 2007, 48% had achieved the Standard against a national target of 55%, and we are on target for an additional 5% of schools achieving the standard by July 2008. The quality and nutritional value of school meals provided by Manchester Fayre is good and has been recognised with national awards. We are continuing to implement the approach to healthy eating focussed on: improving diet through the Manchester Food Futures strategy, increasing levels of physical activity, providing weight management services for those already overweight or obese and continuing to support Healthy Schools. There will be a particular focus on fully implementing the Food in Schools guidelines, the new statutory requirements on nutritional standards for school food, and more targeted physical activity initiatives with year 6 pupils.

In response to the relatively high incidence of childhood obesity, we have included a target in the LAA to initially slow down the increase in, and then reduce, the incidence of childhood obesity. In addition, reduction in obesity is a Sure Start performance indicator and Sure Start Heads of Centres will ensure a focus on this work at local level. The Childhood Obesity National Strategy Team visit in July will provide the local authority and partners with an opportunity to review our strategy.

2.4 Dental Health

Surveys have consistently shown that dental decay levels among Manchester school pupils are among the highest in the country. In response, the Oral Health Strategy for Manchester 2008-13 will:

- provide improved management of the Dental Health Promotion Team so that new initiatives can be implemented and the team can work more efficiently within the wider Public Health Development Service. All mainstream oral health promotion activities will continue to reduce caries levels among children, including the provision of free toothbrushes and toothpaste and dental milk in primary schools; and

- Allow a local launch of the Department of Health's 'Delivering Better Oral Health – An Evidence-Based Toolkit for the Clinical Team'. This will increase the impact and use of this toolkit in Manchester general dental practices and make better use of the potential for preventive advice and treatments among service users. This will be a fundamental part in increasing a preventive approach among general dental services.

3. BEING SEXUALLY HEALTHY

3.1 Teenage Conception Rates

Reducing the historically high teenage conception rates in Manchester has been one of our priorities. The Teenage Pregnancy Partnership Board is driving progress in a number of areas: improving access to contraceptive and sexual health services; improving sex and relationships education; better use of data; and better support for pregnant teenagers and teenage parents. The under-18 conception rate fell from 71.9 per 1000 in 2005 to 67.0 in 2006, a reduction of 6.8%. The number of conceptions fell from 591 to 537, a reduction of nearly 10% and is now lower than the 1998 baseline. We have started to narrow the gap and are confident that we will be able to establish a downward trend in the under-18 conception rate. Access to contraception and sexual health services has improved, with additional centre-based clinics, services delivered in most high schools, and enhanced targeting of young people most at-risk of early parenthood. All maternity providers now have Teenage Pregnancy Specialist Midwives, and contracts with both maternity and abortion providers have been reviewed to ensure that women have access to Long-Acting Reversible Contraceptives (LARC).

Investment has continued in targeted prevention work with young people at risk of early parenthood, including work with black and minority ethnic young people, boys and young men (including the introduction of the Ladz clinic at Brook), and work with young women living in some of our teenage conception hotspots. Sexual health services are provided within residential homes, and further training for staff working with LAC has been provided. The appointment of additional clinical and non-clinical outreach workers has allowed for the provision of services in new venues, e.g. Pupil Referral Units, and this will be further developed over the next 12 months. An area for development is to ensure that all young people at risk of early parenthood are identified and supported. The introduction of Integrated Youth Support (IYS) and Targeted Youth Support (TYS) from April 2008 provides further opportunities for this. The rollout of the Common Assessment Framework (CAF) will support the identification of young people experiencing risk factors for teenage parenthood; the Government Office North West's teenage pregnancy checklist will be attached to the CAF.

3.2 Sexually Transmitted Diseases

Manchester is one of most successful **screening centres for Chlamydia and Gonorrhoea** through "RU Clear" – the Greater Manchester-wide programme providing testing and treatment to young people under 25's. Data from this suggests a 10% prevalence among 15 to 24 year-olds of chlamydia. Sexually transmitted disease services have been modernised in the city and further investment is planned. A number of new clinics have opened across the city and clinical outreach provision has doubled. Further work has been done to increase provision from the spokes

(e.g. GP practices). The Healthy Schools Programme has supported high schools in the development of programmes of study, monitoring and assessment in PSHE and there is improved delivery within the FE sector.

4. ENJOYING OPTIMUM MENTAL AND EMOTIONAL WELL-BEING

4.1 Mental and Emotional Health

The approach to emotional health and well-being as one of our priority areas has been comprehensively reviewed: an agreed definition has been developed across agencies and a leadership team has been established across Children's Services and the PCT.

The **Emotional Well-being and Behaviour Strategy 0-19** has been developed in response to the considerable social and emotional needs of many children and young people through extensive consultation with schools, young people and parents. It has been aligned with Manchester's Parenting Strategy in recognition of the importance of parents and carers in developing strong and affectionate relationships with their children and the contribution this makes to well-being and resilience. The strategy describes a continuum of provision with three levels of needs and services, identifies priorities and work streams for achieving these goals and sets out monitoring mechanisms. The range of strategies used in schools and settings is contributing to an overall decrease in the numbers of children and young people who are persistently absent and leading to a reduction in the number of fixed-term exclusions. External national evaluation will also, in the longer term, provide evidence of the impact of Social and Emotional Aspects of Learning (SEAL) in two high schools and two primary schools. The capacity of school staff to support the leadership and management of behaviour and attendance has been increased by the successful completion of the National Programme for Specialist Leaders (NPSL-BA) and by primary and secondary behaviour and attendance networks. Evaluations indicate that staff are more confident and informed to develop whole-school strategies to support the well-being and behaviour of young people.

4.2 Resilience Training

Nine schools have signed up to undertake the UK Resilience training and 24 school staff successfully completed a UK Resiliency training programme in July 07. By July 08, 550 young people will have completed the 18-hour curriculum programme and the LA is tracking the attendance, attainment and days lost from fixed-term exclusions of these children and young people. School staff report that children and young people are engaged with the programme and there is evidence of an increased range of skills being developed. The external evaluation conducted by the London School of Economics, due in October 2008, will evidence the impact of this work. A mental health in schools pilot has been successfully completed and a phased citywide rollout is due to begin in September 2008. This multi-agency work will support the early identification of children and young people with mental health needs, provide training to school staff to increase their capacity to meet the needs of individual children and improve communication and referrals to CAMHS services.

4.3 Child and Adolescent Mental Health Services (CAMHS)

Local Child and Adolescent Mental Health Services achieve 15 out of 16 points on the national indicator set for comprehensive CAMHS. CAMHS are multi-agency, easily accessible and offer a range of support and training to partner agencies, including behaviour support in schools. (In relation to accessibility, emergency appointments are available within 24 hours, urgent appointments within 5 working days and routine appointments within 11 weeks. CAMHS score 'green' on all of the proxy indicators for comprehensive CAMHS; work has been undertaken to ensure an improved focus on specific vulnerable groups.

5. VULNERABLE CHILDREN AND YOUNG PEOPLE

5.1 Provision for LAC

Children and young people who had had their teeth checked by a dentist and who had had an annual health assessment during the previous 12 months increased to 87% from 72% last year, slightly above the regional and national figures. This is the result of a number of measures to ensure the health of our looked after children. The establishment of a multi-disciplinary health network is in place, which ensures a timely assessment of health needs is undertaken and existing health plans of looked after children are discussed. The appointment of a specialist nurse for looked after children aged 16-18 and a dental pathway for those looked after children who, for whatever reason, do not access a dentist is in operation. A review of mental health support for looked after children has been undertaken and service reforms initiated to improve service access and effectiveness. The Link Team was identified in the national Young Minds awards as one of ten models of best practice for looked after children. PCT staff have received refresher training in promoting the health of looked after children.

5.2 Provision for children and young people with LDD

There are a range of accessible, specialist health care services for children and young people with learning difficulties and disabilities (LDD). These include a multi-disciplinary disabled children's team and the special school nursing team. The children's community nursing service – one of the best developed services in Greater Manchester – offers services for children with complex needs and/or disabilities up to 19 years of age. Similar arrangements are available from the special needs nursing and dietetics service. These arrangements assist in the transition from children's services to adult health services in line with NSF requirements. The PCT has agreed in principle to make additional investment in school nursing services for children with disabilities during 2008-09. Implementation of Health Action plans as an integral part of a person-centred approach to transition is helping to ensure that young people with severe learning and/or physical disabilities transfer to continuing health care services effectively.

Stay Safe

ENCOURAGING TRENDS

- Since April 07 the **number of looked after children**, excluding unaccompanied asylum-seeking children (UASCs), has reduced from 1,360 to 1,316, exceeding the year-end target of 1319.
- There were 2135 fewer **referrals** (9325 compared to 7190) relating to concerns about the well-being and safety of children in the city.
- The majority of our performance indicators continue to improve e.g.:
 - The percentage of **referrals that led to initial assessment** increased from 34.9% to 65.8%;
 - The percentage of **core assessments** completed within 35 working days increased from 83.8% to 86.8%;
 - The **timeliness of reviews of LAC** has improved to 77% from a very low base of 64% in 2006-07, although further improvement is required;
 - The percentage of **children with 3 or more placements** has decreased from 12.2% to 11.1%;
 - The percentage of **children newly looked after are placed more than 20 miles from home** has reduced from 7% to 4.2%;
 - The percentage of children who have been looked after for 6 months or more that were **adopted** increased slightly from 5.3% to 5.5%;
 - The percentage of children who are **adopted within 12 months of the Agency decision** has increased from 84% to 85.7%; and
 - There are good levels of **involvement of parents, carers, and children and young people in safeguarding** evidenced by an increase in the active involvement of children and families in children protection conferences to 72.7%. The attendance at child protection conferences by a parent of a child or their wishes and feelings being represented also remains high at 95%.
- Results for 2006 and 2007 show a reduction in the number of deaths and serious injuries caused by road traffic accidents. The government set us a target to reduce these by 50% over 10 years, and we set ourselves a more ambitious target of a 55% reduction. We have already exceeded this target 8 years into the 10 year deadline

CHALLENGING TRENDS

- *There has been a significant increase in the number of **children subject to a multi-agency risk assessment and child protection plan** by 214 to 516 (54.8 per 10,000 population), and is now above similar authorities.*
- *The percentage of **initial assessments completed within 7 working days** fell from 84.8% to 50.11%.*
- *The **timeliness of section 47 investigations to initial case conferences** has improved from 27% to 39.5% but this remains as an area for development.*
- *The percentage of looked after **children living in the same placement for 2 years** has increased from 63.1% to 64%, but this does not meet the government expectation of 80%.*

1. PROTECTING CHILDREN AND YOUNG PEOPLE FROM HARM

1.1 Accidental injury or death

In addition to engineering works, enforcement, education, training and publicity to tackle road accidents, a schools taskforce has been established to address child casualties near schools. As many incidents were found to be happening around schools, a programme to create 20 mph zones around schools (funded by highways capital funding) was implemented and this has had a very positive effect. Results for the calendar year 2006 and 2007 show a reduction in the number of deaths and serious injuries. The overall target was to reduce the number of 0-15 year-olds killed or seriously injured in road traffic collisions by 50% by 2010, which has already been achieved. Actual results fluctuates year on year but in 2007, 33 children were killed or seriously injured in road traffic collisions.

