

CHILDREN'S TRUST BOARD

**Children and Young People's Plan (CYPP) –
Mid-Year Performance Review**

Quarter 1 and 2 (2011/12) Progress Report

Monday 5th December 2011

Report by: Judith Pettersen, Director of Children's Services

1. Background

This report is the mid-year review of the CYPP covering **quarter 1 and 2 of 2011/12 (April 2011 – September 2011)**. It provides a progress report on each of the following priorities set out in the plan; Health, Social and Emotional Well-Being, Safeguarding and Child Protection, Community Safety, Education and Learning, Community Participation and Engagement in Local Decision-Making, Transition to Adulthood and Child Poverty. The information is based on the actions set out in the CYPP action plan.

As well as providing an update on progress for each priority, the report cards are intended to provide a mechanism for ensuring that the CYPP is kept under regular review and that the results of monitoring are shared with partners.

2. Recommendations

The role of the Children's Trust Board is to review, assess and debate the progress account. Therefore, members are asked to:

- Note the contents of the report.
- Provide any comments or feedback to the board.
- Identify and discuss any issues arising from the report cards, particularly concerning the key risks and barriers noted.

HEALTH

Priority 1: Improving the health of children, young people and families by promoting safe and healthy lifestyle choices

Performance

Teenage Pregnancy and Sexual Health

- Teenage pregnancy rates continued to fall for Hounslow. The latest available data is for Q2 2010. Averaging the figures for Q1 and Q2 2010 brings the rate to 32 per 1000 15-17 year olds which is a drop from 37.5 per 1000 in 2009. The 2008 figure was 46 per 1000.
- The 15-24 population for 20011/12 is 29,573 and the target for Chlamydia screening is to screen 25% (7393) with 2.4% positivity rate. Target for each quarter is 1850 screens. The target for Q1 was met including positivity rate. Hounslow is one of the best performing boroughs in achieving the positivity rate – i.e. the right people are being screened.

Childhood Obesity

- In relation to childhood obesity, the NCMP figures for 2010/11 have not yet been compiled. They are due to be published in December 2011. Physical activity results have not yet been released for 2010/11.

Vitamin D Deficiency

- Improvements in vitamin D deficiency are measured by comparing April 2011 with April 2012. However, since the Healthy Start Vitamin Campaign started, uptake of free vitamins went from below 1% of the eligible population to 9% in just one quarter. Data is pending for Quarter 2 but there is anecdotal evidence that it has continued to increase.

Oral Health

- No new data for oral health but the 2011/12 National Programme of Dental Epidemiological Survey of 5 year olds 2011/12 is being carried out across the country and usually includes Hounslow schools.

Substance Misuse

- During the period 1st April to 30th September the Young People Drug and Alcohol service has provided 194 children and young people with Tier 2 drugs awareness sessions. 90 young people received tier 3 intervention. 1158 children and young people have received targeted drug education from Visions. 12 parents received family intervention as part of a systematic approach to a child's substance misuse.

Healthy Schools

- 96% of schools in the borough have achieved the Healthy Schools accreditation (up from 90% 2010).
- Over 75% of schools in the borough have participated in Hounslow's new Enhanced Healthy Schools Programme training (up from 20% 2010).
- No new data available on smoking prevalence rates amongst children and young people (according to LHO national statistics 2009, prevalence

	<p>rate amongst 20-24 age group at around 31.7%, 26.9% in the 25-34 age group but this figure remains above the general population prevalence of 20.8%).</p>
<p>Key Achievements</p>	<p><u>Young People's Sexual Health</u></p> <ul style="list-style-type: none"> ▪ In September 2011, all relevant partners working in young people's sexual health (e.g. from the integrated sexual health service, 0-19 team at Hounslow and Richmond Community Care Trust, public health, leads from the targeted and localities teams and Looked After Children at Children's Services and sexual health commissioners) came together to plan the way forward for young people's sexual health in Hounslow over the next year. The aim is to sustain the fall in teenage pregnancy and to implement the government's intentions using the available resources. It was a very productive meeting and actions arising included the securing of two early intervention health practitioners who will help to administer the C-Card scheme, the development of the Family Nurse Partnership and a plan to encourage schools to implement PSHE/SRE programmes at schools with the recognition that Straight Talking on its own is not effective without SRE. The group would like to bring a paper to the Children's Trust on prevention of teenage pregnancy in Hounslow. ▪ The new Children and Young People's Health Sub-group will provide a strategic steer on teenage pregnancy and young people's sexual health would also be represented at the proposed Sexual Health Board (this is a new partnership board that is emerging out the sexual health strategy group and will report to the Health and Well-being Board). <p><u>Reducing Childhood Obesity</u></p> <ul style="list-style-type: none"> ▪ The Healthy Weight Board meets bimonthly and has evolved into a strong collaboration of partners. ▪ All members on the Healthy Weight Board are on target with their actions on the delivery plan and provide their quarterly or 6 monthly performance reports when needed. These performance reports are monitored by the Public Health Manager (Immunisations and Healthy Weight). ▪ MEND 5-7 programme has been commissioned and is due to start in January 2012 with 3 programmes being run in partnership with FUSION in Feltham, Brentford and Central Hounslow. Venues were identified by an analysis of the most need. ▪ The Children's Obesity Care Pathway has been finalised and is due to be ratified by the Joint Commissioning and Clinical Executive (JCEC) in December 2011. This pathway is expected to have a positive impact on the reduction of obesity. Evidence elsewhere shows that it provides an efficient referral process, ensures that health and social care professionals are trained in giving healthy eating and lifestyles advice, highlights gaps in the services, improves communication on the preventive activities available and helps monitoring of services. ▪ The 'Tackling Obesity' health fair (to celebrate the launch of the delivery plan) took place at the Civic Centre on 25th October 2011. Over 250 people from the general public attended and took part in 'taster sessions' like Bollywood Dancing, 'Diet Makeovers', Zumba, Dance Mats, football and made smoothies using a bicycle. Feedback was overwhelmingly positive with children saying that they never knew that exercise "makes

them happy” and some parents said that they had no idea that being healthy could be so much fun and wanted to know if similar events were happening in the near future. Healthy weight service providers have reported in the weeks since that there has been an increase in sign up for activities. The Healthy Hounslow Cookbook was launched and was very well received. Parents at children’s centres have asked for copies and there are now plans to develop cookery classes using the cookbook.

Reducing risk of Vitamin D deficiency diseases amongst children

- A Healthy Start Policy group meet quarterly and operate to an action plan. A policy has been developed for NHS Hounslow and Hounslow and Richmond Community Care Trust and is due to be ratified in December 2011.
- Healthy Start Vitamin Distribution points continue to be set up across health centres in Hounslow and there is now a distribution point in one of the children’s centres, The Hub. This is run by a health visitor.
- Reporting system to DoH was improved and there is an improved supply chain.
- GP guidelines were developed and early indications are they are being used with a reduced in the need for vitamin D deficiency tests.
- Following a talk by the Consultant in Children’s Public Health, the paediatricians at West Middlesex Hospital are actively encouraging sunshine advice and supplementation.
- Training of staff in the 0-19 team took place in the summer 2011 and there is a health visitor leading on ensuring that all health visitors provide vitamin D deficiency advice to families.

Hounslow Oral Health Action Group

- There has been a change to this action in that since the publication of the Children’s and Young People’s Plan, a new oral health strategy was written for the North West London. This strategy is on the agenda for the first meeting of the Children and Young People’s Health Sub-Group in November 2011. From this a local action plan will be devised and the Hounslow Oral Health Action Group will deliver it.

Substance Misuse

- The service has established links with the Priory hospital to ensure continuity of care for young people discharged from their facilities who require ongoing support around drugs and alcohol.
- Formalisation of referral process for Looked after Children, has led to a substantial increase in referrals from LAC services to the Young people Drug and Alcohol service.
- The service has held discussions with adult drugs and alcohol services to establish clear transition pathways to promote referrals to visions for children of adult substance misuse.
- Formalised links with the Youth Triage services has also ensured that young people arrested for the first time for an offence linked to substance misuse receive an intervention.

