



Brighton & Hove
Children and
Young People's Plan

2009

2010

2011

2012

NHS

Brighton & Hove
Children and Young People's
TRUST


Brighton & Hove
City Council

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Introduction

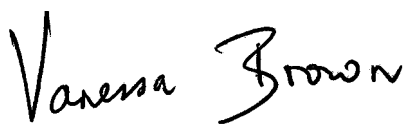
We are delighted to introduce Brighton & Hove's second Children and Young People's Plan (CYPP). This plan has been developed and agreed by a range of organisations working together to improve outcomes for children, young people and families.

In 2006, when the Children and Young People's Trust (CYPT) was established, we began the journey to make Brighton & Hove the best place for children and young people to grow up. Since then, we have seen improvements in breastfeeding, a reduction in bullying at school, better educational standards and more 16-year-olds engaged in education, employment and training. Our partnership working has grown from strength to strength. This plan identifies our priorities for the next three years and the actions we intend to take.

Keeping children safe has never been a higher priority locally or nationally and we are committed to strengthening safeguarding and child protection and to promoting early intervention and prevention. The plan also outlines our commitment to tackling inequality, maximising life chances and supporting all young people on the pathway to successful futures.

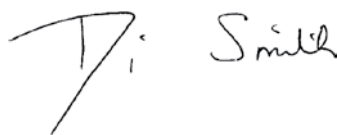
Our CYPT partnership is vital to the delivery of our integrated front line services. During the life of this plan we will focus on providing services that improve children's lives, are accessible, high quality and value for money.

Together we will make Brighton & Hove the best place for children and young people to grow up.



Councillor Vanessa Brown

Chair, CYPT Board



Di Smith

Director of Children's Services, CYPT

Councillor Jayne Bennett, Councillor Rachel Fryer, Councillor Pat Hawkes MBE, Councillor Trevor Alford, Alan McCarthy (Deputy Chair) Primary Care Trust (PCT), **Darren Grayson** PCT, **Dr Louise Hulton** PCT, **Simon Turpitt** South Downs Health (SDH), **Mo Marsh** SDH, **Lynette Gwyn Jones** Brighton & Sussex Universities Hospital Trust, **David Standing** Community & Voluntary Sector Forum (CVSF), **Gail Gray** CVSF, **Andrew Jeffrey** Parents' Forum, **Eleanor Davies** Parents' Forum, **Graham Bartlett** Sussex Police, **Professor Imogen Taylor** Sussex & Brighton Universities **Priya Rogers** Youth Council, **Rose Suman** Youth Council

How to use the Plan:

This document does not describe all of the services for children and young people and their families in Brighton & Hove – that would make it far too long. You can find out about those services by going to:

www.brighton-hove.gov.uk

(you can use the site's search engine to find the particular service you want to know about)

www.familyinfobrighton.org.uk

www.cvsectorforum.org.uk

www.southdowns.nhs.uk

www.brightonandhovepct.nhs.uk

www.bsuh.nhs.uk

www.sussexpartnership.nhs.uk

If you have any difficulty opening any of the links in this document, please let us know by emailing chris.lambert@brighton-hove.gov.uk

Limited supplies of printed copies of this plan are available. Please email chris.lambert@brighton-hove.gov.uk to request a copy.

Section 1: Overview - Making every child and young person in Brighton & Hove matter

Our Vision for Children, Young People and Families

In 2006 we set out on a journey together to improve the outcomes for children, young people and families in Brighton & Hove. Our vision was simple but clear:

Brighton & Hove should be the best place in the country for children and young people to grow up. We want to ensure all our children and young people have the best possible start in life, so that everyone has the opportunity to fulfill their potential, whatever that might be.

In preparing our second Children and Young People's Plan (CYPP), we consulted children, young people and their families, our staff and our partners and were pleased to hear that the vision statement is well liked and recognised by all stakeholders. It remains a strong, ambitious and bold statement of our intentions as a partnership.

The principles that underpinned our vision in the previous plan also remain the same. In this plan we will emphasise:

- Our concern for every child and determination to work to improve outcomes for all children and young people; and
- Our particular responsibility for vulnerable children and young people.

Our needs analysis, including the views of our stakeholders, and the strategic improvement priorities that drive this plan focus on children and young people who are:

- Affected by child poverty and inequality.
- At risk of harm or neglect or the impact of teenage pregnancy, offending and substance misuse.
- Disabled, have special educational needs or emotional or mental health difficulties.
- From black and minority ethnic communities.
- Lesbian, gay, bi-sexual or transgender.
- Young carers.
- Not in education, employment or training (NEET).
- Looked after by the local authority.