An Accident Prevention Strategy has been finalised and has been approved by the Manchester Safeguarding Children Board. The Strategy was built on a review of the effectiveness and appropriateness of a range of existing interventions. Although some adjustments have been made, the conclusion of the review was that most of the prevention programme should continue. Subsequently, the PCT have agreed to mainstream many of the preventative activities.

1.2 Protection from maltreatment, neglect and violence

One of our priorities in the past year has been to ensure children and young people are safeguarded and become looked after only where this improves their life chances and improves their outcomes; and that no children and young people will be subject to care orders unnecessarily.

We have increased management capacity in social care and strengthened performance management, which has improved the consistency and quality of risk assessments and decision-making, in partnership with other agencies. **As a result the number of looked after children has safely stabilised and reduced.** Care proceedings have shown a 40% downturn in 2007 and have stabilised at this level during 2008. Fewer children are coming into care and more children are being

supported and monitored appropriately through child protection planning. Since April 2007 the number of LAC, excluding unaccompanied asylum-seeking children, has reduced from 1,360 to 1,316, exceeding the year-end target of 1319. The trend continues downward and is evidence of a sustained and risk-managed decline. However, numbers remain high compared to our statistical neighbours. As such the LAA has agreed stretch targets to safely reduce the numbers of LAC by 80 in 2008-09, 120 in 2009-10, and 200 in 2010-11, an overall further reduction of 400. This is a challenging and ambitious target predicated on increasingly releasing resources previously tied to placement costs into effective family support.

There has also been a consequent significant increase in ***the number of children subject to a multi-agency risk assessment and Child Protection Plan (CPP)*** by 214 to 516. Whilst this has placed additional demands on the service performance has remained high with strong evidence that child protection plans are delivering effective services. Manchester Safeguarding Children Board (MSCB) and the local authority have looked to ensure children who were likely to have become looked after in the past are effectively safeguarded by alternative provision. All children are allocated to a social worker and 99.5% of cases were reviewed in timescale. There was an increase in de-registration last year and the percentage of re-registrations remains low and has improved. Duration on the Child Protection Register has improved and the high percentage of children receiving visits at least every six weeks has been sustained. The timeliness of section 47 investigations to initial case conferences has improved notably by 27% to 39.5% but this remains as an area for development.

The next major challenge is to continue to safely reduce the numbers of LAC whilst stabilising and safely reducing the numbers requiring a CPP. The strategy to ensure children and young people become looked after only where it improves life chances has realised the planned reinvestment of resources to early intervention and prevention services, thereby improving outcomes and increasing value for money. These investments are focussed on enhancing and developing services known to be effective in supporting families and have enabled the redesign of Family Support Services; new money for districts for the local commissioning of support services; and the redesign and expansion of Social Work Services supported by a Think Family approach. In addition, grant funding such as Sure Start and the Working Neighbourhoods Fund is targeted more specifically on children at high risk of family breakdown. In order to ensure that the strategic shift to effectively safeguard more children and young people within their family settings, we have appointed a new senior management post for Safeguarding responsible for providing a comprehensive range of independent quality assurance across children in need, children in need of protection and looked after children.

The MSCB ensures that policies and procedures are in place across agencies on preventative support and responsibilities are clearly understood. A District Safeguarding Forum is in place in each of the districts to ensure the MSCB's key priorities are delivered at a local level. Innovative multi-agency protocols and examples of good practice exist for children and young people at risk of criminal gang activity and child sexual exploitation (CSE).

1.3 Domestic violence, guns and gangs, effects of alcohol and drug misuse in the family

MSCB have produced a 3-year business plan with a clear framework of priorities around **domestic violence, guns and gangs, and the impact of adult alcohol and drugs misuse** on children and young people, which maximises the effectiveness of multi-agency engagement in these areas:

- **Domestic abuse within families and the consequences of this on the child or young person.** The city's domestic abuse strategy has a key objective to support and protect children and young people affected by domestic abuse by ensuring that those affected are able to access services as early as possible and that these services are able to adequately protect and support those young children. Central to this is ensuring that staff in a range of agencies are able to identify domestic abuse issues, use common assessment processes, and access common referral processes. The strategy ensures the coordination of a range of services to support victims of domestic abuse and their families. This is supported through MARAC (Multi Agency Risk Assessment Conference) led by Greater Manchester Police, in identifying the most at-risk individuals and ensuring multi-agency risk assessments are in place. There are strong links between MARAC and the child protection case conferencing system to ensure a coordinated approach in safeguarding children whilst targeting serious offenders.
- **Parental substance misuse** clearly has a negative effect on families and parenting, and an emerging pattern of the co-existence of domestic abuse and substance misuse increases negative impact in all areas of a child's life. An analysis of new referrals during 2007 found that 10.2% involved some level of domestic abuse and/or substance misuse. Manchester has made progress in response to children, young people and families affected by substance misuse. The development of the Eclipse Family Service, a 2-year pilot service for children and young people affected by parental substance misuse, the Intensive Family Support Worker located with the Family Intervention Support Service, partnership working with Family Welfare Association and the Base Camp project located at Smithfield have all combined to provide, in the short term at least, a significant response to familial substance misuse. We plan to continue focussing on improved information sharing and collaborative working between services; to undertake a review of what works in relation to child protection, with overlapping issues of substance misuse and domestic violence; to ensure that services are provided more holistically and to review training on substance misuse and parenting training. Substance misuse by young people themselves is covered in the Be Healthy section of this plan.
- **Gun and gang crime and the incidence of young people involved in this either directly or due to family involvement.** The Manchester Partnership has a good understanding of the historic problem of guns and gangs in the city and already supports initiatives focused on early identification and intervention through the Manchester Multi-Agency Gang Strategy team (MMAGS). However, it is recognised that the problem may be developing and we are determined to learn from previous experience and to test innovative approaches to prevention, early intervention, rehabilitation and enforcement.

We are determined to eradicate gun and gang violence and have developed a robust joint strategy with our neighbours in Trafford.

1.4 Child Sexual Exploitation (CSE)

There has been concern about the scale of child sexual exploitation in Manchester. The multi-agency PROTECT team, consisting of staff from Barnardo's, The Children's Society, Greater Manchester Police and Manchester Children's Services, was formed as a multi-agency project tackling individuals who target vulnerable young people for the purposes of CSE. It seeks to:

- safeguard children;
- secure convictions against perpetrators; and
- provide therapeutic services to support victims.

The PROTECT team has been given additional funding over the next three years to expand its reach to safeguard more children, secure more convictions against perpetrators and provide therapeutic services to support survivors.

1.5 The Common Assessment Framework

The Common Assessment Framework (CAF) is a standardised approach to conducting an assessment of a child's additional needs and deciding how those needs should be met. It can be used by practitioners across children's services in England. CAF coordinators have been appointed to each district, to embed the necessary multi-agency approach to CAF and the lead professional role to improve timely joined up services for children with additional needs. Following a slow start, there is now increasing use of the CAF and wider implementation of the lead professional role. Nevertheless, reach and coverage needs to be more extensive. Revised and agreed contact, referral, assessment, planning and review arrangements are now consistently applied and have significantly improved referral recording. Investment in the contact service, including increased capacity at the front-line duty and assessment teams, has resulted in more effective identification between contacts requiring signposting to appropriate services and children in need referrals. Significantly fewer referrals were thus recorded last year; the rate is now closer to that of similar local authorities.

Capacity for effective case planning for children in need has been increased through the creation of six new Children in Need Coordinator posts. There are a number of other agreed multi-agency case planning and review mechanisms in place such as the vulnerable babies project and CSE case conferencing, and peer on peer abuse is addressed through AIM and MARAC. The tendering process to deliver Family Group Conferencing is near completion and will be implemented this year.

1.6 Fostering arrangements

The local authority has duties to raise awareness of, identify, monitor and support private fostering arrangements (i.e. one that is made privately and without being instigated by a local authority) for the care of a child by someone other than a parent or close relative, with the intention that it should last for 28 days or more. Private foster carers may be from extended family such as a cousin or great aunt or a friend of the family. In response to low figures reported for last year-end and evidence that not all agencies have a clear understanding of the criteria, Children's Services has

worked to increase awareness of the duty to notify the local authority of private fostering arrangements. A dedicated worker from Connexions is working with agencies to ensure arrangements become embedded into practice, including targeted work with the Somali and Chinese communities. The local authority is also advertising in Manchester newspapers and leaflets and posters are in all health centres in order to raise public awareness of the duty to notify.

Serious Case Review (SCR) processes have been amended to ensure full compliance with national requirements. A monitoring system for the implementation of recommendations following SCRs is coordinated by the MSCB Team. The Business Manager also reports SCR action to the Children's Board on a quarterly basis. GONW have cited this as an example of good practice. Ensuring that all SCRs are completed within timescale remains an area for development.

2. CHILDREN HAVE SECURITY, STABILITY AND ARE CARED FOR

2.1 Stable placements

Another of our priorities has been to improve care planning services and increase placement stability for looked after children in order to improve their outcomes. A number of key actions have been completed to achieve this.

Investment in the ***Family Placement and Adoption Service*** has strengthened and increased support to foster carers to improve local placement choice and stability and improve the timescales of adoptions. Further improvements are planned over the next three years.