	<p><u>Supporting healthy and informed choices around drugs, smoking and alcohol</u></p> <ul style="list-style-type: none"> ▪ Healthy Schools/STP Conference was held in June 2011 with over 90 attendees with representation from 34 schools. ▪ 34 delegates participated in Healthy Lifestyle workshops with a focus on Healthy Weight and Sex and Relationship education, including the associated risks of substance misuse. ▪ Wide interest shown in the development of the Healthy Schools Partnership that promotes the sharing of best practice amongst school professionals in improving health and wellbeing outcomes, including those related to informed choices around drugs, smoking and alcohol. <p><u>Supporting better health outcomes for children with disabilities</u></p> <ul style="list-style-type: none"> ▪ The Short Breaks Service has developed a number of Short Break programmes which are designed to provide children with opportunities for physical and Healthy activities, e.g. football and swimming. ▪ The Service is currently preparing to tender for Short Breaks providers and there will be a strong focus on delivering integrated services for children with disabilities which promote a healthy lifestyle.
<p>Key Risks & Barriers</p>	<p><u>Oral Health</u></p> <ul style="list-style-type: none"> ▪ Progress on the oral health action has been greatly hindered by lack of funding. The funding for the fluoride varnish programme has finished and no further funding has been identified. This has been raised at the local Clinical Commissioning Group (via JCEC). Traditionally, there has never been a specific budget for preventive oral health, only monies leftover from dental contracts. With the changes to the restructuring of the PCTs in the North West Cluster, access to these monies has finished. <p><u>Childhood Obesity</u></p> <ul style="list-style-type: none"> ▪ A key risk in delivery of healthy eating and physical activity programmes in schools and communities is not the quantity but the quality. There have been some problems in accessing information to see if such programmes are effective in their aims. It is important that if childhood obesity levels are to be reduced in Hounslow, we should be investing in preventative activities and weight management programmes that are evidence-based and cost-effective. <p><u>Substance Misuse</u></p> <ul style="list-style-type: none"> ▪ The service is increasingly aware of the need to target services. Visions has historically adopted a "can do" approach and has been prone to linking in with other services on an ad hoc, rather than structured basis. Continue to formalise arrangements with other services to improve consistency and early identification of young people who need support. ▪ Due to limited resources there has been a need to prioritise certain high risk groups such as young people excluded from school and those at risk of becoming NEET.

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| | <ul style="list-style-type: none">▪ The service has been unable to attract the more chaotic group of substance misusing young people who are later more likely to access adult services. |
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HEALTH

Priority 2: Improving maternal and early years health services

Performance	<p><u>Breastfeeding</u></p> <ul style="list-style-type: none"> ▪ Breastfeeding prevalence rates at 6-8 weeks have shown an increase to 70% for Q1. However, there have been difficulties in collecting data in that the coverage does not reflect the target of 95% (i.e. 95% of babies due their 6-8 week status are expected to have a known infant feeding status). This is due to a proportion of babies not having their breastfeeding status recorded by the GP and some difficulties in the data collection process. <p><u>Childhood Immunisation</u></p> <ul style="list-style-type: none"> ▪ Childhood Immunisation rates have continued to increase. Figures for Q1 2011/12 show an increase to 92% for primaries (age 1 vaccinations), 81% for first dose of MMR (age 2 vaccinations) and 82% for the Hib and Men C boosters (age 2) and 69% for second dose of MMR and the preschool booster. These figures were higher than Q4 2010/11 and higher than Q1 of 2010/11. Q2 figures are in the process of being compiled but initial results are demonstrating that the rise is continuing. However, all vaccine rates need to be 95%, which is herd immunity. Whilst the primaries are almost there, more work is needed around the age 2 and especially the age 5 vaccination cohorts. <p><u>Smoking in Pregnancy</u></p> <ul style="list-style-type: none"> ▪ There were a total of 22 women setting a quit date from April to December 2011 of these 8 have successfully quit, 9 had not quit and 5 were lost to follow up. These figures will rise.
Key Achievements	<p><u>Smoking in Pregnancy</u></p> <ul style="list-style-type: none"> ▪ Hounslow Stop Smoking Service has set up a new targeted drop-in clinic in West Middlesex Hospital Maternity Unit for new mums, pregnant women and their partners. ▪ A Secondary Care Network meets quarterly and has smoking cessation during pregnancy as a priority. This is a senior level outcomes focused meeting. ▪ All midwifery team have been trained to level 1. ▪ There is a plan to implement CO2 monitoring at first midwifery consultation. ▪ Leaflets promoting the clinic have been distributed. <p><u>Improve Breastfeeding Rates</u></p> <ul style="list-style-type: none"> ▪ The Breastfeeding and Immunisation Steering Group meet monthly and operate to a Breastfeeding Action Plan. This plan is based on the North West London Cluster Breastfeeding Strategy and has been ratified by JCEC.

- West Middlesex Hospital achieved stage 3 in the WHO Baby Friendly Initiative which makes it the first hospital in London to achieve full Baby Friendly accreditation. This will have a big impact on initiation rates and on the 10 day rates (it is during the first 10 days that breastfeeding rates are most likely to drop).
- The Specialist Health Visitor for Breastfeeding was awarded the Florence Nightingale Foundation Partnership Small Grants Award to roll out the breastfeeding support group model across Hounslow. This model is based on the Breastfeeding Support Group currently being run in Chiswick.
- Peer supporters have been trained and the peer support programme (commissioned by NHS Hounslow) is due to commence in the next month. This peer support programme will run in an identified area of low breastfeeding uptake and there is substantial evidence that such programmes are very effective in increasing uptake.
- Whilst there have been difficulties with the data collection process for breastfeeding, a solution has been found and will be trialled for the collection of data for Q3. From April 2012, this IT solution will be permanent. Work has also commenced in ensuring that breastfeeding status is properly recorded in GP practices.
- A new breastfeeding policy was developed for Hounslow and adapted for Hounslow and Richmond Community Care Trust and for NHS Hounslow. It is planned to adapt it further for children's centres and GP practices.

Maternal Mental Health

- A review of current provision of post-natal depression support in Hounslow was completed.

Childhood Routine Immunisation Rates

- The Breastfeeding and Immunisation Steering Group meet monthly and operate to an Immunisation Action Plan. This plan is evidence based and has been ratified by JCEC.
- All 57 GP practices have received a practice visit. This is a situational analysis to diagnose issues in achieving the immunisation targets and to develop a 6 month plan to improve rates. A full report is pending but monthly reports have illustrated that those practices that were given a 6 month plan have substantially improved uptake. This means that more practices are reaching the targets.
- An accredited training programme has been established for immunisers. All health professionals have access to the yearly updates and attendance is audited.
- Work has commenced with Early Years partners in increasing the number of 'checkpoints' for immunisation. This is particularly effective for the Age 5 vaccination rates.
- A financial incentive (LES) has been developed to help GPs reach the 95% (current national contract, i.e. DES rewards on 70% and 90% targets). This is being trialled in Q3 and Q4 but evidence from elsewhere (e.g. Westminster) has shown that it is effective.

	<ul style="list-style-type: none"> ▪ Improved communication between Child Health Information Team and GPs for HPV and Teenage Boosters. ▪ Data information management has been further improved with the introduction of the Child Health Module and SystemOne in GP practices. ▪ Call-recall process has continued to be successful and the public health manager (Immunisations and Healthy Weight) has been working with GP practices in ensuring follow-up of DNAs (i.e. non-attendances). ▪ An 'Immunisation Awareness' month happened in May 2011 and this was accompanied by an article in Hounslow Matters. This article produced a surge in phone-calls to the Immunisation Team at Hounslow and Richmond Community Care Trust from interested parents with questions. That quarter saw an increase from quarter 3 in rates and since no other new action was introduced that quarter, is likely that the increase in rates was due to communications campaign. <p><u>Establish a Children's Health Sub-group</u></p> <ul style="list-style-type: none"> ▪ The proposal to establish a Children's Health Sub-group was agreed by the Children's Trust and the Health and Well-being Board. The membership of the group has been established and the first meeting is on the 25th November 2011.
<p>Key Risks & Barriers</p>	<p><u>Breastfeeding</u></p> <ul style="list-style-type: none"> ▪ A risk to the breastfeeding rates is the current data collection process (however this is being rectified). ▪ No funding has been agreed for the peer support programme for breastfeeding so there is a risk that a much need programme will be set up and finished before it has time to establish itself. <p><u>Immunisation</u></p> <ul style="list-style-type: none"> ▪ Delivery of immunisations is only done through primary care in Hounslow (there are some exceptions which the Immunisation Team pick up at Hounslow and Richmond Community Care Trust). This means that some vulnerable groups who do not use primary care are not being reached. ▪ The turnover of population in Hounslow affects immunisation rates (particularly for age 5 immunisation rates) despite efforts.

SOCIAL AND EMOTIONAL WELL-BEING

Priority 3: Developing the social and emotional capabilities of children

Performance

Raised awareness amongst workforce to enable better support for children's social and emotional well-being and mental health issues

There has been continuing staff development initiated through the Early Intervention Service both linked to TaMHS and to service development plans, aimed at raising awareness around; eating disorders, bullying, drug and alcohol education, health and well being through Healthy Schools partnership and through Early Years targeted training.