This plan is based on the principle set out in the [National Children's Plan](#) that "government does not bring up children – parents do", and the plan is shaped by the partnership's equality and inclusion policies including:

- The City Council's [Working Towards an Equal City: \[112kb\]](#)

- NHS Brighton & Hove – [Equality and diversity documents:](http://www.brightonandhovepct.nhs.uk/about/community/equalityanddiversity/index.asp)
www.brightonandhovepct.nhs.uk/about/community/equalityanddiversity/index.asp
- [The City Inclusion Partnership:](http://wave.brighton-hove.gov.uk/peoplefirst/EqualitiesInclusion/Pages/CityInclusionPartnership.aspx)
<http://wave.brighton-hove.gov.uk/peoplefirst/EqualitiesInclusion/Pages/CityInclusionPartnership.aspx>

We have addressed the requirements of the non-statutory Children Plan Guidance, including the likelihood of legislative changes, and particularly the emphasis it gives to the integration of services, safeguarding and promoting the welfare of children and young people and early intervention and preventive action.

The Children and Young People's Trust Partnership:

The purpose of our partnership is: 'to improve the well-being of all children: improving their prospects for the future and redressing inequalities between the most disadvantaged children and their peers.'

(Children's CYPTs: Statutory Guidance on inter-agency cooperation.)

In this section we summarise our local arrangements and the journey we are on to deliver the 5 essential features of a Children's Trust set out in the Statutory Guidance:

A child and family centred outcome led vision:
the best place in the country for children and young people to grow up

Robust inter-agency Governance

Integrated Strategy

Integrated Process

Front-line delivery organised around the child, young person and family rather than professional or institutional boundaries

Interagency Governance:

In 2006 we launched the [Children and Young People's Trust \(CYPT\)](#) - building on our experience as a National Pathfinder and the integration of the council's children's social care and education departments in 2002.

Brighton & Hove's innovative arrangements to enable effective joint working under section 10 of the Children Act 2004 and section 75 of the NHS Act 2006 were reinforced in 2008 when the city council adopted a new constitution in which the Lead Member for Children's Services is a member of the city council Cabinet and, with the Chair of NHS Brighton & Hove, co-chairs the CYPT Partnership Board.