A new senior manager for Corporate Parenting and Placements has strengthened the role and effectiveness of ***corporate parenting*** and is progressing the accommodation strategy, including investment in local residential provision (two additional homes will open in Manchester this summer), so as to further improve placement choice and stability.

Significant investment has been made in the ***Leaving Care Service***. This has increased the reach and quality of the services provided with Barnardo's so as to improve the percentage of young people with a personal adviser and effective Pathway Plans. Eight more care leavers are in employment, training or education compared to last year.

This improved performance and focus on care planning has impacted positively on increasing numbers of LAC being appropriately cared for outside of the service with 65 children being discharged either by ***an Adoption Order or a Special Guardianship Order*** (which have increased by 15 this year). Whilst adoptions of children has remained stable the percentage adopted during the year, having been placed for adoption within 12 months of the adoption decision, has improved.

All these service improvements have delivered notable progress in outcomes for looked after children. Attainment of looked after children has improved but school attendance and the timeliness of Personal Education Plans (PEPs) are areas for development. All our looked after children are allocated to a named qualified social worker. More looked after children are being placed closer to home and the balance

between looked after children in residential and foster care has improved. The percentage of children and young people placed with relatives or friends has improved as part of the kinship care strategy. The timeliness of reviews of LAC has improved to 77% in 2007-08 from a base of 64% in 2006-07. Additional resources have been allocated to increase the number of Independent Reviewing Officers, although high caseloads pose a risk to progress. This is being addressed through a Service Improvement Programme as part of our preparation to deliver the forthcoming requirements of Care Matters.

2.2 Children with Learning Difficulties and/or Disabilities (LDD)

In accordance with APA guidance, we are now monitoring closely the **number of children with a Child Protection Plan or who are looked after who also have LDD** and this currently stands at about 9%. The Multi-agency Partnership (MAP) produces a Directory of Services and regular newsletters go out to all families/carers on the register. MAP has disseminated information, enabled many families to access services and has either directly run or helped to set up youth provision, play schemes and Webster-Stratton groups to look at behaviour and anger management and after-school and school holiday provision. A range of respite care and other placements is provided and carers are trained, well supported and provided with good guidance.

Transitions between settings and from children's to adult services are person-centred and well managed. Where appropriate, joint casework takes place until the transfer of responsibility at 18 years. An average of 50 transitions are made each year from DCT to Adult Social Care of severely disabled young people requiring post-18 services. Last year over 92% of children aged over 14 had a transition plan in place.

Children and young people with LDD are enabled to report concerns about their care and treatment, evidenced by the take-up of the Children's Rights Service, the level of inclusion of children and young people in meetings and LAC reviews, and the use of the disabled child-friendly comments booklet in reviews. Children's advocates are appropriately engaged where necessary for children with LDD and communication methods can include PECS systems or sign language as well as translation of languages. Carers of children and young people with LDD are offered assessments of their own needs and 64 carer assessments were completed last year, an increase of around 30%.

2.3 Bullying and Discrimination

During the past year we have raised awareness of **cyber-bullying and prejudice-driven bullying** with schools and with parents. The Anti-Bullying Policy and Practice Network (ABPPN) has delivered well-received training on homophobic bullying and cyber bullying to all schools and anti-bullying policies have been improved. 3000 pupils from 8 high schools have been involved in the "Exceeding Expectations" project delivered through a Theatre in Education piece. Feedback from children and young people has been that this has been empowering. A buddying convention was held in June 2007 for 6 to 8 children from each primary school with a focus on peer mentoring and support. Anti-bullying policies are given high priority in children's homes. A safeguarding protocol has been implemented to reduce the number of children and young people becoming involved in criminal gang activity through peer pressure and bullying. The MSCB has also considered the

Byron Review and LSCB BECTA Toolkit on Internet Safety, which is being incorporated into a Safeguarding Internet Policy for looked after children to support residential workers and foster carers.

Enjoy and Achieve

ENCOURAGING TRENDS

- Overall, there has been good progress at Foundation Stage, Key Stage 2 and particularly at Key Stage 4. The percentage of pupils achieving 5 or more A*-C GCSEs continues to rise steadily and rose to our highest ever of 51.8% in 2007.
- Increasing numbers of children in Manchester are leaving the Foundation Stage achieving 78 points or more and 6 points or more in each of the CLL and PSE scales.
- Many vulnerable groups perform well, including most ethnic minority groups and looked after children, who outperform national standards in many respects and are closing the gap to their peers.
- The vast majority of schools have been judged by Ofsted to be good or satisfactory. The local authority has a good understanding of school performance and acts where schools are underperforming. It has a focus on building the capacity of satisfactory schools to become outstanding.
- In 2007-8 there has been a reduction in fixed-term exclusions, partly as a result of changing legislation.

CHALLENGING TRENDS

- Results at Key Stage 1 have plateaued. There is a slight decrease in the percentage of pupils gaining Level 2 or above in each of reading and writing in comparison to 2006. Maths has increased marginally.
- Key Stage 3 remains a concern. Results in Manchester at Level 5 and above have improved slightly in English and Science and fallen in Maths compared to last year. Results are still well below the local authority targets.
- At 32.3% we did not meet our target of 38% achieving 5+ A*-C GCSEs including English and Maths.
- Boys under-perform in reading and writing and the gap widens at Key Stage 3.
- Attendance improved at the end of the Academic Year 2006/07 and the gap between Manchester and the national average reduced from 1.24% to 0.93%, but overall attendance levels in both primary and secondary schools remained well below the national average.
- In 2007-08 there has been an increase in permanent exclusions, a situation partly explained by changing legislation.

1. EARLY YEARS

1.1 Early Years Provision

Early years provision across the city takes place in a variety of schools and settings including Sure Start and private, voluntary and independent settings. Ofsted inspections of local authority provision show the majority provide good curriculum provision and demonstrate good pupil progress. We are working with the private, voluntary and independent sector to improve quality in these sectors. We have a targeted programme of intervention in those settings judged to be less than 'good'. This is supported by local authority monitoring and support is bringing greater capacity and consistency across all sectors in curriculum provision and planning, self-evaluation processes, increasing access to qualified teachers (QTs), and early years and business support specialists.

There are 34 **Sure Start Children's Centres** covering all of the wards within the 30% top levels of deprivation. There is a range of commissioned services targeting work with children under five years in settings and in the home. These include speech and language services, play and child development sessions, family education services and services to ensure early identification of special needs. The city is integrating its existing early years service with Sure Start services and the **Early Years Development Childcare Partnership** to ensure a more cohesive delivery and link outputs to outcomes for children. This will deliver support to the private, voluntary and independent sector providing a quality assurance framework to drive up standards across all sectors.

1.2 Foundation Stage

Increasing numbers of children in Manchester are leaving the Foundation Stage achieving 78 points or more and 6 points or more in each of the Communication, Language and Literacy (CLL) and Personal, Social and Emotional (PSE) scales. We have exceeded our equalities target by lowering the gap between the median and mean scores for the 20% lowest performers by 4%. The average score of the lowest 20% of children has increased by 4 points from 49 to 53. The remaining challenges are in spoken and written language and communication, which remain below national averages. The new **LA Action Plan for Communication, Language and Literacy Development (CLLD)** incorporates a citywide focus on this programme across an increasing number of settings, with training for Learning Strategy Officers in each district team.

2. ENSURING THAT EDUCATIONAL PROVISION FOR 5 – 16 YEAR-OLDS IS OF A GOOD QUALITY

2.1 Progress at Key Stages 1, 2, 3 and 4

There has been good progress Key Stage 2 and particularly at Key Stage 4, although Key Stage 3 remains a concern and results at Key Stage 1 have plateaued. Results remain below national averages and in some cases below statistical neighbours but in most areas the gap is closing. Further reducing the gap for 5+ A* to C, including maths and English, and reducing the number of schools below the floor target, is a priority area. Pupils make good progress based on contextual value added (CVA), except between Key Stages 2 and 3. Many vulnerable groups perform well, including

most ethnic minority groups and looked after children, who outperform national standards in many respects and are closing the gap to their peers. Boys underperform in reading and writing and the gap widens at Key Stage 3.

There is evidence that effective implementation of key initiatives is having an impact on raising attainment. In 2006-07 all lower performing schools were offered **Every Child a Reader (ECAR)** as an intervention in order to build capacity to improve standards in reading and writing from a low baseline. On the ECAR Programme (years 1 and 2) 74% of lowest attainers improved to at least the national average within 20 weeks. Overall, 7 out of 10 schools improved their end of Key Stage 1 results in reading and writing. The Maths Recovery Programme has been piloted in 20 schools with a big impact on lower attainers in Year 2 with over 70% accelerating progress back to national expectation. The programme was very successful with ethnic minority pupils and looked after children. Targeted literacy and mathematics programmes for years 1, 3 and 5 staff have impacted significantly on pupil progress within those year groups and helped to build the capacity of schools to continue with this focussed approach. In addition the Communication, Language and Literacy Development (CLLD) programme has moved into year 1 and 2 and is beginning to impact on attainment in these year groups with regards to phonics reading and writing. The specific focus on the teaching of reading in secondary schools has resulted in an 8% rise in attainment between 2004 and 2007 and the gender gap in reading has been narrowed. The widespread implementation of the **Assessing Pupil Progress programme (APP)** in English has contributed to this impact and will be further embedded in the next academic year. APP will also be implemented in Mathematics, Science and ICT over the next academic year.

2.2 Attainment of black and minority ethnic pupils

In 2007, the attainment of all black and minority ethnic (BME) groups was above the local authority average by the end of Key Stage 4, except for Somali and traveller young people. While the attainment of Somali pupils has risen strongly in Key Stages 1 to 4, an investigation found that attainment at Key Stage 4 was strongly affected by New Arrivals from Overseas. BME groups are generally improving well at all key stages. However, Black Caribbean achievement at Key Stage 2 has fallen over the last two years, and this issue is being addressed through a targeted implementation of the **Black Pupil's Achievement Programme**.

2.3 School Improvement

The local authority's approach to school improvement has changed radically through the **Education Services redesign**, which has now been completed:

- a new senior management team is in place;
- the authority has restructured its services and its new function (as defined by the *Education and Inspections Act 2006*) of challenging and championing children, young people and their families is accepted by schools. There is now absolute clarity with regard to the role and function of all officers involved in school improvement – with School Improvement Partners (SIPs) providing the professional critical challenge, in line with national descriptors. School Effectiveness Officers work in partnership with schools that require intervention to deploy resources to priorities.