Provision of early identification for children and young people with social, emotional and mental health issues

Ongoing work has taken place related to; identifying individual needs and trends of need early within Early Years settings, screening children for low level childhood anxiety and identifying the needs of children with ASD. The CAF is being further developed to support early identification and support.

Provision of intervention and support through accredited evidence based programmes for children and young people in a range of settings to promote and develop social and emotional capabilities and resilience

Programmes introduced under the TaMHS pilot have been continued and developed including Nurture Groups and Friends for Life (F4L) a programme designed to identify and address childhood anxiety at an early stage in order to prevent later poor outcomes. A programme related to EYS service plan - The Playing and Learning to Socialise (PALS) programme has now been introduced and implemented with further settings.

Provision of appropriate emotional well being support and development for children with ADHD and ASD across a range of settings

The provision for children with ASD is delivered through a multi agency group who co ordinate, evaluate and manage the quality of training provided to staff and parents. The Early Bird Plus programme is currently running in the borough and is fully attended. Many tailored packages around support for pupils with ASD and ADHD are delivered to schools by the Early Intervention Service staff and CAMHS specialist teachers. TaMHS support has enabled ADHD drop ins to be run in a number of schools.

Good parenting and support for families in the community is promoted

The parenting strategy is currently being reviewed to enable a coherent and coordinated offer to be established. Parenting support, both formal and informal continues to be a priority within the Early Intervention Service and with partners across the local authority.

Key Achievements

Raised awareness amongst workforce to enable better support for children's social and emotional well-being and mental health issues

- *BEAT* – eating disorder PHSE accredited training has been commissioned for 4 secondary schools.
- Schools have been consulted on LBH's new Anti-Bullying Guidance and this was launched and sent to schools for Anti-Bullying week commencing 14th Nov 2011.
- Visions have delivered targeted drug and alcohol education sessions to 12 primary schools and 6 secondary schools.
- All Early Years settings and 100 % of schools use the Hounslow Early Years tracker document.
- Healthy schools partnership - the level of participating schools is increased to 96%. Healthy Schools/STP Conference in June 2011 with over 90 attendees at the event with delegates from 34 schools.
- 'Train the trainers' day took place in mid October, focussed on wellbeing and involvement and the importance of understanding these to support transitions. Target audience was outreach workers from Children's Centres, Lead Teachers, Children's Centres Teachers and practitioners with Early Years Professional Status. Each of these people is now devolving the work across their own settings and into others where appropriate or applicable. Impact is being measured against the Leuven Scales and the Development Matters statements for PSED.

Provision of early identification for children and young people with social, emotional and mental health issues

- All PVI settings are using the Hounslow Early Years tracker or some form of tracking. The Early Years Family Support Practitioner analysis is done and schools identified for early intervention.
- Screening tools for anxiety have been used with approx 350 pupils to identify a range of children and young people including those that had not previously been identified as a concern re anxiety. This has taken place in 3 new schools and with a new cohort in two of the original schools.
- At least 50 staff from schools, nurseries, health Children Centres have been CAF trained. More training is planned for the next year. SENCo conference CAF session with a focus on early identification/ intervention was attended by 60% of schools.
- ASD training has been undertaken both centrally (HEC) and as tailored packages to a range of 10 schools. Evaluations show positive impact on the inclusion of pupils with ASD. Termly meetings take place with heads of centres and the ASD outreach team and training needs are reviewed.

Provision of intervention and support through accredited evidence based programmes for children and young people in a range of settings to promote and develop social and emotional capabilities and resilience

- Playing and Learning to Socialise programme (PALS) – this year we have completed a three year plan to ensure that all Early Years settings in the borough that are members of the Early Years Development and Child Partnership have been given the opportunity to access training and support to introduce this resource in their setting. Pre and post data collection was obtained and evaluations have also been collected from parents and practitioners. Both overwhelmingly demonstrate the positive impact of the programme on children who have participated in the social skills groups.
- 100% of EYs settings are now being encouraged to embed the use of the Playing and Learning to Socialise programme and A Box Full of Feelings resource in their practice.
- Nurture groups are continuing in the original 6 schools and one new school is going to start a group – with the stated intention of including children who are in danger of permanent exclusion.
- The Friends for Life Programme (F4L) to address childhood anxiety and depression is currently being rolled out to a further 4 schools/settings and continues to be implemented in the pilot schools. 1 central training programme for school staff has been organised for Jan 2012. The original F4L schools are continuing to implement the programme and one secondary school has embedded the programme as part of the year 7 programme.

Provision of appropriate emotional well being support and development for children with ADHD and ASD across a range of settings

- The Early Bird plus programme is currently running and is fully attended. School staff and parents on the positive impact of this programme on the support of their children's needs.
- Psychoeducation is offered to teachers and parents of newly diagnosed ADHD children. Attention training has been undertaken in 4 schools and ADHD 'drop-ins' have been trialled successfully in 3 schools.

Good parenting and support for families in the community is promoted

- Family SEAL has been introduced to a wider audience at the SENCO forum. At next forum the school to school support aspect will be explored. One further school has had Family SEAL and evaluations shows positive impact on how parents support their children's learning. 3 new schools have been identified and the programme is in the planning stage in all of them.
- 25 parents undertook PEEP training; positive evaluations on PEEP and staff are observing an improvement in behaviour management and interaction.
- 4 accredited parenting programmes; Triple P, Strengthening Families 10-14 and Strengthening Families strengthening communities have been delivered in areas of need across the borough.
- In a 100% of case parents/carers have been involved in development

	<p>and implementation of support plans for young people who have been arrested for the first time and referred to the Triage programme. Risk and protective factors continue to be addressed in all cases referred to the service. There was a reduction in first time entrants (FTE) by 50% in 2010/11 and the half year performance this year is consistent with the baseline figure.</p>
<p>Key Risks & Barriers</p>	<p><u>Provision of early identification for children and young people with social, emotional and mental health issues</u></p> <ul style="list-style-type: none"> ▪ ASD training – staff capacity and shortage of EPs. <p><u>Provision of intervention and support through accredited evidence based programmes for children and young people in a range of settings to promote and develop social and emotional capabilities and resilience</u></p> <ul style="list-style-type: none"> ▪ PALS – settings cannot be directed to use the programme and may choose not to. ▪ Nurture Groups – space/staff capacity in schools is a major factor in preventing Nurture Groups being developed in schools. ▪ F4L – staff capacity re both time needed to analyse screening and fact that screening can lead to identification of more complex/critical issues that need referral and ongoing support (at tier 2 or 3). <p><u>Provision of appropriate emotional well being support and development for children with ADHD and ASD across a range of settings</u></p> <ul style="list-style-type: none"> ▪ Staff capacity in relation to increased numbers of young children diagnosed with ASD and ADHD. <p><u>Good parenting and support for families in the community is promoted</u></p> <ul style="list-style-type: none"> ▪ Capacity of staff to offer training on top of normal workloads.

SOCIAL AND EMOTIONAL WELL-BEING

Priority 4: Emotional well-being and mental health is supported through targeted and specialist settings

<p>Performance</p>	<ul style="list-style-type: none"> • Total number of Tier 4 Referrals April -Sept 2011: 12 • Total number of bed days April -Sept 2011: 658 • Total number of CAMHS re-referrals April - September 2011 : 134 • <i>Percentage reduction in specialist CAMHS referrals due to community based CAMHS provision</i> – there has been no expansion in community based CAMHS provision during Q1 and 2 there no reported percentage reduction. • <i>Percentage of patients who waited more than 11 weeks for a first time appointment with specialist CAMHS</i> – 300 referrals, 18% of patients.
<p>Key Achievements</p>	<p><u>Children and young people’s mental and emotional well-being is supported throughout the range of settings (this refers to specialist CAMHS and inpatient settings) that they come into contact with</u></p> <ul style="list-style-type: none"> • Complementary support is developing into an integrated package of care delivered by professionals from CATE, Connexions, EPs and CAMHS. • Outpatient service has been provided at the Heart of Hounslow clinic. • Home visits have been provided to parents. • Deliberate self-harm clinic has continued at West Middlesex Hospital A&E, involving mental health assessments on young patients displaying self harm symptoms. • There is a contract between Hounslow PCT and the Priory Roehampton to provide inpatient services as required. <p><u>There are accredited, evidenced based programmes or treatments for parents and/or carers, children and young people that result in the promotion of self esteem, emotional intelligence, courage and confidence</u></p> <ul style="list-style-type: none"> • Continuing treatments such as; psychiatric assessments, psychological therapies and psycho-social interventions for disorders including depression, eating disorders, neurodevelopment disorders and psychosis. <p><u>There is an appropriate range of mental health support for the increasing number of children and young people diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorders</u></p> <ul style="list-style-type: none"> • There is an additional nurse trained as a prescriber.