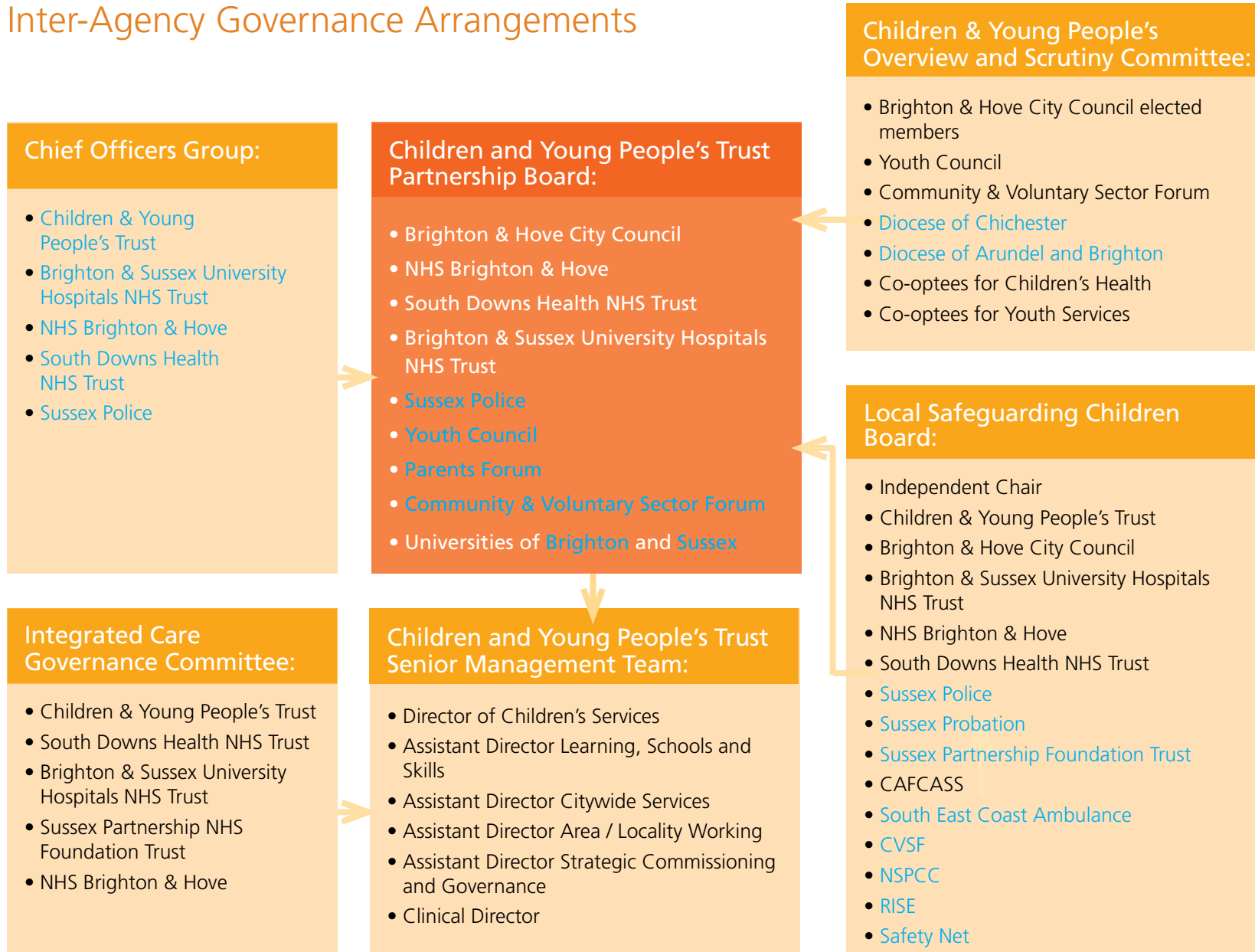
The CYPT Board is the top decision making body for the partnership, with powers to make decisions concerning the commissioning and provision of services on behalf of the three parties to the Section 75 Agreement (the city council, [NHS Brighton & Hove](#) and [South Downs Health NHS Trust](#)). It is also the senior forum for the discussion of policy and strategy across the partnership as a whole and is responsible for setting the strategic direction for these services.

The Board is supported, and where necessary challenged, by the Chief Officers Group, the [Local Safeguarding Children Board](#), and the [Children and Young People's Overview and Scrutiny Committee](#). The Director of Children's Services is its Chief Officer and is accountable for the commissioning, provider and governance arrangements that underpin the partnership.

The partnership aims to provide high quality education, health and social care. Through our Integrated Care Governance Committee we are connected to wider governance arrangements for the city council and the local health economy, so that we can assure the public, ourselves and external inspectors that the care we provide is safe, effective and evidenced based.

During the lifetime of this plan we will bring schools and Jobcentre Plus onto the CYPT Board and we will continue to strengthen and develop our integrated approach to care governance, especially the interface with the local health economy.

Inter-Agency Governance Arrangements



Integrated Strategy

In Section 2 we describe how the CYPP is part of the wider planning framework for public services in Brighton & Hove, and in Section 3 we summarise arrangements to pool and align budgets.

The partnership has established a genuinely integrated approach to improving outcomes for children and young people and their families. For example reducing teenage pregnancy and childhood obesity are key priorities for the [Local Area Agreement, NHS Brighton & Hove's Strategic Commissioning Plan](#) and this CYPP. Reducing child poverty is a top priority in the Local Area Agreement and one of our 12 delivery initiatives.

As part of a phased restructuring of leadership and management arrangements, and working closely with NHS Brighton & Hove, the Director of Children's Services strengthened the CYPT's commissioning arrangements during 2009 by creating a more defined commissioner/provider split. A new Strategic Commissioning Unit will develop a joint commissioning model that encompasses:

- *Strategic commissioning*: whole service commissioning across the CYPT.
- *Operational or local commissioning*: for services affecting specific groups or communities.
- *Individual commissioning*: for individual children, young people or families.

During the life time of this plan we will develop our commissioning model, by working with the national Commissioning Support Programme, reviewing the 2006 Section 75 Agreement, and by taking forward our cluster commissioning arrangements with schools and the CYPT's new responsibilities for 14-19 education and learning.

Integrated Processes

During the lifetime of the first CYPP we improved the processes which support effective joint working and the delivery of integrated services. We have published a local Information Sharing Protocol and policies and procedures are in place so that Lead Professionals are able to complete a [Common Assessment Framework \(CAF\) \[675kb\]](#) to support children with additional needs.