- There has been a move to a district focus, aligning with social care and health delivery, with good quality operational management, supported by clear performance management arrangements;
- there is increased accountability of schools accompanied by increased delegation of funding and support for schools to commission most appropriate services through integrated support plan;
- there is improved use of data through a shared Integrated Dataset for Schools, SIPs, SEOs and LA and predictive pupil tracking data;
- the new school improvement cycle in Manchester has been validated by DCSF through the Greater Manchester Challenge, National Strategies and the city's Performance Improvement Board.

2.4 Building Schools for the Future (BSF) and Academies

The BSF and Academies Programme is making good progress. It will be transforming education for 11 to 19 year-olds in Manchester - the whole estate of 34 mainstream and special secondary schools will have been rebuilt or refurbished by 2012-13. Under the Academies Programme, five high schools (at risk of performing below the floor target of 30% of pupils achieving A* to C GCSE grades including English and Maths) are being replaced by seven Academies. Each Academy will have a specialism and partnerships arrangements relating to one of the leading growth sectors in the city. It will also provide far greater admissions choices starting from next year.

3. ENSURING THAT CHILDREN AND YOUNG PEOPLE ARE ENABLED AND ENCOURAGED TO ATTEND AND ENJOY SCHOOL

3.1 Attendance at school

Although attendance improved at the end of the academic year 2006-07 and the gap between Manchester and the national average reduced from 1.24% to 0.93%, overall attendance levels in both primary and secondary schools remained well below the national average. Data from the current academic year suggests that the recent improvements are yet to be sustained with attendance overall slightly lower for 2006-07. Persistent absence in secondary schools in 2006-07 was 12.5%, the highest nationally and 15 of our secondary schools are identified as priority schools. Data from half terms 1 to 5 for 2007-08 shows some success with a reduction in persistent absence to 11.35%, a reduction of over 300 pupils. Of the 15 schools, 11 have improved performance. Stretching targets have been agreed towards meeting the Government target to reduce persistent absence to 5% by 2010-11.

The local authority has developed a model **school attendance policy**, which strongly recommends that schools adopt a distributed leadership model, supported by attendance panels, to manage and improve attendance, and is working with schools to improve tracking and recording of attendance and reviewing triggers for intervention. The model has had some success. For example, in one secondary school overall attendance rose by 5% last year. Continued implementation of the model in 2007-08 has reduced persistent absence levels by 64% and increased overall attendance by 3.1% compared to the same period the previous year. The model has been shared with all Manchester secondary schools and will be shared with the city's primary schools through a series of Behaviour and Attendance Networks.

Actions to improve attendance and reduce persistent absence over the last year include: targeted work with pupils on track to become persistent absentees; targeted work with looked after children; development of citywide attendance campaigns that seek to address pupils' low aspirations; long term persistent absentee reintegration to school e.g. the NEET project, Journey back to School; increased use of parental responsibility strategies; and creation of behaviour and attendance strategic and operational management groups.

3.2 Pupil attitudes

Results from the Pupil Attitudes to Self and School (PASS) survey at Key Stage 2 for 2006-07, show an **improving trend in pupil attitudes** from the previous year on seven of the nine factors, particularly around well-being; self-regard as a learner; work ethic; attitudes to attendance and response to the curriculum. There has been a small decline in perceived learning capability and confidence in learning, although on all but the latter, which is average, they remain above average.

Parents are well supported in terms of enabling their children to enjoy and achieve. The new service has a designated parental lead and the Head of Education Services (14-19) has strategic responsibility for parent partnerships. Schools work hard to provide good quality information to families and most schools have a designated parent lead identified. Parents of vulnerable pupils and those with severe learning difficulties have statutory access to advice and guidance through the SEN Casework Service.

3.3 Admission arrangements

Admission arrangements have been strengthened and a high percentage of pupils are granted a place at one of their three preferred schools, although slightly below national average. Action is taken to move those children without a school place quickly into mainstream secondary schools through the in-year fair access protocol. The admissions prospectus has been improved with more transparent arrangements and the team has worked with the diocesan authorities to ensure that admissions policies are compliant with the DCSF school admissions code. The Admissions Forum has been strengthened and is actively involved in consultation on policy and procedure review. A current review of admissions will complement the Education Services review by ensuring that procedures are improved to share data, share good practice and reduce the number of children missing from education.

3.4 Provision for excluded pupils

In 2006-07 there were 16 permanent exclusions (0.04%) from primary schools and 65 from secondary schools. In 2007-08 there has been an increase in permanent exclusions and **a reduction in fixed term exclusions** which reflects changing legislation. In response to this, we are strengthening high school partnerships for behaviour and attendance with Pupil Referral Units and special school representation in line with national strategy criteria to reduce exclusions.

3.5 Education Other Than At School (EOTAS) provision

EOTAS provision is wide-ranging and flexible. Home-educated pupils are visited and their progress assessed by a consultant who reports to the local authority in line with statutory requirements. There is a range of alternative curriculum options for vulnerable pupils, which is improving – the authority is currently strengthening its

quality assurance role when commissioning alternative curriculum provision. It is also producing a directory of approved providers for schools. This will help ensure that alternative curriculum provision is of high quality. Care, support and behaviour are rated good to excellent in all special schools and Pupil Referral Units.

4. ENSURING THAT VULNERABLE GROUPS ENJOY AND ACHIEVE

4.1 Looked after children

Looked after children in Manchester perform better than is the case nationally. The gap between looked after children and all other pupils has narrowed slightly for each subject, although LAC results remain much lower than the average for all Manchester pupils. GCSE results have greatly improved across the three key measures since 2006, particularly in terms of those pupils achieving at least one GCSE or GNVQ, which has increased from 58% to 72%. At Key Stage 2, results in all subjects show a good upward trend compared with last year, particularly in English where the percentage of pupils achieving Level 4 and above has increased by 12%. There are fewer exclusions and greater stability in school placements. After successfully reducing LAC absence in recent years it has again risen and is a cause for concern. Targeted action is in place to address this.

All looked after children have a Personal Education Plan and their achievement, attendance and cultural experiences are monitored on a regular basis. Schools are increasingly aware of the requirement to prioritise vulnerable pupils such as those who are looked after, which is evidenced by the trend of improving outcomes. The city's Reading Recovery programme includes LAC in year 1 and 2 to ensure accelerated progress back to national averages and in 2007 reading and writing results for them improved at Key Stage 1.

There is a new lead education post for looked after children and staff at strategic and district level have established close professional working practices with other agencies. An example of this is a monitoring exercise jointly undertaken between Education Services and Connexions, which has led to a reduction in the number of looked after children not entered for GCSE examinations from 20% to 8% over a three-year period. This is supported by additional tuition for Key Stage 4 students. At Key Stage 2, results in all subjects show a good upward trend compared with last year, particularly in English where the percentage of pupils achieving Level 4 and above has increased by 12% as a result of targeted support, for example the "Letterbox" initiative.

Foster carers have been provided with PCs and software and received specific training to support learning, attend school events and encourage extra-curricular involvement. Recent outcomes have included better attendance and punctuality for children in residential care. When intervention is required to ensure the school placement meets the individual's needs, rapid action is taken. LAC pupils are therefore maintaining their school placements with fewer exclusions and greater continuity.

4.2 Children with LDD

Outcomes for children with LDD are improving at a faster rate than nationally due to monitoring by the local authority. The SEN assessment process is effective and

timely. Our SEN Strategy has resulted in increasing numbers in mainstream provision with appropriate specialist support, backed up by increased delegation of SEN funding. This enables schools (and eventually districts) to make decisions about the best provision for children within their remit. Each individual is assigned a key worker responsible for coordinating support with input from districts and schools to secure appropriate provision for named LAC, SEN and other vulnerable children. This has resulted in closer monitoring of provision and higher levels of successful maintenance of arrangements for these children.

5. ENJOYING CULTURAL, LEISURE AND PLAY OPPORTUNITIES

5.1 Sport and leisure opportunities

Providing the opportunity to participate in sport and leisure opportunities ultimately facilitates the reduction of social exclusion and economic barriers. More importantly, sport also develops children's self-confidence and esteem and strengthens their sporting ability, communication and social skills.

Manchester Leisure has established a strong infrastructure of opportunities across a range of targeted groups. Consultation and multi-agency work with resident groups and other council departments (such as Education, Regeneration, Youth Service and Housing) has resulted in a strong strategic direction, which supports the delivery of neighbourhood-focused sport, health and well-being initiatives for all residents to access. Using sport and physical activity as a tool to engage young people can cut across a number of themes, agendas and locally identified issues, such as reducing crime and youth nuisance, tackling health inequalities and improving social inclusion; which in turn helps to regenerate local communities and Manchester as a whole.

The success of the weekly sport and activity programmes, particularly during school holiday periods has led to Manchester Leisure receiving further internal and external investment to deliver a range of outcome-focused interventions for health, crime and disorder, and inclusion. This multi-agency approach has contributed immensely to children and young people across the city. The targeted approach adopted last year resulted in **over 75,000 visits** recorded on community sport and physical activity sessions. These community sessions have provided a positive alternative for children and young people to engage in which has subsequently reduced the danger of them becoming involved in criminal activity and as a consequence of this work a reduction in antisocial behaviour records have been recorded.

15 July 2008 marks the launch of our biggest summer sports programme to date. There is plenty of choice for children and young people to get active and become involved in a whole host of sporting activities such as swimming, football, wrestling, boxing, tennis, cricket, water polo, rugby, tennis, basketball, squash, hockey, badminton and athletics. Activities take place during the day, in the evening and at weekends using local facilities such as schools, community centres, parks and leisure facilities. The majority of the sports sessions are free of charge or are priced at a minimal cost ensuring cost and location are not an issue for the young people of Manchester.