	<p><u>The under – representation of children and young people from Asian or British Asian heritage accessing mental health services is explored and addressed</u></p> <ul style="list-style-type: none"> • There has been continued efforts to ensure the workforce is reflective of the client group • Work has been done to de-stigmatise perceptions of mental health through the development of a music CD, written and produced by young people in collaboration with storymusic.com. <p><u>Reductions in the specialist CAMHS budgets are managed in ways that minimise the impact on children and young people</u></p> <ul style="list-style-type: none"> • Reviewing and implementing new care pathways has been undertaken as part of the integration of CAMHS service across WLMH NHS Trust.
<p>Key Risks & Barriers</p>	<p><u>There is a range of local support for children and young people with learning disabilities and additional mental health difficulties</u></p> <p>The Clinical Psychologist post became vacant in Oct 11 and is being reviewed due to concerns that it is unviable; 1 clinician providing input into 3 teams; Challenging Behaviour Project, Children’s Development Team and CAMHS. This poses a risk to the service.</p>

SAFEGUARDING AND CHILD PROTECTION

Priority 5: Intervening early and protecting children and young people from harm

Performance	<ul style="list-style-type: none"> ▪ There were 8701 contacts to social care from April – Sept 2011. ▪ 70% of initial assessments have been completed within 10 working days compared to 60% in March 2011. ▪ 72% of core assessments have been completed within 35 working days compared to 60% in March 2011. ▪ There were 321 children looked after at the end of September compared to 345 in March 2011.
Key Achievements	<p><u>Providing earlier and more effective support to vulnerable families and children</u></p> <ul style="list-style-type: none"> ▪ Two permanent Heads of Service, supported by an interim service manager have been appointed to the EITs. They are providing robust leadership and clarity of purpose and direction. ▪ The interface between the EITS and social care is being reviewed through a management work stream to improve co-ordination and communication. <p><u>Children are protected from emotional, physical and sexual abuse and neglect</u></p> <ul style="list-style-type: none"> ▪ The 2011 LSCB conference focused on 'safeguarding teenagers' and aimed to raise awareness of national SCR findings about 'agency neglect' i.e. failures to help teenagers and perceptions that they are less likely to be at risk of abuse and neglect than young children. The key note speaker, an independent mental health consultant and researcher, spoke about what we need in place to minimise the risk of suicide. ▪ The Neglect Assessment Tool has been successfully implemented across the Safeguarding and Support teams, to enable an objective analysis and response to cases where concerns are complex and entrenched. The pilot has been written for a peer review by a national organisation. <p><u>Timely and effective assessment and support for children in need and their families</u></p> <ul style="list-style-type: none"> ▪ The Specialist Intensive Support Programme is fully functional with a range of highly skilled and expert clinical and parenting practitioners. The team delivers a systemic approach to assessment and intervention. Outcomes include reduced need for expert witnesses in care proceedings with a consequent reduction in the length of care proceedings and the number of children in care. ▪ The unannounced OFSTED inspection of Intake and Safeguarding in June 2011 found no concerns and noted improvements from the previous visit in 2009. The timeliness of assessments shows sustained improvement from March 2011. This results from relentless

	<p>management oversight and review.</p> <ul style="list-style-type: none"> ▪ The Southwark Judgement Social worker works in partnership with Housing and Pathways Leaving Care service providing a comprehensive service to assess and support young people aged 16+ at risk of homelessness. ▪ A working party to review and improve information sharing protocols between schools and Social Care has been established. ▪ Regular psycho-social meetings between the WMUH Paediatric SW Team and Lakeside Mental Health Trust to look at the needs of children of adults experiencing Mental Health issues.
<p>Key Risks & Barriers</p>	<p>Social care continues to receive high numbers of contacts with concomitant pressures to assess, identify and provide services to vulnerable children in need of support and protection .The relocation of the Intake Service to the Civic Centre will result in an increase in contacts, particularly around Housing issues.</p> <p>The recruitment of social workers to the EITs impacts on their ability to deliver the planned reduction in contacts to social care and for the Step Up Step Down processes to be effectively embedded.</p> <p>The volume of young people and families presenting as homeless is increasing with a significant impact on capacity to assess and resources to support.</p>

SAFEGUARDING AND CHILD PROTECTION

Priority 6: Improving the life chances of Looked After Children (LAC)

Performance	<ul style="list-style-type: none"> ▪ 20 looked after young people sat GCSEs and of these 19 achieved at least one GCSE. This 68% represents a steady improvement over the last three years (up from 56% in 08/09) and is in line with local comparators but below England. ▪ 4 young people achieved five or more GCSEs at grade A*-C including Maths and English. At 14% this is a very strong performance and puts Hounslow above both local and national comparators. Outer London is 13% and England 10%. ▪ Nine children have been adopted since March 2011 and a further ten have been placed for adoption. Ten children have been placed within permanent placements with long term foster carers. ▪ Eight Special Guardianship Orders and six Residence Orders have been granted since March 2011. These confer security and permanence to children previously in care.
Key Achievements	<ul style="list-style-type: none"> ▪ For the second year running the LAC Nurse and LAC Psychologist ran the Fostering Changes Programme. This is a 12-session evidence based programme, which has been derived from research into parenting skills; attachment and educational attainment of looked after children who are in Foster Care. The programme aims to provide carers with practical skills to manage the difficulties they experience with the children that they look after. 10 carers successfully attended this 12-week course and gave very positive feedback. Both professionals involved attended the Fostering Changes 12 + training day in May 2011 to enable them to adapt their skills to facilitate this course to carers of teenagers. ▪ Young people in care and care leavers worked with the Who Cares? Trust organisation to create the 'Don't Write Us Off' DVD which is now on YouTube. The film aims to improve the public perception of children in care and care leavers and was shown at a pan London launch event and at a film festival in Bradford. The DVD has been played to the Lead Member for Children's Services, members of the Corporate Parenting Panel, the Leader of the Council, the Mayor and social work managers as part of the campaign to promote corporate parenting. ▪ A new group for girls aged 13-18 years was piloted in early 2011. This was facilitated jointly by the LAC psychologist with the Youth Empowerment Service lead, with several guest speakers being invited including Visions, the Specialist Nurse for Children in Care and the Early Intervention Team. This was an open group which ran fortnightly and provided structured discussion of topics relevant to health and well-being, such as 'dealing with stress', 'self-esteem' and 'healthy relationships'. The feedback was very strongly in favour of a second group to be run in the autumn.

	<ul style="list-style-type: none"> ▪ The staff team at The Ride (in borough residential home) have been receiving training in social pedagogy. This is the common approach used in continental Europe for work with children and young people with proven positive outcomes for young people. It follows four core aims that are closely linked: well-being and happiness, holistic learning, relationship and empowerment. The team studied professional identity, the theory of communication, reflective practise and resilience. The entire team committed to the training and have embraced the new approach which is now being implemented into daily practice.
<p>Key Risks & Barriers</p>	<p>New legislation affecting asylum seeking young people restricts the access of some groups of care leavers to funding for University.</p> <p>The loss of the dedicated Connexions personal advisor posts for looked after children and care leavers impacts on the numbers who are NEET especially when the economic opportunities for young people are restricting.</p> <p>The drive to maximise in house placement resources and free up social work capacity needs to be balanced with the risk of increasing placement moves and instability for looked after children and young people. This needs to be mitigated by careful assessment and matching of need to potential carer.</p>

SAFEGUARDING AND CHILD PROTECTION

Priority 7: Better skilled and supported social workers

Performance	<ul style="list-style-type: none"> ▪ On track for 15% plus increase in number of Social workers accessing high quality training by 2012. ▪ Vacancy rate for Social Workers at 5%.
Key Achievements	<p><u>Supporting effective social work practice</u></p> <ul style="list-style-type: none"> ▪ West London Training Consortium Career Pathways and Management programmes running with increased numbers. Newly Qualified and Early professional development modular courses commissioned and due to roll out from November 2011. <p><u>Increase retention of social workers – link to interim business plan priority</u></p> <ul style="list-style-type: none"> ▪ Seven Social Workers from the Graduate Trainee scheme all now in post as Social Workers. Five Step up to Social Work graduates all in final frontline placements and due to qualify May 2012. 2nd cohort for Step up shortlisted and assessment centre booked for November 2011. ▪ Retention bonuses reviewed and maintained for frontline Social Work teams only. Practice Consultant posts reviewed against West London salaries. ▪ Health check undertaken (Employers of social workers are expected to conduct a local health check of support they have in place for their employees and to take action where necessary).
Key Risks & Barriers	Children’s Workforce Development Council sources of funding unknown beyond March 2012.