We are developing our Team around the Child or Family arrangements to co-ordinate the case work that flows from the CAF and to ensure a "one door, one response and one team" approach to delivering targeted and specialist services in the locality teams. Through our Family Pathfinder Project we aim to transform how we work with families who have complex or multiple needs.

Although we still have some way to go we are confident that by 2010 we will have "consistent, high quality arrangements to provide early identification and early intervention for all children and young people who need additional help" required by the national Children's Plan and Statutory Guidance.

A [CYPT Information Strategy \[205kb\]](#) describes how we will continue to develop systems to collect and share data and support front line business processes across the partnership including the introduction of the Integrated Children's System (ICS) and Contact Point.

The partnership's multi-professional [People Development Strategy](#) is summarised in section 2, and is one of the key initiatives driving forward organisational development across the partnership.

Integrated Front Line Delivery of Services

In November 2006 an innovative Section 75 Agreement enabled Brighton & Hove to launch a new model for the integrated front line delivery of services. By the end of 2009 the Director of Children's Services will have progressed a phased re-structuring process to take forward the CYPT's approach to integrated working in local areas and clusters.

The partnership commissions and provides services through a simple tiered model:

- **Universal Services:** all children and young people and their families able to access early years and child care services, education and learning, and primary health services, and receive information, advice and guidance.
- **Targeted Services:** all children and young people or families identified as having additional needs will be offered an assessment using the Common Assessment

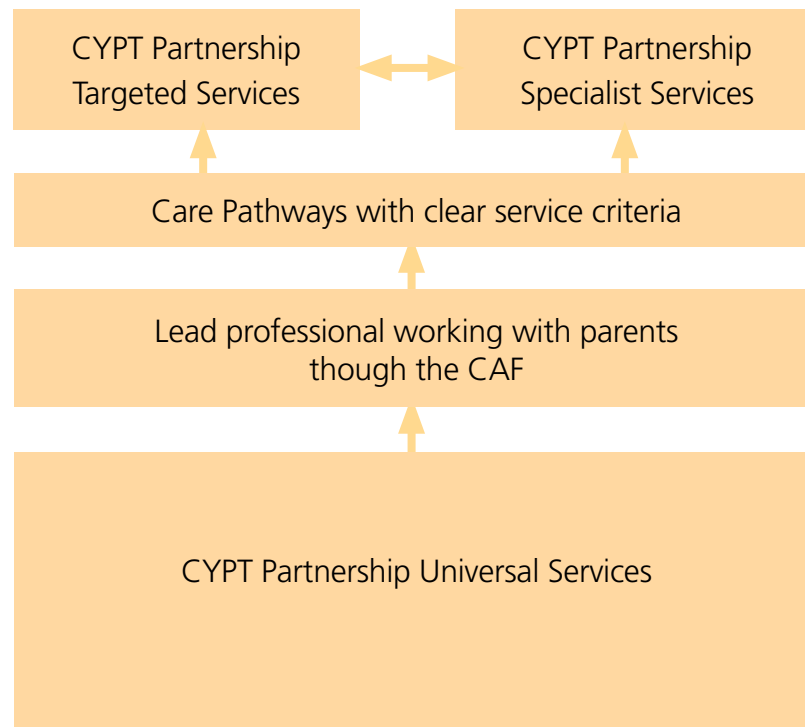
Framework (CAF) to determine how the partnership can work with them. This could include support from Health Visitors, the integrated child development and disability service, special educational need provision, child and adolescent mental health services (CAMHS), parenting support or early interventions for young people struggling with education, training or employment or who are at risk of becoming pregnant, or being involved in criminal activity or substance misuse

- **Specialist Services:** some children and young people or families will need specialist provision, for example from the integrated child development and disability service, the [Royal Alexandra Children's Hospital](#) or Community Nursing, the [Youth Offending Service](#), or child protection or looked after children services.

From 2010, the CYPT will take up key responsibilities for [14-19 learning and skills](#) previously held by the Learning and Skills Council. This will bring our 6th form colleges to the heart of the CYPT and reinforce the work of the 14-19 Partnership.

An Integrated Care Pathway:

We know from the feedback we received during the consultation on this plan that this can be a complex system to understand. During the lifetime of this plan we will publish a series of 'care-pathways' or maps to explain as simply as possible how the partnership works. In this way we hope to make the system more understandable for children and young people, our partners and staff.