5.2 Cultural opportunities

The **Cultural Strategy Team** and their partners continue to provide a broad range of activity that contributes to children and young people's learning. During 2007-08, as well as ongoing programmes, several new models of practice were piloted, which will be expanded and further evaluated during 2008-09. These include:

- **Manchester Youth Arts Network Mentoring** - Manchester Youth Arts Network Mentoring scheme has had a successful year. The scheme matches young people aged 14-21 living in Manchester with an interest in the creative industries with a mentor who is already working as a professional in the sector. The mentors receive training delivered and accredited by MANCAT. The mentor and mentee work together over a six month period towards goals and ambitions identified in an agreed action plan. In 2007-08 of the 10 mentees participating in the scheme, 6 have gone on to further or higher education arts courses or secured opportunities to promote their work (e.g. joined an agency or showcase opportunity).
- **Manchester Art Gallery NEET project with North Manchester High School for Boys (NMHSB)** - This was a pilot partnership project between MCC Cultural Services, Connexions, North Manchester Collegiate and NMHSB, which aimed to engage Year 11 pupils who were not engaged or at risk of not being engaged in education. Ten young men participated in the project working with a professional artist and a former student of the school who has found a positive outlet through art. The participants learnt about spray painting and graffiti art techniques, producing individual work and a joint mural in the school grounds; they also visited the gallery twice. Six participants not previously entered for a GCSE art exam produced suitable coursework and were predicted E or F grades; 2 other participants' predicted grades rose from G to E or D. This was a small pilot project that will be built on in 2008-09.
- **Urbis, Learning Department, Reclaim** - Reclaim is a new initiative by Urbis, a major cultural venue in the city. The first programme took place in October 2007 working with 49 young men aged 12-14 from Moss Side who were nominated by schools, families or community groups. The programme provided an intensive mentoring and personal educational four-day workshop followed by six months of mentoring and activities. The young men worked with adult males from similar backgrounds to themselves to explore issues of success, aspiration and responsibility; they provided a day of support in a community setting; engaged in discussion with senior police officers and wrote a Moss Side Manifesto, which local businesses and local people were asked to display. All the young men graduated from the programme in July 2008 and have distinct success - a 100% non exclusion rate from school, reported improved attitude, attendance and timekeeping. A full evaluation is in process and Urbis are planning a similar project for young women. Following on from a study trip, two projects modelled on Reclaim are also planned in South Africa.

5.3 Libraries

The **Manchester Book Award**, facilitated by the Library Service, encourages young people at Key Stage 3 to choose and shortlist their favourite new books of the year. 518 young readers joined 35 reading groups in 24 schools, 9 libraries and 2

residential units across Manchester, to discuss and debate a long list of new titles, which was reduced by the young people to a shortlist of six. Hundreds of reviews have been written for the Manchester Book Award website, and the winner was selected through online voting. The young people's work culminated in an award ceremony attended by the six shortlisted authors and 230 young people from the reading groups.

The Extending BookStart project run by the Library Service, has ensured that in 2007-08, over 7250 babies, 5535 toddlers and 6853 under 4s have received BookStart packs and Treasure Chests and have had access to activities for babies and support for parents in convenient locations such as clinics, schools, nurseries, playgroups and libraries. Similarly, Booktime targets 5 year-olds attending reception classes, gifting books to continue to promote reading for pleasure to young children and their parents

The Reading Voyager Children's Mobile Library has run a series of structured visits around reading development, targeting schools which have low attainment levels in literacy at Key Stage 2, serve traditionally hard-to-reach communities, and have no library located nearby. It also visits two travellers sites, three children's residential homes, six special schools, a hospice and holiday playschemes. The Letterbox Library scheme will target a cohort of thirty Year 3 looked after children this year, gifting books and encouraging them and their foster carers to join the library.

6583 children and young people joined the **Summer Reading Challenge** in 2007 (12% of eligible young people) and a target of 14% has been set for 2008. The challenge promotes books and reading as a fun experience, and helps to keep children reading over the long summer break.

Two new initiatives will be facilitated by the Library Service in 2008:

- **Book Ahead** targets under 4s in voluntary and private childcare settings, loaning and exchanging book boxes to stimulate interest in books and reading in young children and their parents.
- **Boys into Books** addresses the challenge of getting boys to read by loaning boxes of new books to schools, with subject matter guaranteed to be of interest to boys, exchanged and refreshed on a regular basis.

5.4 Play opportunities

Manchester received £1.4 m from the Big Lottery to increase **play opportunities** in parks and green spaces across the city. The three-year project named 'Parktastic' was launched in September 2007 and is being delivered by six voluntary sector organisations. Between October 2007 and June 2008 over 400 play sessions were delivered in 34 parks and open spaces. 'Parktastic' has also increased the play workforce; over forty staff have been employed on a full or part time basis to run play sessions after school hours or at week ends. Strong and effective partnerships have been established between the Voluntary Sector providers, the Manchester Play Service and the Leisure Services Department of the City Council, Park Wardens, Sports Development Officers and Play Workers are working together to maximise resources to ensure that as many children and young people as possible are

accessing their parks. The success of this project has been recognised by both the Big Lottery and Play England at both a regional and national level.

The government has also committed more resources to play over the next three years and Manchester will be receiving additional funding to upgrade or establish new play spaces. The Manchester Play Service in partnership with Leisure Services (Parks and Sports Development) is also preparing a bid to become a Play Pathfinder in autumn 2008, which could result in an extra £2m for the development of adventure play and play spaces. The Play Partnership Board who will oversee the bid process is committed to building on the success of Parktastic by developing a strong vision for parks and green spaces that fits with the Play Strategy and has a strong emphasis on adventure and natural play.

This year the Council is funding 52 open access play schemes and 15 targeted schemes for children with disabilities or in public care throughout the summer holidays in all six districts. 'Parktastic' and Leisure Services also have extensive provision that compliments the play schemes. We are expecting to see a significant increase in the numbers of children accessing play opportunities in their local areas. A priority for next year is to develop the capacity of some of our existing voluntary sector partners and develop new local groups who can provide play opportunities in areas where there is little or no provision to reach more children and young people.

From April 2009 there will also be a new national indicator which will measure what children think about the parks and play areas in their local areas. Manchester has already collected baseline data from the consultation of the play strategy and a household survey carried out in 2006-07. Plans are in place to continue to capture the views of children and parents who are accessing play opportunities in their parks and open spaces.

This summer the Play Service has reorganised its staffing structure to a district model to enable more joint working and coordination with other key partners. This is in line with other services developing district working and the move to Children's Trust Arrangements.

Making a Positive Contribution

ENCOURAGING TRENDS

- The number of **first time entrants** (young people coming into contact with the criminal justice system for the first time) has reduced over the past two years with a 5% reduction between 2006-07 and 2007-08 - and 49 less young people committing crime in the past year.
- The number of offences leading to a sentence for young people has reduced by 6% between 2006-07 and 2007-08. This equates to 221 fewer offences committed in 2007-08 by young people compared to the previous year.
- 71% of children and young people aged 10-17 served with an ASBO have not breached their ASBO in 6 months. This compares with a baseline (in 2003-04) of 29% and exceeds the target of 40% that was set. Over the three year period we have seen the number of juvenile ASBOs being sought decline and a remarkable decline in the number of breaches. We feel that this is due to improved early intervention e.g. the success rate of pre-ASBO warning interviews and improved targeted support.
- There has been a slight increase in the number of Manchester young people reached by the Youth Service. In 2006-07, 14.1% of Manchester's youth population had contact with the Youth Service, and this rose to 17% in 2007-08. In real terms, this means that 7537 Manchester young people had contact with Manchester Youth Service in 2007-08, a figure rising to 10335 if residents of surrounding authorities are included.

CHALLENGING TRENDS

- Data for April-December 2006 indicates that the number of young offenders not in education or training in Manchester was 63.3% against a national average of 68.3%. For the period April 2007-March 2008, 32% of 16-18 year-old young offenders ending their YOS order were not in any education, training or employment provision, significantly higher than for the general population.
- Compared with other cities with similar economies and deprivation factors, Manchester has high comparative youth offending levels and appears in the top three for both the number of offences and court disposals. Over half the recorded offences were committed by young people living in ten wards (one-third of the total number of wards).
- We did not meet our re-offending rate target of 5% per cohort. For the October-December 2004 cohort, the overall re-offending rate was 48.2% and for the 2005 cohort the re-offending rate rose to 48.6%. We would need to achieve 45.8% to meet our target. (NB data on re-offending is produced

retrospectively on cohorts as designated on the Youth Justice Board. This is so a realistic trend of re-offending can be mapped over time. The next cohort to be mapped will be the January-March 2005 cohort).

- We did not meet our target of 60% for Manchester young people participating in youth provision achieving a recorded outcome. In 2006-07 52% achieved a recorded outcome and in 2007-08 this figure dropped to 44%. For accredited outcomes, 12.9 % achieved an accredited outcome in 2006-07, rising to 19% in 2007-08, but still falling short of our target of 30%.

1. ENGAGING IN DECISION MAKING

Significant progress has been made to develop and promote opportunities for all children and young people to participate in and influence decisions. These are set out in more detail in Section 5.9 of the Introduction section of this plan. In addition, we have strengthened our commitment to engage particular groups such as looked after children and children with learning difficulties and disabilities.

1.1 Looked After Children

There is a strong commitment to involve looked after children in decisions that affect them individually and to ensure they have a voice in wider engagement activity. Plans are underway to progress a "Children in Care Council". There are high levels of involvement by looked after children in planning, placement and review meetings and transitions. The Computers for Pupils initiative has enabled all looked after children to have access to ICT and the Internet for personal development, social interaction and learning enhancement. A specific consultation with looked after children highlighted the need for additional support during Key Stage 4, resulting in a new opportunity for bespoke tutoring.

The Children's Rights Service is well established and provides an independent advocacy service that supports comments, representations and complaints. Each children's home has a participation champion being trained to further develop their skills to ensure effective practice. The volunteering coordinator has planned sessions with looked after children to explore opportunities to get involved in volunteering. Looked after children are also being supported to take an active decision-making role on the Youth Opportunity Fund Panel, as well as to apply for funds.

1.2 Children with LDD

Manchester has a wide range of services and support available to enable disabled children to make a positive contribution. There are many examples of children and young people with LDD being actively consulted and involved such as through the 'places to go, things to do' workshops and through Building Schools for the Future, where pupils were asked about how they would like their school to look in the future. The MAP team consults, provides information and feedback from disabled children before and after play schemes in a structured way and, more informally, for their ongoing youth clubs. Sure Start's approach to families and children and their engagement includes children with LDD. The new Key Stage 3 curriculum has also provided opportunities for all schools including special schools to consult with pupils about curriculum content.