COMMUNITY SAFETY

Priority 8: Reducing young people who offend for the first time and those who re-offend

Performance	See below.
Key Achievements	<p><u>Reduce the number of young people entering the criminal justice system for the first time</u></p> <p>Quarter 1 (Apr- Jun 2011) Target = 43 YP Outturn = 44 YP Quarter 2 (Jul –Sep 2011) Target = 43 YP Outturn 43 YP FTE figure has been consistent during 2 quarters and there is no significant change in FTE performance. This is because, FTE target 2011/12 (173 YP) is challenging and target has been set in relation to triage project. We had target of 315 FTE in 2010/11 that has been reduced to 173 FTE. This is a challenging target.</p> <p><u>Reduce the number of young people from Black and minority ethnic groups in Hounslow as a proportion of the number of young people entering the criminal justice system for the first time</u></p> <p>Too early to report on over representation.</p> <p><u>Reduce the number of young people in the criminal justice system who re-offend</u></p> <p>This is annual target and we will provide this data in 2012.</p> <p><u>Partner agencies are involved in integrated, early intervention and crime reduction activities to reduce offending</u></p> <ul style="list-style-type: none"> ▪ In first quarter, 32 (97%) referrals have been success fully completed and in second quarter 40 (95%) referral have been success fully completed by triage project. ▪ Target prevention work in school /youth centres aimed at black young people to develop their knowledge about community safety and the criminal justice process has been under taken by the early intervention service. <p><u>Develop the capacity of children and young people to make choices that reduce their involvement with gangs and serious youth violence</u></p> <p>In first quarter there are 30 Serious youth violence cases and increased to 31 in Jul – Aug 2011, this is because of disturbances in August 2011.</p>

	<p><u>Reduce proportion of young people within the youth justice system receiving a conviction in court who are sentenced to custody</u></p> <p>Quarter1 (Apr- Jun 2011) Target = 4% Outturn = 2.08%</p> <p>Quarter 2 (Jul –Sep 2011) Target = 4% Outturn = 7.54%</p> <p>Custody figure has been increase from 2.08% to 7.54% in quarter 2. Disturbances which took place August this year have contributed to the increased custody rate</p>
<p>Key Risks & Barriers</p>	<p>None identified.</p>

COMMUNITY SAFETY

Priority 9: Children and young people feel safe in schools and the community

Performance

Maximising the awareness of bullying and discrimination

- The review of the categorisation and monitoring framework for serious racist incidents has been completed and a revised racist incidence form has been agreed.
- Schools have been consulted on LBH's new Anti-Bullying Guidance and this was launched and sent to schools for Anti-Bullying week commencing 14th Nov.
- Over 50% of schools in LBH are engaged in Hounslow's new Enhanced Healthy Schools Programme training (up from 20% 2010).

2% reduction on the 2010/11 outturn in victim based crime

- This joint target for the Met Police and other CSP partners is currently showing a 0.9% increase for 2011-2012 YTD, in comparison with the previous year. The level of increase has slowed in contrast to the previous quarter.
- The Borough did not see a rise in reported crime following the August disorder. Substantial deployment of additional police in all the town centres has made a difference, with reductions in street robbery, knife crime and violence overall. The increased level of residential burglary is a priority for the next quarter.
- Joint working between LBH and the new Policing Team will provide further opportunity to address performance.

60 uniformed officers on the streets by March 2012

- 30 Hounslow Homes officers including; Anti Social Behaviour Officers, Tenancy Management Estate Officers, and Estate Monitoring Officers have received their jackets. In total 250 Hounslow Homes Officers have received Community Safety training to engage with residents and to raise awareness of the wider community safety agenda. A further 30 Hounslow Homes officers will be issued with their jackets in Q3.
- 80 Street Cleansing Operatives from the Council have been issued with new uniforms. During November the Police will be delivering Community Safety training to these officers.
- In October 2011, Cabinet members agreed to the joint funding of one Police Sergeant and four Police Constables from the Metropolitan Police Authority Match Funding Scheme. As part of this scheme the local authority would receive another five Police Constables free of charge. Therefore a new LBH Police Team will be established consisting of ten additional Police Officers.

	<ul style="list-style-type: none"> ▪ Regular meetings have been established and are continuing. A dedicated police Single Point of Contact is in place for all investigations arising from Feltham Young Offenders Institute. The London Fire Brigade will be supporting the Feltham YOI in reducing arson incidents. <p><u>Development of baseline pending new programme of action</u></p> <ul style="list-style-type: none"> ▪ Work on the Strategy to reduce 'violence against women and girls' has begun with a period of data collection and research from the relevant agencies. An Honour-Based Violence/Forced Marriage project pilot has been discussed with actions to form a working group, agree a terms of reference document, and to agree an action plan. <p><u>2% reduction in the number of young people who commit serious youth violence</u></p> <ul style="list-style-type: none"> ▪ A Police Youth Crime Group has been established and a 'Terms of Reference' is to be agreed. Youth Triage has been introduced resulting in successful intervention and support, reducing the number of first time entrants into the Criminal Justice System.
<p>Key Achievements</p>	<p><u>Maximising the awareness of bullying and discrimination</u></p> <ul style="list-style-type: none"> ▪ Schools have been consulted on LBH's new Anti-Bullying Guidance and this was launched and sent to schools for Anti-Bullying week commencing 1 Nov. ▪ Healthy Schools/STP Conference in June 2011 with over 90 attendees at the event with delegates from 34 schools. ▪ Wide interest shown in the development of the Healthy Schools Partnership that promotes the sharing of best practice amongst school professionals in improving health and wellbeing outcomes, including those related to safety, anti-bullying and discrimination. <p><u>Continue and develop the Hate Crime Prevention Forum and review intelligence around hate crime</u></p> <ul style="list-style-type: none"> ▪ The Hate Crime Prevention Forum Action Plan for 2011-2012 has been agreed and all stakeholders are continuing to deliver actions. A recent poster campaign within Buses in Hounslow increased awareness by raising the unique users of the LBH hate crime webpage by over 350% the month following the campaign. Awareness events and training sessions have been carried out and arranged for the course of the year.
<p>Key Risks & Barriers</p>	<p>The National Curriculum is currently under review and may led to a rationalisation of subjects across all phases, possibly including those subjects like Citizenship and RE that may traditionally lend themselves to tackling bullying and discrimination. LBH schools may therefore re-model their curriculum to reflect the outcomes of the NC review.</p>

EDUCATION AND LEARNING

Priority 10: 'Getting it right in the Early Years'

Performance

Increase the number of PVI rated good or outstanding by Ofsted

There is an improving trend in the quality of Early Years provision in the PVI sector.

18 PVI settings have been inspected since April 2011. 15 were graded good and 3 satisfactory.

Inadequate OfSTED Grades	March 11	-	1%	Autumn 11	-	0%
Satisfactory OfSTED Grades	March 11	-	31%	Autumn 11	-	26%
Good OfSTED Grades	March 11	-	60%	Autumn 11	-	67%
Outstanding OfSTED Grades	March 11	-	7%	Autumn 11	-	7%

Increase the number of maintained schools rated good or outstanding by Ofsted

Since April 2011 two schools have been inspected with Foundation Stage. One was graded good, the other outstanding.

Inadequate OfSTED Grades	March 11	-	0%	Autumn 11	-	0%
Satisfactory OfSTED Grades	March 11	-	22%	Autumn 11	-	22%
Good OfSTED Grades	March 11	-	62.8	Autumn 11	-	60%
Outstanding OfSTED Grades	March 11	-	15%	Autumn 11	-	17.8%

ECAT data to show a 10% decrease in the number of children at risk of language delay and a 10% increase in the number of children ahead in the 4 aspects of language

Progress for a cohort of 1006 children:

- **Listening and attention**

At risk of language delay:	Autumn 2010	27%	Summer 2011	12%
Children ahead:	Autumn 2010	18%	Summer 2011	31%
- **Understanding of language**

At risk of language delay:	Autumn 2010	32%	Summer 2011	18%
Children ahead:	Autumn 2010	14%	Summer 2011	29%
- **Speech sounds and talk**

At risk of language delay:	Autumn 2010	41%	Summer 2011	24%
Children ahead:	Autumn 2010	16%	Summer 2011	26%
- **Social skills**

At risk of language delay:	Autumn 2010	37%	Summer 2011	14%
Children ahead:	Autumn 2010	17%	Summer 2011	31%

Increase the numbers of children achieving expected level in the EYFS Profile

- 2010 outcomes showed a 1.8% drop in overall LA results. Analysis showed a mix picture for schools across the borough with some making significant improvements and others dropping. There was significant negative impact on outcomes for children in bulge classes which contributed to the LA