Opportunities and challenges:

We have used the needs analysis summarised in Appendix 1 to identify the key factors which define the opportunities and challenges the partnership faces as we continue our journey to improve the outcomes for all children and young people:

- Most of the parents and young people we've spoken to in writing this plan consider Brighton & Hove to be a good place to live, to bring up their children and enjoy their childhood and teenage years. The city's [Place Survey \(2009\)](#) found 86% of residents are satisfied with their local area as a place to live, compared to a national average of 80%.
- Information from the [2008 TellUs3](#) survey, which children and young people in primary and secondary schools took part in, shows that their satisfaction with local parks and play areas is above the national average, and more felt safe in their local areas, on public transport and going to school, and more enjoyed school most of the time.
- A large proportion of the student population stays on in the city, attracted by the sea and countryside, the urban environment, the cultural offer and leisure opportunities.
- The city has excellent early years education and child care provision, good and often outstanding schools and colleges and well regarded health services.

- There is a range of specialist social care, education and health provision for children, young people and their families who are vulnerable and likely to need additional services and support.

A number of themes in the needs analysis also combine to create a unique and challenging environment for the CYPT:

- There has been a marked increase in the amount and complexity of child protection activity in the city which has had, and will continue to have, a significant impact on resources and financial planning across the CYPT partnership. This increase is consistent with national trends following events in the London Borough of Haringey in November 2008, but also reflects the distinctive patterns of need in the city.
- Brighton & Hove has a large population of young adults with a significant cohort affected by a combination of factors that have a negative impact on their parenting capacity including alcohol and drug misuse, mental health issues and domestic abuse.
- These factors are often related to the social, educational and health inequalities that characterise parts of the city and which are the focus of the council's corporate plan, [NHS Brighton & Hove's Strategic Commissioning Plan](#) and the city's [Local Area Agreement](#) and [Sustainable Community Strategy](#).
- Child poverty has a direct impact on the opportunities, aspirations and outcomes for significant numbers of children and young people, especially those who live in our most disadvantaged neighbourhoods or belong to particularly vulnerable groups.
- As a result the city faces a real challenge in narrowing the gap in outcomes between vulnerable and excluded children and the rest in the city – while improving outcomes for all.
- There is a significant cohort of young people for whom the road to success is impeded by the consequences of risky behaviour associated with low attainment and personal aspiration, including criminal activity, teenage pregnancy and parenthood, alcohol and substance misuse and difficulty engaging with further education, employment and training opportunities.

We also know from feedback during the consultation about this plan that there are aspects of the CYPT's governance, structure and processes that require clarification and development.

Delivering the Vision: Priority outcomes and strategic improvement priorities:

The CYPT will deliver every aspect of our vision and principles through our partnership arrangements and the operational strategies and plans set out in Section 2. The core purpose of this plan is to set out the improvements we want to make to the wellbeing of children and young people in relation to the [5 Every Child Matters outcomes](#) and to describe how we will achieve them.

We have used the analysis of our opportunities and challenges to identify 4 Strategic Improvement Priorities which will require and reinforce the partnership's approach to inter-agency governance, integrated strategy and processes and the integrated delivery of front line services.

Strategic Improvement Priority 1: Strengthen safeguarding and child protection, early intervention and prevention:

The CYPT and the Local Safeguarding Children Board (LSCB) will rigorously monitor and improve safeguarding strategies, policies and procedures to protect children and young people from harm, neglect or abuse. We will ensure that the whole children's workforce, including schools and colleges, the local health economy and all partner agencies, understand and use local arrangements to work with parents to identify children who need additional help or who cannot live safely in their families and to intervene early to support and protect them.

Strategic Improvement Priority 2: Reduce child poverty and health inequality:

We will work with our partners across the city, through the Local Area Agreement and the joint Public Health Action Plan, to reduce inequality in outcomes between children and young people and their peers and to support vulnerable adults who are parents. We will address the impact of child poverty, and ensure the services we commission or provide are inclusive and nurture the potential of every child.

Strategic Improvement Priority 3: Promote health and wellbeing, inclusion and achievement:

The CYPT will support parents to bring up their children, commissioning services that improve the health, wellbeing and achievement of all children and young people, wherever possible ensuring mainstream services include those who are vulnerable or have additional needs. We will support young people on the pathway to success, targeting and challenging those at risk of making negative choices about their lifestyles.