Schools councils have been developed in special schools as well as mainstream schools as a forum for pupils to submit their views and/or make complaints. Citizenship is taught in special schools, including a module on self-advocacy where students with LDD can be formally taught what they should do if they are not happy. Additional support is provided to cater for children with specific disabilities. Children's leaflets have been modified to enable disabled children and young people to contribute to and access their reviews etc. Mentors are allocated as advocates to pupils with communication difficulties in a primary special school to ensure that their voice is heard. Manchester Inclusion Standard materials have been especially adapted for use in special schools so that views of all pupils can be sought. Feedback is provided to pupils following these activities in a variety of ways including pictures, photographs and posters around school, pupils' voice portfolios and graphs.

Children's Services is involved in Manchester's 'Getting a Life' pilot project for transition, working with all partner agencies, e.g. colleges, Connexions, and adult services. The main aim of the pilot is to produce one plan that brings together all the support that the young person needs to get a fulfilling life as they move into the adult world. This will begin at age 14 and go up to age 25, being updated as needs, wishes and opportunities change. This will run for two years initially and will track all young people with LDD from 14 through to adulthood and employment. The development of person-centred plans and approaches will be supported by this.

Sure Start inclusion funding continues to be used to help children with LDD to access childcare and out of school activities with support. For children meeting Disabled Children's Team (DCT) criteria for specialist services, a range of short breaks (respite care) continues to be offered from a sitting service or support in the community for a few hours through to overnight breaks in both family and residential settings, following assessment. About forty breaks have also been provided through direct payments. More generally MAP and partners continue to develop, and support parents' and carers' groups to develop and run, out-of-school activities that are suitable for disabled children and their siblings and peers, e.g., play schemes, youth clubs, sports club, park project. These utilise grant funding provided to both the local authority (e.g. carers grant) and independent groups (e.g. Lottery, Children in Need). Planning is underway to develop a transformational plan to extend respite support for parents and families through "Aiming High for Disabled Children" grant.

2. PARTICIPATION IN VOLUNTEERING

2.1 Support to encourage volunteering

The Council has worked with the Greater Manchester Youth Network to recruit a 'V Involved Team' to support young people aged 16-25 to access volunteering opportunities across the city. A citywide steering group oversees youth volunteering and engagement activity across the city, including representatives from the voluntary and community sector. The Council is leading on the development of a Volunteers Policy, a Volunteers Handbook and working towards 'Investing in Volunteers' quality standards. Children and young people engage in regular voluntary activity via youth engagement opportunities, via the YOF Panel, District Youth Forums and a range of opportunities in schools. The Youth Service has a Youth Volunteer Coordinator who is driving forward the agenda both for the youth providers and more broadly across the Directorate. Added emphasis has been placed on additional accreditation routes

for young volunteers, building on the Duke of Edinburgh's Award and AQA and OCN courses. Recruitment of a Youth Action Team is underway to conduct peer research around young people's perception of volunteering across a range of statutory and voluntary sector partners, and those successful will be joining the Volunteering Workstream Group within the Youth Offer. The Workstream Group is exploring the adoption of the Reach quality assessment framework for Youth Action.

3. ENGAGING IN LAW ABIDING AND POSITIVE BEHAVIOUR

3.1 Prevention and early intervention

A local Youth Crime Prevention Strategy is in place coordinating a young person's focus with the Children's Services Prevention Strategy, the Respect Action Plan, Manchester's Community Strategy, the Responsible Parenting Strategy, the Local Area Agreements and Crime and Disorder Reduction Plans including Prevent and Deter. There are 13 Area Casework Panels (ACPs) across the city which remain the main multi-agency vehicle for identifying young people involved in offending and antisocial behaviour though the innovative approach to Integrated Youth Support (IYS) and Targeted Youth Support (TYS) leads a review of this approach in light of the focus on the CAF and the need to address crime within a holistic context for young people. The Crime Prevention Strategy will inform the future development of ACPs to ensure appropriate cases are identified. This will provide a means of measuring a reduction in risk factors and an increase in protective factors for all young people identified by use of the ONSET assessment tool.

There is a range of innovative, preventative and protective approaches underway in Manchester, through the established Violent Gangs Board working within the national T-Gap framework that has shared learning with cities in a similar situation. The safeguarding protocol for young people involved in gun and gang activity targeting support and family intervention at an early prevention stage is currently being reviewed in recognition of those young people who persistently place themselves and others at high level risk. Operation Cougar has been developed in response to this identified need. A seminar with high school heads has been delivered to ensure both enforcement and support is in place.

The range of prevention activity in Manchester for young people involved in a crime and disorder context is now coordinated through governance arrangements for IYS and TYS. Provision is being expanded through both mainstream and additional funding and is used to support both statutory and VCS providers. We also have a new challenge and support team, continuation of YiPs, focused TYS projects both issue-based (guns and gangs) and in known hotspots, specialist Connexions interventions, mentoring and Youth Offending Service (YOS) prevention staff. Additional PAYP allocation has enabled us to enhance targeted support in specific areas of need as well as extending the development of mentoring schemes with a proven track record of engaging the most resistant to engage. An improved performance management framework will enable outcomes to be evidenced, bringing YOS target monitoring within a children's services reporting framework for the first time.

3.2 Youth Offending

Re-offending rates have remained relatively stable in recent years, although we are still awaiting figures to be set for this year. The YOS contributes fully to the Manchester Reducing Re-offending Action Plan, a multi-agency approach to tackling crime and antisocial behaviour in the city. The YOS also ensures that persistent offenders (PPOs) are identified and monitored through local Joint Offender Targeting meetings run in conjunction with the police and probation service. The risk-led framework ensures that young people who are at very high risk of re-offending, vulnerability and harm to others are closely managed through a multi agency panel. Young people identified in this way have contact levels increased above the requirements of national standards and a multi agency intervention plan is created, delivered and monitored through this process.

Actions to further enhance work to reduce re-offending include the implementation of a full programme of structured group work for young people convicted of offending along with a decision to introduce restorative justice interventions including mediation meetings.

There has been a slight increase in the number of looked after children who offend. As a result, we have established a multi-agency working group to bring together key services to address LAC offending, prioritising 30 PAYP key workers for LAC at risk of offending or who have offended. Intensive support is being provided within Manchester Children's Homes and additional PAYP resources will in part prioritise LAC involved in criminal activity. We have a designated Senior Practitioner Social Worker who coordinates the referral pathway for intensive PAYP activities and provides early identification and interventions for LAC in Manchester Children's Homes. We have included substance misuse partners as our analysis of LAC offending provided high correlation between educational issues, substance misuse and offending. We have agreed to pilot the restorative justice approach in two of our children's homes and training is being confirmed for staff and young people to agree the process involved. A focus on LAC placed out of authority is prioritised as part of our early identification.

Greater focus is being provided to improve the education and training needs of young offenders and reduce the number not in education or training. Performance data for April- December 2006 indicates an outturn for young people in Manchester of 63.3% against a national average of 68.3%. For the period April 2007-March 2008, 32% of 16-18 year-old young offenders ending their YOS order were not in any education, employment or training provision, significantly higher than for the general population. The YOS Partnership is part of an increased focus on attendance through performance improvement work. Improvements in engagement and attendance in ETE for all age groups will prioritise a sustained focus on increasing academic and vocational achievement, and to help tackle criminal and antisocial behaviour of young people and reduce risks to their safety. The YOS is also one of the partner agencies involved in the Manchester Safer Schools Partnership which aims to reduce crime, antisocial behaviour in schools and the wider community, provide a safe learning environment in schools, increase attendance and reduce exclusions. The Keeping Young People Engaged Project (KYPE) to enhance the capabilities of YOS to provide relevant ETE services to young offenders is being continued although the funding has been initially refocused on young people in custodial institutions. The YOS have also benefited from GIFT

mentors funded through OLAS who are targeting 16+ young people. The YOS is implementing the actions from the recent Health review with a particular focus on services for young people with identified mental health needs.

3.3 First time entrants to criminal justice system

The number of First Time Entrants (young people coming into contact with the criminal justice system for the first time) has been reducing steadily over the past 2 years with a 5% reduction between 2006/7 and 2007/8 - with 49 less young people committing crime in the past year. A decision has been made with GMP in south division to undertake one of the national pilots for young people to receive police warning letters for a first offence prior to escalation to more formal sanctions.

3.4 Youth Re-offending

To reduce re-offending, Manchester Youth Offending Service works closely with the Manchester Safeguarding Children Board at all levels. Practitioners attend safeguarding forums, and the head of service sits on the Safeguarding Board. A risk-led framework was set up in June 2006, which ensures that young people who are at very high risk of re-offending, vulnerability and harm to others are closely managed through a multi-agency panel. Young people identified in this way have contact levels increased above the requirements of national standards and a multi-agency intervention plan is created, delivered and monitored through this process.

The YOS also ensure that persistent offenders (PPOs) are identified and monitored through local Joint Offender Targeting (JOT) meetings run in conjunction with the police and probation service. The YOS will contribute fully to the Manchester Reducing Re-offending Action Plan, a multi-agency approach to tackling crime and antisocial behaviour in the city.

3.5 Supporting positive parenting

The Parenting Strategy recognises that children and young people need support and role models to become active and responsible citizens. A new parenting working group (in response to DCSF feedback on the Manchester parenting strategy) is developing a robust performance management approach to our parenting provision to measure such impact and outcomes. Innovative work with parents is continuing: Manchester launched a competition with parents, families and children in 2007 to suggest top parenting tips and this was turned into a Little Book of Great Parenting, with comments from professionals in the city. Over 20,000 copies have been distributed to all agencies in the city, including Sure Start centres, health centres, libraries, schools, housing associations and the voluntary sector and the book received national recognition.

Manchester has developed a bespoke programme for parents of teenagers based on Webster Stratton principles. In June, the University of Manchester submitted an evaluation of 'Parenting Your Teens in Manchester' (PYTIM) and found that participants have found the course very useful and most felt there had been lasting improvements in the family situation 6-12 months after they had completed the course. A further 18 PYTIM courses are planned citywide for this year. In April, the REC in Manchester trained 20 more staff from various agencies to deliver the Strengthening Families, Strengthening Communities programme in order to build

capacity for this intervention in the city. The programme in Manchester is currently being evaluated via funding from the Moss Side parenting work. It has been agreed that parents for these courses will be recruited directly from the Super Respect areas with more emphasis on targeting fathers.