	<p>decline.</p> <p><u>Improved outcomes for children identified with SEN accessing early years settings by providing early identification and intervention and promoting partnership working with parents</u></p> <ul style="list-style-type: none"> • The quality of inclusive practice in PVI settings has improved demonstrated by the level of support offered by the EY SEN Advisory Team as follows: <ul style="list-style-type: none"> ○ Intensive Support April 2011 6% to 0% Autumn 2011 ○ Medium Support April 2011 38% to 30% Autumn 2011 ○ Light Support April 2011 56% to 70% Autumn 2011 • 75 children identified with SEN have been supported with Inclusion Funding to support inclusion in an early years setting. • 12% of these are in receipt of 2 Year Funding with 21% having accessed Hounslow Short Breaks Funding. • Early Years practitioners have been supported in production of Individual Education Plans (IEPs) to ensure that targets offer appropriate challenge while remaining achievable. • 100% of parents have been invited to attend IEP meetings with a high level of attendance (approx 95%). • Hounslow SENCO Training was offered to all early years settings in the borough with 16 early years practitioners attending training provided Autumn Term 2011. • 100% of settings were invited to take part in the first phase of training to develop multi-sensory group time with approx 70% take up. Two further sessions of training to be offered later in the year. <p><u>Early Years practitioners are more competent in early identification of special needs</u></p> <ul style="list-style-type: none"> • Parents and carers have been supported and have had positive experiences of working in partnership with settings. They have been appropriately assisted parents to understand systems and procedures relating to SEN, resulting in reports from parents of reduced anxiety/reduced number of parents referring to Parent Partnership. • All Inclusion Funding is appropriately allocated to promote inclusion.
<p>Key Achievements</p>	<ul style="list-style-type: none"> • Schools and PVI settings that have received targeted support from the LA have made significant progress in OFSTED judgements and outcomes measures. • The LA has received an award for the contribution to Forest Schools and outside learning initiatives. There are now 21 accredited Forest School Leaders across the Borough with an additional 34 on the accreditation pathway. • There has been a significant impact from the work of the ECAT programme. • Early Years provision has been recognised as a strength of the Borough in

	<p>the OfSTED Annual Children Services Assessment.</p> <ul style="list-style-type: none"> • Early identification and intervention is a strength with 75 children in PVI settings identified with SEN having been supported with Inclusion Funding to support inclusion in an early years setting. • The free child care for 2 year old children is well embedded and 346 children have benefitted from this programme since April 2011. This is further supporting early identification of need. <p><u>Improved outcomes for children identified with SEN accessing early years settings by providing early identification and intervention and promoting partnership working with parents</u></p> <ul style="list-style-type: none"> • The multi-agency Pre-school Panel has been restructured to include input from the Social Work Team for Children with Disabilities to ensure effective information sharing, assessments and co-ordinated planning of services and resources. • Monthly surgeries have been established led by the Parent Partnership and Helping Handz Co-ordinator and the Head of SEN which provides advice and support to parents in respect of understanding and contributing to the statutory assessment process and SEN processes in general. • Six Volunteer Independent Parental Supporters have been recruited to provide support to parents under the supervision and guidance of the Parent Partnership and Helping Handz Co-ordinator. • A joint panel has been established for the consideration and agreement of Inclusion funding which includes the Head of SEN, Specialist Health Visitor and the Early Years Adviser.
<p>Key Risks & Barriers</p>	<ul style="list-style-type: none"> • Changes to the EYFS and EYFS Profile will impact on outcome measures. • The continued need for bulge classes provided a risk in terms of outcomes. • The new OFSTED framework provides an increased challenge and may suppress results. The EYFS will no longer have a separate judgement.

EDUCATION AND LEARNING

Priority 11: Developing an integrated response for children with the most complex disabilities

Performance	<p><u>Increase number and range of Hounslow maintained specialist provision in order to reduce the proportion of children with disabilities and complex needs placed in schools outside of the borough</u></p> <ul style="list-style-type: none"> The proportion SEN pupils placed in out-borough non-maintained and independent special schools reduced by 1%. <p>It has not been possible to achieve this target due to the shortage of special school places in Hounslow maintained schools.</p> <p><u>20 additional primary special school places available for academic year 2011/2012</u></p> <p>This has been achieved through the establishment of an off-site Foundation Stage Centre for Lindon Bennett School.</p> <p><u>24 additional primary Centre Places available by Academic year 2011/2012</u></p> <p>This has been achieved, through the establishment of two new ASD Centres, based at Smallberry Green Primary School (8 places) and Forge Lane Primary School (16 places). Both Centres opened in September 2011.</p> <p>The draft Strategy for the development of SEN Provision in Hounslow has been launched for consultation at meetings with Headteachers and Governors.</p>
Key Achievements	<p><u>Working in partnership with parents and carers around the design and commissioning services</u></p> <p>The new Short Breaks menu of services and activities has been developed in partnership with the Parents Network and informed by the feedback from parents and young people who have accessed the services.</p> <p>The Young People's Funding Panel has been re-established with involvement of Members, to enable young people with SEN and Disabilities to consider requests submitted by other young people in respect of activities tailored to their needs and interests.</p> <p>The Specialist Health Visitor has been involved in the Resource Allocation Panel to enable more co-ordinated planning and information sharing in respect of the care needs of children with Disabilities.</p> <p>The Children with Disabilities Team are working with staff at the Starlight Children's Ward at West Middlesex Hospital to establish a parent's support group.</p>
Key Risks & Barriers	<p>None identified.</p>

EDUCATION AND LEARNING

Priority 12: Maximising the educational achievement of all children and young people and reducing inequality

Performance

Positive behaviour amongst all children and young people is promoted and exclusions from school are reduced

- All schools inspected in the period have been judged 'good' or 'outstanding' for behaviour.
- 13/14 secondary schools have reduced persistent absence to less than 5%, using the criteria in place until August 2011.
- A 66% reduction in primary schools with persistent absence as an issue achieved by July 2011.
- To date secondary permanent exclusion number just 25 in relation to the target of no more than 47.

Provide a range of high quality 14-19 pathways that enable all learners to make genuine progression

- 99.2% of pupil left school with at least 1 qualification in 2011, an increase of 0.3% on 2010 and 0.1% above target.
- Other performance indicators for 2011 not published until April 2012.

To 'narrow the gap' in achievement between the highest and lowest attaining groups

- **KS4 5A*-C including English and Maths:**

Gaps have narrowed for 4 of the 6 groups identified for tracking:

- SEN: 3% improvement in attainment. Gap is now 48.5%, a narrowing of 1.5%
- White British: 10.9% improvement in attainment. Gap is now 0.5%, a narrowing of 6.5%
- Black Caribbean: 5.1% improvement in attainment. Gap is now 15.3%, a narrowing of 0.7%
- Black Somali: 6.6% improvement in attainment. Gap is now 19.9% a narrowing of 2.2%
- For the following groups, gaps have widened by a small margin:
- Afganistani: 3.3% improvement in attainment. Gap is now 14.1%, an increase of 1.1%
- FSM: 3.7% improvement in attainment. Gap is now 19.1%, an increase of 1.1%

- **KS2 L4+ including English and Maths**

Gaps have narrowed for 2 of the 5 groups identified for tracking:

Black Caribbean: 3% decrease in attainment. Gap now 6%, a narrowing of 5.5%

	<p>Afganistani: 9% decrease in attainment. Gap is now +2% a narrowing of 9.6%</p> <p>For the following groups, gaps have widened:</p> <p>SEN: 4% decrease in attainment. Gap now 47%, a widening of 6%</p> <p>FSM: 4% decrease in attainment. Gap now 16%, a widening of 2%</p> <p>White British: 7% decrease in attainment. Gap now 8%, a widening of 2%</p> <p>Overall achievement has dipped for all groups at KS2 L4+ including English and Maths. There has been widespread debate regarding the appropriateness of some aspects of the English test. Issues arising from this have had a more significant impact on lower attaining groups.</p> <p>Foundation Stage</p> <p>Outcomes for children at 5 years old showed a 14% reduction in the gap between the lowest attaining 20% and the rest of the cohort. The gap reduced from 35% to 21%.</p>
<p>Key Achievements</p>	<p><u>Positive behaviour amongst all children and young people is promoted and exclusions from school are reduced</u></p> <ul style="list-style-type: none"> • Primary and secondary attendance networks in place. • New protocol for education welfare interventions in place following work with locality teams. • Hounslow featured as one of the best LAs for behaviour in areas of greater deprivation (TES report). <p><u>Provide a range of high quality 14-19 pathways that enable all learners to make genuine progression</u></p> <ul style="list-style-type: none"> • Provider network established to support those offering pre and post 16 level 1 pathways and apprenticeships.
<p>Key Risks & Barriers</p>	<ul style="list-style-type: none"> ▪ OFSTED changes – a new inspection framework will be introduced in January 2012 which gives greater focus to behaviour and attendance. This could make it difficult to maintain the strength of outcomes. ▪ Persistent absence – the bar has been raised so that pupils are regarded as ‘persistent absentees’ if they have attendance below 85% (this was 80% until October 2011).