Strategic Improvement Priority 4: Develop the CYPT partnership and drive integration and value for money:

The CYPT will strengthen inter-agency governance arrangements; take forward our integrated strategy for the planning, commissioning and provision of services; improve professional understanding between services; and deliver integrated front line services organised around users, not professional or institutional boundaries. During the life of this plan there will be a sharp focus on providing services based on evidence of improving outcomes which are accessible, streamlined and value for money.



In Section 2 we describe the initiatives we have put together to deliver the strategic priorities and in Section 3 we describe the performance framework which underpins both this plan and the work of the partnership. This section lists a sub set of priority indicators and targets which will enable us to track the high level impact and progress of the CYPP:

Priority outcomes:

In Section 3 we describe in more detail the comprehensive performance framework the partnership has in place to monitor information about the outcomes we want for children and young people in Brighton & Hove. We have selected a set of priority outcomes, or indicators, which will enable the CYPT Board to track the progress and impact of the CYPP.

Selection took account of the following factors:

- Connection between the needs analysis and strategic improvement priorities and initiatives.
- Extent to which the CYPT Partnership can make a realistic impact as a commissioner or provider of services.
- A Statutory or NHS Vital Signs indicator or included in the Local Area Agreement or other city wide strategies.
- Relevant to partnership working and/or delivery of integrated services.

National Indicator	
NI 056	Obesity in primary school age children in Year 6 (%)
NI 059	Percentage of initial assessments for children's social care carried out within 7 working days of referral (%)
NI 065	Percentage of children becoming the subject of Child Protection Plan for a second or subsequent time (%)
NI 070	Reduce emergency hospital admissions caused by unintentional and deliberate injuries to children and young people
NI 069	Children who have experienced bullying (%)
NI 092	Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest
NI 075	Achievement of 5 or more A*- C grades at GCSE or equivalent including English and Maths (%)
NI 079	Achievement of a Level 2 qualification by the age of 19 (%)
NI 102	Achievement gap between pupils eligible for free school meals and their peers achieving the expected level at Key Stages 2 and 4 (%)
NI 104/5	The Special Educational Needs (SEN)/non-SEN gap - at Key Stages 2 and 4 (%)
NI 043	Young people within the Youth Justice System receiving a conviction in court who are sentenced to custody (%)
Related to NI 110	Youth service contacts with 13-19 population
NI 112	Under 18 conception rate (%)
Related to NI 115	Reduction of alcohol and drug use in year 10 young people
NI 148	Care leavers in education employment or training (%)
NI 116	Proportion of children in poverty
NI 117	16 to 18-year-olds who are not in education training or employment (NEET) (%)

Our ambitions:

In Appendix 1 we summarise the consultation feedback about this plan from service users, partners and staff. We have collated those views into a series of high level ambitions, or population level outcomes, that we want to achieve through this plan and the overall work of the CYPT Partnership.

Every Child Matters Outcome:	Our aims and ambitions:
Physical and mental health and emotional well being	All children to have the best start in life and to have access to high quality healthcare from the womb, through their early years and into adulthood.
	Promote healthy weight and healthy lives for all children in Brighton & Hove.
	Young people to be equipped to make positive choices about their sexual health, their lives and to minimise risk-taking behaviours especially alcohol use and substance misuse.
	Children and young people who suffer from poor mental, physical or emotional health to have access to high quality healthcare that is local and responsive to their needs.
	Promote the health and wellbeing of the most vulnerable children and young people through timely, appropriate and specialist services including for children in care, children with disability, special educational needs and/or complex health needs.
Protection from harm and neglect	Build community resilience and professional capacity to work together to protect and safeguard vulnerable children and young people so that all of our children are kept safe from maltreatment, neglect, violence and sexual exploitation.
	Children and young people who are at risk of maltreatment, harm, neglect and/or sexual exploitation to be protected through early identification, intervention and prevention.
	Vulnerable children and young people particularly those looked after by the local authority to have stability, security and be well cared for.