3.6 Perceptions of crime, disorder and anti social behaviour

The Best Value Performance Indicator General Survey 2006-07 told us that the percentage of people who perceive high levels of disorder was 29% (compared to 17% nationally, 18% in the North West region and 19% in Greater Manchester). Until this survey is repeated, a direct comparison of data can not be made. However, results from the Ipsos MORI Residents Quality of Life Survey have recently been collated which surveyed residents on a number of issues about the city and their local neighbourhood. Just under 4,000 residents participated in the survey out of a 19,929 sample size. Residents were asked how much they agreed that the police and local council were dealing with the antisocial behaviour and crime issues that matter in their area. Results show that two fifths of respondents (42%) agree that the police and council are working in partnership to tackle antisocial behaviour and crime issues. One quarter (26%) think they do not:

<i>How much would you agree or disagree that the police and local council are dealing with the antisocial behaviour and crime issues that matter in this area ?</i>	
<i>(Source: Ipsos MORI North Residents Quality of Life Survey)</i>	
11%	Strongly agree
31%	Tend to agree
32%	Neither agree or disagree
17%	Tend to disagree
9%	Strongly disagree

The survey also tells us that proportions for the fear of crime indicators are significantly higher than the national average as measured by the British Crime in Home Survey 2006/7. Fear of burglary, car crime and violent crime are at least double (and sometimes higher) than national figures.

Antisocial behaviours which are seen as the biggest neighbourhood problems are:

- parents not taking responsibility for the behaviour of their children (69% see this as a problem); and
- People not treating others with respect and consideration (60%) which has increased significantly since 2006 (55%).

4. YOUNG CARERS

4.1 Young Carers

There is a clearer understanding of the support provided to young carers. The Young Carers Steering group commissioned Loughborough University to conduct a needs assessment of young carers in Manchester exploring how their caring role impacts on their achievement of the five ECM outcomes. Alongside this a review has been carried out of the specialist support services that currently work with young carers and their families. The review highlighted good practice, demonstrating

positive outcomes. It also identified high numbers of young carers, the need to develop a more holistic approach to the needs of the whole family, and the need to change mainstream services to be more responsive to this target group.

Achieving Economic Well-being

ENCOURAGING TRENDS

- *Manchester continues to make significant progress on reducing the **numbers of 16-18 year-olds not in education, employment or training** by identifying and focusing on target groups, wards and schools.*
- *More **school leavers are entering further education** and the percentage of young people achieving level 2 and 3 at age 19 continues to improve.*
- *Work-based learning and Apprenticeship schemes have shown increased success rates over the last three years.*
- *Strong progress is being made on the development of the 14-19 curriculum offer through three collegiates in the north, centre and south of the city. Three Diploma lines will be delivered from September 2008, and three more from September 2009.*
- *There is a strong focus on improving outcomes for looked after children when they leave care, particularly reducing the numbers that become NEET.*
- *Outcomes are also improving for children with learning difficulties and disabilities.*

CHALLENGING TRENDS

- *Manchester continues to show persistent and high levels of worklessness and 41.5% of children live in families in receipt of out of work benefits.*

1. PREPARING FOR WORKING LIFE

1.1 Pathways into work

Manchester is committed to ensuring that all young people are helped to prepare for working life and that they have the widest possible career and pathway to work options. This is evidenced through the Building Schools for the Future/Academies programme and the 14-19 Strategy, which will equip young people with the skills they will need to participate in the city's economic success. School specialisms and qualifications are linked directly to growth areas and pupils are already benefiting from direct involvement from key business sponsors.

The curriculum range across schools and other providers includes a variety of work-related opportunities e.g. Young Apprenticeships Scheme; GM power, which focuses on disengaged young people; the Carousel programme for Year 10 and 11 pupils delivered with an FE college and training provider; and the recently developed Internship Programme with Academy sponsors. In addition, Education Business Solutions works with all Manchester schools to offer a range of other activities that

give pupils an understanding of the world of work. Schools contribute to the cost, which enables more young people to benefit. These initiatives have contributed to an increase in overall success rates for NVQ work-based learning programmes, albeit not as fast as nationally, and significant increases in the number of young people succeeding in apprenticeships in the last two years.

1.2 Advice and information

Careers education in FE colleges is good and easily accessible. There is some excellent provision in schools, although overall the quality is variable. As part of the collaborative planning process schools have been challenged on this and actions to address this have been agreed with schools. Better Choices Ltd provides a well regarded information, advice and guidance service, which is firmly embedded in 14-19 planning, and is contributing to increased participation and achievement rates. However, work is underway to explore poor retention rates in some areas of vocational provision. From 1 April 2008 responsibility for commissioning information, advice and guidance (IAG) services for young people has been devolved from Connexions to the local authority. Work is underway to develop a 'Manchester' version of the standards that will apply to all organisations providing information and build on best practice from the various quality standards that providers currently use. Additional support is provided to those at risk of disengaging e.g. MANCAT employs youth workers to support these young people.

2. ENSURING THAT EDUCATION AND TRAINING FOR 16-19 YEAR-OLDS IS OF GOOD QUALITY

2.1 Attainment

The percentage of school leavers entering further education increased by 4% in 2007 to over 80%. There has been a 9% increase since 2005. The overall percentage of young people achieving levels 2 and 3 at age 19 continues to improve and compares well to statistical neighbours. There has been an increase in those achieving level 2 of 7% in the last two years, in excess of the national increase of 2.1% and we are broadly in line with statistical neighbours. We continue to out-perform statistical neighbours for Level 3 and are steadily closing the gap to national. The average points score of candidates entered for A/AS Levels and per entry continue to be above statistical neighbours. The quality of provision judged by Ofsted post 16 is outstanding in 3 colleges and a recent inspection found the other improved to good. The merger of the two largest post 16 providers to create The Manchester College will be completed in August 2008.

2.2 Quality of provision

Manchester continues to make strong progress on the development of the 14-19 curriculum offer. Curriculum planning days have been held for each of the three Collegiates. These will inform the development of a Collegiate curriculum for 2013 that meets the needs of all young people. Manchester has been approved, via the Diploma Gateway process, to deliver three Diploma lines from September 2008 and three lines from September 2009. The 14-19 Strategic Lead and 14-19 Curriculum Adviser are working closely with the DCSF Regional Adviser to ensure effective provision from September 2008. A revised Diploma Planning Framework has been established, accompanied by a Timeline for Activity to 2013.

3. REDUCING NEET

3.1 Reducing NEET

The rate of improvement in reducing 16-18 NEET is significantly faster than elsewhere, further reducing to 8.4% as of November 2007. The percentage of unknowns has also fallen in recent years. The number of NEETs had reduced in all 17 priority wards with the largest falls being in some of the most deprived areas. The latest Connexions Activity Survey of young people leaving school shows that 6.7% became NEET in 2007, down from 9.1% in 2006. The percentage of school leavers becoming NEET has almost halved since 2003. The number of 18 year-olds NEET within the year has fallen, as a result of retention work with 17 year-olds. These successes have been achieved by aligning NEET funding via the Achieve Economic Well-being Outcome Group. NEET Hotspot funds, NRF, DAF, NSF etc, have focused on identified target groups, wards, and schools. All funded projects have been required to deliver three common outcomes. As well as identifying the top five NEET-producing schools, nineteen feeder primary schools are being targeted for early intervention to widen younger pupils' horizons. Work is currently underway to develop early indicators of NEET.

3.2 Access into higher education

Aimhigher has contributed to a rapid increase in the number of UCAS applicants aged 18-20, from 1,269 in 2002 to 2,013 in 2006, a 59% increase. The rate of accepted applicants is fairly stable at around 82%. Successful applications to higher education from underrepresented groups and wards with historically low numbers of applicants are increasing at higher rate than the average rate for all wards.

4. ENSURING THAT VULNERABLE GROUPS ACHIEVE ECONOMIC WELL-BEING

4.1 Looked after children

The educational attainment of LAC has increased across the board. The percentage of 19 year-olds in EET was 63.3% in 2007-08, against a national figure of 59%.

Protocols are in place between the **Barnardos Leaving Care Service**, the **Connexions** service and **Making It Work** to ensure that all care leavers are supported to engage in education, employment and training. A senior Connexions officer has specific responsibility for improving outcomes for looked after children and care leavers. All care leavers have a Personal Adviser, part of whose role it is to ensure that the young person is supported to access education, employment and training. In line with *Care Matters*, all post-16 providers in Manchester have a nominated senior member of staff with responsibility for looked after children and care. Similar arrangements have been developed with the University of Manchester, Manchester Metropolitan University, Salford University and the two Liverpool universities.

A number of targeted employment and training initiatives have been put in place or are in development for Manchester's care leavers:

- **Making It Work** supported 98 young people; 42 further education courses were accessed, 36 young people engaged in accredited training and 14 young people started in work;
- Eleven young people who have been in the care system have been recruited through the **Civilian Service Initiative**;
- As part of the **Council as an Employer** initiative, from September 2008 10 places have been set aside for looked after children on the GM Power programme, which offers one day a week release from school in Years 10 and 11 in a variety of work areas;
- There will shortly be a school leavers' website aimed specifically at looked after young people; and
- A number of projects aimed at supporting young people who have been in the care system into education, employment or training have been funded through the aligned NEET reduction investment programme.

The Connexions Service tracks the progress of individual LAC and Care Leavers and work is underway to incorporate consent for data sharing in order to provide an effective tracking system across the range of 14-19 providers. The Leaving Care Service has access to an on-site counsellor, funded by Barnardos, who can see young people on a one-off or short-term basis but who is also qualified to take some young people for longer periods of therapeutic intervention.

There are a variety of accommodation options for young people. A supported lodging scheme has been developed recently. Manchester already supports young people who wish to remain with their carers to stay on beyond 16, in advance of the national requirement. MCC has a 16-21 Financial Policy that goes significantly beyond the minimum legal requirements, offering incentives for taking up education, employment and training and one-off payments to meet specific needs. Support is also available to care leavers who attend university.