EDUCATION AND LEARNING

Priority 13: Improving school standards

Performance

Monitoring and identifying early on, schools causing concern and providing appropriate challenge and support

- No school placed in an OFSTED category of concern during the period.
- 2 secondary schools have moved from 'satisfactory' to 'good' at inspection in autumn 2011. 1 primary school has moved from 'satisfactory' to good in the same period. However, 2 primary schools have moved from 'good' to 'satisfactory'.
- Summer 2011 outcomes showed improvement in both secondary 'focus' schools and the majority of primary focus schools.
- Improvements in outcomes at KS2 at Marjory Kinnon – focus now secondary.

To maintain and improve outcomes for all pupils in Hounslow's Schools

- **KS2 attainment**

The number of schools with less than 60% achieving level 4 or above in English and Maths has increased from 3 in 2010 to 6 in 2011.

- **KS2 progress in English**

85.5 % of pupils made expected progress of 2 levels, below the target of 91% and the national average of 87%.

- **KS2 Progress in Maths**

83.3 % of pupils made expected progress of 2 levels, below the target of 89% and the national average of 85%.

- **KS4 attainment**

The percentage of pupils attainment 5+A*-C inc English and Maths increased to 63.4%, above the target of 62.7% and the national average of 58%.

- **Progress in English from KS2 to KS4**

78.8 % of students made expected progress of 3 levels, significantly above the 2011 target of 68.9%.

- **Progress in Maths from KS2 to KS4**

69.6 % of students made expected progress of 3 levels, below the 2011 target of 74.1%.

Key Achievements	<p><u>Monitoring and identifying early on, schools causing concern and providing appropriate challenge and support</u></p> <ul style="list-style-type: none"> ▪ OFSTED style monitoring visits have taken place in 5 schools following a satisfactory inspection judgement. ▪ Support deployed to all focus schools in line with the School Effectiveness Strategy. ▪ School assessment profiles updated and provided for schools. ▪ Assessment moderation process in place and processes under review. ▪ Statutory training for EYFS, KS1 and 2 assessment undertaken.
Key Risks & Barriers	<p>New tougher OFSTED framework in place from January 2012.</p>

EDUCATION AND LEARNING

Priority 14: Ensuring sufficient places for all Hounslow children

Performance	For September 2011, 330 Reception places and 60 Year 1 places were created to meet rising demand. Late applications received during the summer also meant that a further 90 Reception places were created.
Key Achievements	<ul style="list-style-type: none"> • Accurately projecting and responding to current and future school place demands. • Reviewing the basis for projecting demand to account appropriately for new factors. (new entrants to the country) • Meetings with head teachers to consider proposals. • Creating sufficient teaching spaces to accommodate extra classes. • Accommodation solutions to create the spaces for the classes delivered. • Consultations began (meetings with Governors, staff, parents and carers) on permanent expansion of four schools: Beavers, Fairholme, Ivybridge and Bedfont). • Meetings with stakeholders. (e.g. Church of England and Catholic Dioceses) • Meetings with proposers of Free Schools.
Key Risks & Barriers	<p>New entrants to the country appear to be on the increase and the ability to accurately include this element in pupil projections is being developed.</p> <p>The pressure in the Borough is focussed on the West and the Centre, with a small level of increase in the East. The position in the Centre is especially difficult due to site constraints.</p>

COMMUNITY PARTICIPATION AND ENGAGEMENT IN LOCAL DECISION-MAKING

Priority 15: Children and young people are actively engaged in the community and influence local decision making processes

Performance	<ul style="list-style-type: none"> ▪ As of November 2011, young people’s engagement in Hounslow continues to grow steadily. Hounslow’s Members of the UK Youth Parliament and Youth Council are now represented on the Local Strategic Partnership Board and Assembly, its delivery groups and as co-optees on the Children and Young People’s Facilities Scrutiny Panel. There has been a marked increase in youth volunteering, although exact numbers are difficult to assess, engagement of over 200 Infant and Junior school pupils in Local Democracy Week and a successful reconfiguration of youth services into locality areas. ▪ Young people’s voice in Hounslow is also being formally heard with reports written by young people being presented to the Children’s Trust Board (“Hounslow Challenges-a survey of young people and their attitudes to health and exercise and their perceptions of poverty in Hounslow” and to the Children and Young People’s Facilities Scrutiny Panel (“Youth Services in Hounslow – A Scrutiny Review”). A third report “Resilience to Violent Disorder in Hounslow” is currently being prepared by the Members of the Youth Parliament.
Key Achievements	<p><u>Ensure a coordinated framework for consulting and involving young people in decision-making</u></p> <ul style="list-style-type: none"> ▪ Young people from the Youth Council and Youth Parliament have been active participants in the ongoing Scrutiny review and have given significant input on the issues of participation, engagement and the use of the internet and new media. <p><u>Engaging children and young people in a range of democratic processes</u></p> <ul style="list-style-type: none"> ▪ Young people are represented on the Local Strategic Partnership Board and Assembly, the Children’s Trust Board, the Children and Young People’s Scrutiny committee, the Community Police Consultative Group and the Disability Community Forum. ▪ The Early Intervention Service’s Citizenship and Participation team has engaged around 50 young people in the Youth Council and related volunteering activities. ▪ 200 young people from Infant and Junior schools engaged with Members and Officers during Local Democracy Week. <p><u>Ensuring there is a range of opportunities for children and young people to influence and shape the services they receive that is relevant to young people’s needs</u></p> <ul style="list-style-type: none"> ▪ Young people have presented reports to Senior Officers and Members in various contexts and have delivered two surveys this year – about young people’s health and about participation in Youth Services.

	<p><u>Improve the participation of children and young people with disabilities and/or learning difficulties and those from hard to reach groups</u></p> <ul style="list-style-type: none"> ▪ The Youth Council continues to include looked after young people as well as young people from black and minority ethnic groups and diverse economic backgrounds. The successful move of the Citizenship & Participation team into the Hounslow Youth Centre will improve the level of participation from young people with learning difficulties and disabilities. <p><u>Ensuring children, young people and families have a range of activities and places for leisure and recreation</u></p> <ul style="list-style-type: none"> ▪ The reconfiguration of the Youth Service into locality areas within the Early Intervention Service has been completed and the Youth Council contributed a survey, report and were interviewed as part of the ongoing Scrutiny process. <p><u>Children and young people are engaged in a range of volunteering opportunities</u></p> <ul style="list-style-type: none"> ▪ Via the Youth Council, young people have taken part in volunteering opportunities this year in Chiswick, Hounslow, Feltham, Brentford and Heston including work with older people, gardening, work with children and play and delivering community events. ▪ Over £25,000 has been raised from businesses including BA, BAA and GSK to deliver the Global Xchange programme in Hounslow and Zambia this year.
<p>Key Risks & Barriers</p>	<ul style="list-style-type: none"> ▪ The difficulty in obtaining statistical information about youth opportunities provided in the voluntary sector, particularly volunteering. ▪ The differing levels of commitment to Schools Councils and Student Voices across Hounslow's schools and academies. ▪ Maintaining the engagement of children and young people in "adult" processes. ▪ Insecurity about budget savings in Children's Services.

TRANSITION TO ADULTHOOD

Priority 16: Reducing the numbers of young people not in education, training or employment

Performance	<p>Since April 2001, NEET targets are measured by the academic years 12-14. In previous years, this was measured by age 16-18.</p> <p>Due to this criteria change, this target will include some of the 19 year olds who are in school year 14. Therefore the NEET cohort has increased by 300 in Sept 2010 (6904) in comparison to Sept 2011 (7191). Annual Activity Survey tracking will complete by end of November. Therefore, in Q2, the number of NEETs peaks as a result of the inclusion onto the cohort of those school leavers entering the NEET figures in September.</p>
Key Achievements	<p><u>Continue to reduce the number of young people not in education, employment or training</u></p> <ul style="list-style-type: none"> ▪ We have successfully achieved Q1 and Q2 NEET targets by being under target by 0.6% in Q1 & by 0.7% in Q2. By the end of Sept 2011 the % of Hounslow Resident NEETs in academic years 12-14 was 4.04% (304) against the annual target of 5%. ▪ Referral systems and NEET prevention working in all Secondary schools with only one exception to identify year 11s/12s more vulnerable to NEET & engaging with Generic Intensive Pas. ▪ Working collaboratively with JCP Partnership Manager to attend team meetings to promote JCP initiatives and for us to put in Job Club bids. Job Club at The Hub has successfully engaged with 18 year olds over 8 week period up until mid Nov 2011. ▪ 4 specific sessions planned at The Triangle Centre to improve access to provision for learners aged 16-24 years with LDD. ▪ Second Provider network meeting planned & chaired 2/9/2011. ▪ Planned and delivered annual I Connect event on 29/9/2011 at the Paul Robeson Theatre where 82 young people attended and we are monitoring impact. <p><u>Deliver the statutory information, advice and guidance (IAG) offer to schools and young people who are NEET, with priority given to 16-18 year olds and young people with a learning difficulty aged 16 -24 years</u></p> <ul style="list-style-type: none"> ▪ Impartial IAG still being delivered to all Secondary schools & WTC on reduced CfBT contract. ▪ 100% recorded follow up and 98.2% offers made as part of the 2011 year 11 Sept Guarantee. 100% recorded follow up and 93.4% made to young people in Education in respect of year 12s. <p><u>Continue to make provision to meet the challenge of raising the participation age in education to 17 by 2013</u></p> <ul style="list-style-type: none"> ▪ Data available by the beginning of Q4 when Activity Survey & national NEET targets are reported on.