Every Child Matters Outcome:	Our aims and ambitions:
Protection from harm and neglect	Work in partnership with parents and carers so they are supported to raise their children positively, confidently and safely.
	Children and young people to achieve their full potential by experiencing a wide range of high quality learning and leisure opportunities in their schools, families and communities, where they are safe and free from discrimination and harm.
Education, training and recreation	Children and young people to enjoy a transformed, rich and diverse curriculum that offers personalised learning and meets the interests of all young people, while focusing on closing the gap in achievement across the city.
	Children and young people including those who are vulnerable and those with special educational needs, to have access to the highest quality educational and social opportunities within the mainstream system, alongside the most appropriate specialist provision.
	Children and young people to learn and develop skills in high quality buildings with exciting and stimulating learning environments that support learning, are fit for the 21st century and are at the heart of the community they serve.
	Develop the highest quality teaching and learning in our schools and colleges with an exceptional workforce committed to excellence in leadership, management and teaching and supporting children's learning.
	Facilitate robust transformational partnerships across the city that support formal and informal learning and offer all our children and young people opportunities to enjoy their childhood and achieve their full potential.

Every Child Matters Outcome:	Our aims and ambitions:
Contribution made by children and young people to society	Increase the numbers of young people on the paths to success in Brighton & Hove, narrowing the gap between those young people who are underachieving and their peers
	Ensure that children and young people feel they have a real influence and say in their communities, the CYPT and how services are developed, designed and delivered to meet their needs
	Encourage active citizenship among all our young people enabling and enhancing their ability to play positive roles in their communities
	Develop positive relationships and choose not to bully or discriminate
	Parents, carers and foster carers to be actively engaged with the CYPT in increasing the numbers of young people on the paths to success
	Children and young people from 0-19, from all cultural backgrounds, to be able to engage with, to enjoy, and to be inspired by the highest quality sports, arts and cultural activity that the city can offer.
Social and economic well being	Provide high quality education and training to all young people aged 14-19 (both residents and those who choose to study in Brighton & Hove) that enables them to achieve their potential and as young adults take their full place in society as contributing, confident citizens.
	Increase the overall number of young people entering into sustainable employment, education and training at 16, 17 and 18, and in particular those who are vulnerable or from marginalised groups.
	Reduce numbers of children living in poverty and mitigate impact of poverty on their life chances.
	Engage hard-to-reach parents in developing services and overcoming barriers to engagement.
	Young people to have access to a wide range of high quality vocational, applied and academic opportunities that help them to achieve their full potential and increase their life chances.
	Ensure children and young people leave full-time education with the skills, qualifications and knowledge to secure suitable employment, apprenticeship or to progress in their education.

Section 2: Delivering our vision for children and young people:



In Section 1 we set out our vision, our strategic improvement priorities and the changes and outcomes we want to achieve for children and young people. In Appendix 1 we summarise the needs analysis that drives those priorities and present a set of report cards describing our progress and ongoing challenges.

In this section we describe how we are delivering that vision and set out the initiatives we have developed to achieve our four strategic improvement priorities for this CYPP.

The CYPT commissions or provides a comprehensive range of universal, targeted and specialist services for children and young people and their families. We manage those services through an integrated set of operational strategies and delivery plans which form part of the planning framework for public services in Brighton & Hove.

The high-level chart on the next page shows how the different parts of the framework fit together and provides links to the detailed plans and strategies that make it up.



Delivering the Children and Young People's Plan 2009-12

Interagency cooperation underpins the CYPT and makes possible our integrated governance, joint planning and commissioning arrangements and the delivery of integrated front-line services. As a result each of our strategic priorities takes a joined-up approach to improving outcomes for children and young people and their families.

In order to achieve the improvements we want to make we have developed a range of initiatives linked to our operational strategies and plans. A summary of each of the initiatives is described in the following table.

<p>Strategic Improvement Priority 1: Strengthen safeguarding and child protection, early intervention and prevention</p>	<p>Initiatives: 1a. Child Protection Pathway 1b. Targeted Support & Preventive Services 1c. A Safe City</p>
<p>Strategic Improvement Priority 2: Reduce child poverty and health inequality</p>	<p>Initiatives: 2a. Joint strategic action 2b. Narrow the gap for communities and families 2c. Narrow the gap for vulnerable groups</p>
<p>Strategic Improvement Priority 3: Promote health & wellbeing, inclusion and achievement</p>	<p>Initiatives: 3a. Maximize life chances 3b. Access to education 3c. Pathways to success</p>
<p>Strategic Improvement Priority 4: Develop the CYPT partnership and drive integration and value for money</p>	<p>Initiatives: 4a. Governance 4b. Organisational Development 4c. Workforce Development</p>

Strategic Improvement Priority 1:

Strengthen safeguarding and child protection, early intervention and prevention:

The CYPT and the [Local Safeguarding Children Board](#) will rigorously monitor and improve safeguarding strategies, policies and procedures to protect children and young people from harm, neglect or abuse. We will ensure that the whole children's workforce, including schools and colleges, the local health economy and all partner agencies understand and use local arrangements to work with parents to identify children who need additional help or who cannot live safely in their families and to intervene early to support and protect them.