4.2 Young people with LDD

Overall more young people with LDD are entering education, employment or training with those NEET reducing from 16.4% to 9.7%. Transition arrangements, support and advice offered to children and young people with LDD and details of the "Getting a Life" pilot are set out in the Make a Positive Contribution section.

4.3 Under achieving groups

14 to 19 partners monitor the educational achievement and progress of ethnic minority and vulnerable young people and action is targeted at under-achieving groups. Recent analysis has identified white working class boys as the biggest group of underachievers. Work through the collegiates has identified an issue of participation of recently arrived African immigrants, particularly Somali young people in the central area and specific programmes are now in place to address this.

Service Efficiency, Effectiveness and Performance

In order to ensure we can deliver improved outcomes for children and young people in a cost effective way we are undertaking a number of actions to:

- **Improve our performance management arrangements across partner organisations;**
- **Review service performance to ensure they meet the needs of customers;**
- **Ensure we have a fully skilled workforce, which is representative of the population of the city; and**
- **Better manage our resources to ensure we provide value for money.**

1. PERFORMANCE MANAGEMENT

Manchester has benefited from additional focus, challenge and support from the Performance Improvement Board (PIB) chaired by GONW. Serco, who were engaged through the PIB, validated Manchester's approach to planning to meet its priorities and provided some additional capacity to increase the pace of change which has since been maintained.

The improvements made in the quality of some key services are improving outcomes. There is good impact on performance in several areas including reducing NEETs, reducing teenage conceptions and numbers of LAC, and improving outcomes for and processes in support of LAC. Similar and sustained improvements across all priorities are expected, especially as the new education service and relationship with schools becomes embedded over the next few months.

Given the emerging trend in sustained and managed improvement in some key service areas and the strength of the leadership team now in place, the PIB has requested that proposals are prepared for how it may securely hand over its role and function to the Children's Board. Led by the Deputy Chief Executive of the City Council and involving PCT and DCFS representatives, this work is underway and the first report will be submitted to the PIB and the Children's Board in September 2008. This reflects the strong governance arrangements in which the Children's Board reports to the Manchester Partnership Board to ensure priorities for children and young people are at the heart of the Community Strategy.

Prioritisation is enabled through an increasingly thorough, sophisticated and multi-agency analysis of needs, gaps and performance data leading to well-focussed activities and targeting of vulnerable and under-achieving groups. Examples of needs analyses include the Joint Strategic Needs Assessment, the Childcare Sufficiency statement, the State of the City and State of the Wards reports, district-based assessments, and work focussed on child sexual exploitation, the involvement of young people with guns and gangs, and the needs of parents. The targeting of vulnerable groups is evident in the LAA priorities, which include reducing

child poverty, teenage conceptions, childhood obesity and the disproportionate exclusion of African Caribbean pupils. The Children and Young People's Plan 2006-09 was reviewed last year and is currently being refreshed with a view to a formal rewrite of the plan next year. 17.3% of Manchester's Dedicated Schools Grant (DSG) funding is allocated based on deprivation, the highest amount of all nearest neighbours. 20.6% of the DSG relates to funding for Additional Educational Need (including deprivation).

The Children's Services Directorate has a clear and robust business planning process that aligns service and resource management, and workforce development. A Performance Management and Targets Group is in place, chaired on a rotational basis by a member of the senior team. It meets monthly and brings together service and district managers with the performance, finance and workforce teams. Performance reporting has been and continues to be improved with a much clearer focus on what matters most and increased levels of analysis and interpretation.

The LSC has a robust performance management system in place with all of its funded providers. All providers have been Ofsted graded either outstanding or good. The MSCB has a robust performance management framework through which it is delivering its key strategic priorities.

Manchester has invested in a programme to develop and roll out the Outcomes Based Accountability (OBA) methodology as a tool with a proven track record for performance improvement. External support has been bought in and implementation is quickly gathering pace. The new education service and relationship with schools will be supported by an improved education data management system which will be implemented from September 2008. A new social care case management system for adult and children's services called MiCARE is being implemented and will go live during 2008-09. MiCare and the ICS will help improve service performance by providing access to 'real time' information, data and reports.

The strong performance management and business planning framework has embedded good processes of self-assessment and evaluation. This has led to a reflective, considered, balanced and realistic analysis of strengths and areas for development. The self-evaluation evidences sustained improvements in some key services and functions such as social care and corporate parenting. As importantly, it provides evidence of the establishment of much improved services, which provide a good infrastructure through which challenging and realistic ambitions and priorities will be realised.

2. REVIEWING SERVICES AND PROVIDING VALUE FOR MONEY

Successfully releasing resources through service improvement and value for money exercises (see below) has enabled Manchester to make a significant shift of investment from historical cost pressures into prevention and early intervention. The March 2008 target to reduce the number of looked after children was exceeded with a reduction of 55 to 1,425. The Children's Services business plan identifies around £2.6m of efficiencies to be reinvested in additional preventative and early intervention work. Support has been provided for children and young people on the edge of care so that they are effectively safeguarded by alternative, evidence-based provision.

The challenging but realistic priority targets in the LAA are evidence of a sustained focus on strategic planning and value for money.

A number of service reviews and changes have led to major improvements in value for money over the last 12 months. Examples of improvements are numerous. As stated earlier Manchester is an area with significant levels of deprivation which tends to lead towards a high level of spend overall on service provision, however, unit costs compare well in a number of areas, for instance the unit costs for internal foster care provision at £341 per week are below average for nearest neighbours (£352) and similarly deprived authorities (£381). Unit costs for external foster care provision at £763 per week are low cost for nearest neighbours (£912) and below average for similarly deprived authorities (£920).

In recognition that unit costs for external residential provision are comparatively high, procurement exercises have been undertaken to negotiate with leading suppliers of residential care (similar exercises have already taken place for external foster care). Robust commissioning processes for new in-house residential provision have resulted in lower costs across all commissioned providers. This and increased occupancy levels and reduced sickness within in-house provision has significantly reduced the number of external residential placements during 2007-08.

Around £18m (with a significant amount as a result of direct efficiency savings) has been delegated or devolved to schools with effect from 2008-09 to provide schools with greater resource and flexibility to commission services or develop internal capacity. More effective management of external SEN placements has led to savings of £0.8m during 2007-08. The Early Years Review has led to a £0.35m reduction in management overheads. New arrangements for Home to School Transport through e-Auction, redesign of routes and review of usage has produced a efficiency savings of almost £1m.

Manchester has effective school place commissioning plans in place. Surplus places in the secondary sector have been maintained at about 10%. Previous actions led to a reduction in surplus places in the primary sector to match national averages.

An external audit of the PCT conducted in April 2008 indicated good progress over the year in improving its arrangements for improving value for money.

Joint commissioning is being developed with an increasing number of examples of good and improving practice. These include the joint approach to target the Local Development Plan 'uplift' monies, the childcare sufficiency statement, the cross-border review of activities to prevent young people entering care and getting involved in gangs, the city's approach to Academies and commissioning of school places. The Manchester College will deliver an improved more coherent entitlement to learners and employers. The Local Area Agreement (LAA) has been used to enable the alignment/pooling of £8.5 million for public health/health inequalities work. This includes £4.8 million of PCT 'Choosing Health' funding. The LSC has pooled £1m to purchase additional Connexions Advisers and procure community based provision to re-engage young people to reduce the number of young learners who are not engaged in education, employment or training (NEET).

A wide range of providers are commissioned and contracted. Children's Services and voluntary sector partners are leading the implementation of a strategy to improve the commissioning arrangements with the voluntary sector, by, for example, aligning systems across several funding streams, bringing a district focus to decision-making and developing outcome-focussed performance management based on the Outcomes Based Accountability (OBA) model.

3. WORKFORCE DEVELOPMENT

Leadership and organisational development is a priority with resources focused on the Children's Services Senior Management Team (CSSMT), Children's Trust Leadership Team (CTLT), District Wider Leadership Teams (DWLTs) and front line managers and leaders. This is increasing the levels of integration strategically and operationally. An integrated programme of skills development for the workforce is being planned and is being led by a multi-agency strategy group. It includes a multi-agency Safeguarding Training Programme delivered by a multi-disciplinary team from across the sector.

There is a well established voluntary and community sector workforce strategy for 2007-10 funded by the Children's Workforce Development Council. There is also a series of development workshops to improve case planning that are delivered on a multi-agency basis to improve core competencies and further embed integrated working and learning.

During the last two weeks of November, Manchester City Council will be subject to a full IIP assessment. A sample of employees ranging from strategic managers to front line managers will be interviewed as part of the process.

The Directorate are in the process of adopting an Outcomes Based Accountability approach to service delivery. It is intended to strengthen our Children's Trust arrangements and improve our ability to achieve a better quality of life for Manchester's children, young people and families. In May, a two-day training event on the framework was delivered to a number of managers and champions across the directorate as part of the implementation, and a further two-day event for strategic innovators has been planned. This will then form part of a longer-term rollout of the training to strengthen and embed the approach across the trust.

The introduction of the key document *Building Brighter Futures – Next steps for the Children's Workforce* (April 2008) has provided clear national direction on developing the Children's Workforce locally and support in the delivery of this will be accessed through the Children's Workforce Development Council.

The document sets a requirement to bring about some significant changes across the sector including raising skills and qualification levels and bringing about redesign and professionalisation in some areas of the workforce.

To steer the development of an Integrated Children's Workforce in Manchester a Workforce Strategy Steering Group has been established. The group is made up of representatives from each of the key partner agencies including the representation for the private, voluntary and independent sector, the Strategic Health Authority and

the PCT. The group is in the process of developing a local vision for the workforce and key to this will be the development of integrated working through joint training and development. This includes the development of practitioner networks, which will provide an opportunity to share ideas, good practice and broaden the concept of, and embed, shared outcomes, language and culture. Another key priority of the group will be to focus on workforce reform and modernisation from October onwards. The Children's Workforce Development Council will inform some of this work.

Other key priorities have and continue to be safeguarding, retention and recruitment particularly within social care and schools and the development of leaders and managers at all levels across the sector. As indicated above some work has commenced with regards to developing the leadership and management skills and approached at senior management level and activities are currently being developed to enhance the skills of front line managers and leaders introducing a focus on integrated service delivery.

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