Key Risks & Barriers	Current recession affects number of NEET joiners and leavers. There is a lack of practical level 1 Provision in Construction & Motor Vehicle.
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TRANSITION TO ADULTHOOD

Priority 17: Improve the access to support for young people at key transition points

Performance	<p><u>Children and young people who access play provision through the resource allocation panel are offered a minimum of 9 flexible play sessions a year</u></p> <ul style="list-style-type: none"> This has been put back to 2012 to ensure service level agreements are in place before a core offer is detailed. <p><u>A minimum of 10 young people 16+ are in receipt of a personal Centred Plan</u></p> <ul style="list-style-type: none"> This has been achieved and the service will look to improve this outcome further. <p><u>Ensuring person centred planning training is available twice a year</u></p> <ul style="list-style-type: none"> One has taken place so far. There are issues with poor attendance and this is the reason why further sessions have not been scheduled. <p><u>Publish a short breaks services statement by October 2011</u></p> <ul style="list-style-type: none"> This has been published.
Key Achievements	<p><u>Providing clear, joined –up and transparent care pathways between children’s and adult services</u></p> <ul style="list-style-type: none"> The review and revision of the Transition Protocol has been delayed due to prioritisation of commissioning work. The review of current commissioning arrangements with the aim of joint commissioning around transition services has begun. A full review is on going with interviews currently taking place with families and relevant professionals. The specification which will be finalised and out in Jan 2012. A strategic plan is being finalised and will be completed by end of Jan 2012. An options appraisal is being conducted for a dedicated transitions team between Adult and Children’s Services as part of the commissioning arrangements. <p><u>Ensure transitional changes are minimised and planned for early on</u></p> <p>The development of a transition drop-in group between the Redlees Adventure Playground Trust and providers will commence in January 2012.</p> <p><u>Support the development and delivery of personalised services</u></p> <ul style="list-style-type: none"> The development of service level agreements with a range providers of short breaks to increase choice, access and flexibility for families is underway. There is agreement to go to tender and a pre qualifying questionnaire will be circulated in December 2011, with an invitation to tender to commence in January 2012.

	<p><u>An integrated approach to supporting young carers and their families needs – this has been actioned.</u></p> <ul style="list-style-type: none"> • There is a joint working protocol for young carers, which has been developed between adult and children's services. <p><u>Providing parents with more support and information at transition stages</u></p> <ul style="list-style-type: none"> • All families have received a transition pack at the year 9 review. • Quarterly 'Helping HANDZ' newsletter have been developed for families and creating a dedicated transition news section. • Responding to the Breaks for Carers of Disabled Children Regulations 2010 by conducting a short breaks sufficiency assessment and publishing 'A short breaks services statement'. This included: what services are available, categories of carer eligible and how services are designed to meet the needs of carers in the area. • Consultation with carers has been conducted as part of the short break services assessment.
<p>Key Risks & Barriers</p>	<p>None identified.</p>

CHILD POVERTY

Priority 18: Breaking the cycle of poverty through early intervention

Performance

NI 116: the number of children living in households below 60% of contemporary median equivalised household income. Latest HMRC data for 2009 shows that the percentage of under 16 year olds living in poverty in Hounslow was 27.4% (a drop of 1.2% from 2008.) Children Living in poverty – 2010 mid-year estimates this will rise to 28%.

Improve current OFSTED judgements in Non Maintained Early Years Settings.
Target: Improve Good from 60% to 70% and Outstanding from 7% to 10%;

March 2011 Good 60% **August 2011 Good 66%**
March 2011 Outstanding 7% **August 2011 Outstanding 7%**

Number of families signposted and assisted with 2 Year Old Funding in Children Centres increases

Q1 2010 – 5 applications **Q1 2011 - 9 applications**
Q2 2010 – 8 applications **Q2 2011 - 13 applications**

Uptake in the number of Early Education Entitlement places in Private, Voluntary and Independent settings;

Summer 2010 – 1759 children **Summer 2011 – 2000 children**

Increase in school nursery places;

September 2010 – 2327 **September 2011 – 2465**

To raise awareness of specialist provision at Helping HANDZ monthly surgery , weekly drop-in, Parents Forum and through quarterly newsletter and monthly email bulletin;

July 2011 surgery 6 parents **August 2011 surgery 12 parents**

- No of children referred for either 2 year or EEE funding via a Children's Centre in first two quarters:
- CC's assisted with 23 application forms
- 16 places were secured
- 6 are pending a place
- 1 did not secure funding

Families who accessed PEEP training at CC during first two quarters
Total number: 25

Key Achievements

Increasing the providers / settings for free childcare for 2 year olds from disadvantaged backgrounds

- More Early Years providers are now able to offer free 2 year old places by increasing the Providers rated 'satisfactory' to 'good' by 6%.
- A new strategy has been agreed with Children Centres Coordinators with regards to the Outreach Workers referral process to the 2 Year Old Funding Scheme.
- Early Education Entitlement now being promoted in all Children Centres and through home visits.
- Early Education Entitlement now an integral part of Children Centres delivery plans.

Sufficient high quality and affordable childcare is available to meet the specialist needs of working parents

- Head Teachers are now responding to the new process for schools to be able to increase their Nursery class size midyear.
- A new mechanism is established and being used to ensure parents' enquiries via the Parent Partnership service or Helping HANDZ about childcare for children with SEN are passed on to the Family Information Service and followed up.
- Childminders are available, trained and being used to provide short breaks and emergency care.
- Specialist Childminders have been identified, trained and are being used to care for children with additional needs.

Promoting and raising awareness of childcare services to increase take-up amongst disadvantaged groups

- 5,000 postcards a year being sent out by Family Information Service.
- Family Information Service board in all Children Centres.
- Children Centre Teachers trained to deliver 6 week Parents Early Education Partnership (PEEP) parenting programme which has been planned to run in Children Centres in the Autumn term.
- 3 Early Years settings in the West delivering elements of PEEP Parenting Programme.

Increasing targeted outreach services based in children's centres

Job Centre Plus Advisors going into Children Centres fortnightly to provide advice and guidance on back to work and benefits.

All Centres promote quality childcare and NCMA childminder drop ins are held in each locality. Information and referral forms for EEE and 2 year funding are held in each centre and staff actively promote and assist families to complete forms.

2 year funding – Children's Centre accepting request for additional support forms to assist families to complete the forms and be referred for funding.

PEEP sessions are being delivered in Children's Centre and positive feedback obtained from those who participated.

Key Risks & Barriers

National risks

- The Institute of Fiscal Studies (IFS) have forecasted that nationally child poverty rates will start to rise from 2012 and by 2020 will be just over 5% higher than projected 2010 rates. On current estimates this would mean a rise in child poverty to over 33% in Hounslow.
- The IFS have highlighted that a significant change impacting on poverty will be the Local Housing Allowance from April 2013, to be indexed in line with the consumer price index (CPI) measure of inflation, rather than one derived from the retail price index (RPI).

Local risks

- The Family Information Service marketing strategy to assist with promoting and raising awareness of childcare services to increase take up amongst disadvantaged groups is compromised due to no budget.
- With regards to ensuring sufficient high quality and affordable childcare is available to meet the specialist needs of working parents there needs to be;-
 - A review of the Early Years Single Funding Formula hourly rate in order for Private Providers to remain sustainable. (This will be limited by current financial constraints)
 - Properties Identified through the Asset Rationalisation Work Stream that could be used by Private Providers and rental rates negotiated that are attractive to potential providers in order to increase capacity. (Current rents and commissioning process create significant barriers and time delays).
 - An Alignment of school Nursery numbers with Reception classes, and embed this as part of expansion / bulge class procedures. (Possible Headteacher resistance)

Other

- Insufficient staff trained to deliver PEEP.