Initiative 1a:

Maintain a robust and confident child protection pathway:

We will:

- Implement the [CYPT Workforce Development Strategy](#) to sustain and develop the specialist skills we need to protect children.
- Deliver with the [LSCB](#) a tiered training programme to ensure effective and confident communication, good understanding and strong relationships across the child protection pathway.
- Establish the CYPT Safeguarding Unit to support and challenge child protection professionals and audit the child protection pathway.
- Publish early identification, referral and assessment pathways, to include domestic violence routine enquiries, building on the CYPT's 2009 Safeguarding stocktake.
- Continuously review and update with the LSCB and our partners in East and West Sussex the [Pan-Sussex Child Protection and Safeguarding Procedures](#) and related policies and operational procedures in light of changes to statutory guidance.
- Review annually with the LSCB and the Safe in the City Partnership child protection and safeguarding activity including response to domestic violence, across the city and maintain an open dialogue with the [Government Office](#), Ofsted and the [Care Quality Commission](#).

Initiative 1b:

Increase targeted support and preventive services:

Learning from transformation activities, such as the Family Pathfinder Project, the Multi-Agency Risk Assessment Conference (MARAC) and other specialist domestic violence services, we will commission targeted services to protect the most vulnerable groups of children and young people at risk of harm, abuse or neglect including:

- Babies at risk – to sustain early permanence planning, assessment, support and intervention.
- Vulnerable families – to improve services for families where the quality of parenting is affected by adult substance or alcohol misuse, domestic violence or mental health or learning disability issues.
- Children and young people who are vulnerable or at risk– to improve services for vulnerable groups and/ or those involved in or at risk of substance or alcohol misuse, self-harm, sexual exploitation or teenage pregnancy.

Initiative 1c:

A safe and supportive city:

The CYPT and the LSCB will:

- Raise the profile and public understanding of the LSCB and promote the role of local communities in the city's safeguarding arrangements.
- Provide information, advice and guidance to support parents to bring up their children so that they are safe and thrive.
- Mainstream the Common Assessment Framework and Team Around The Child arrangements to enable the whole workforce to become confident lead professionals working with parents to ensure early identification, intervention and preventative support.
- Review child protection training and supervision arrangements to ensure that all staff receive the guidance and support they need including the opportunity regularly to reflect on their work, role and responsibilities.
- Actively promote the development of healthy relationships and anti-bullying activity across all services commissioned or provided by the CYPT including educating young people so that they are able to choose not to engage in abusive, discriminatory behaviour or bullying.
- Provide play and leisure facilities that enable all children to have new experiences and enjoy their childhood and teenage years.

Strategic Improvement Priority 2:

Reduce child poverty and health inequality:

We will work with our partners across the city, through the [Local Area Agreement](#) and the joint [Public Health and CYPT Action Plan \[191kb\]](#) to reduce inequality in outcomes between children and young people and their peers and to support vulnerable adults who are parents. We will address the impact of child poverty, and ensure the services we commission or provide are inclusive and nurture the potential of every child.



Initiative 2a.

Joint Strategic Action:

We will:

- Work with the Public Service Board and, as part of the city's [Joint Strategic Needs Analysis](#) programme, complete a Child Poverty Needs Assessment and Action Plan to inform the Local Area Agreement and comply with anticipated statutory guidance.
- Work with [NHS Brighton & Hove](#) to tackle barriers which prevent the choice of a healthier lifestyle by families implementing the joint [Public Health & CYPT Action Plan \[191kb\]](#) and maintaining an up-to-date Joint Strategic Needs Assessment for children and young people.

Initiative 2b: Narrow the gap for families and communities:

The CYPT will commission services which target the neediest communities and support their most vulnerable families to improve outcomes for their children and young people. We will:

- Continue to develop our local clusters to promote partnership, the integration of front-line services and a joint responsibility with local communities for improving outcomes.
- Provide children's centre services according to need, including more targeted home visiting and access to universal programmes for children with lower levels of need.
- Ensure parents on low incomes have access to good quality childcare to allow them to work or train.
- Provide support to families of children with disabilities or complex health needs, through universal and specialist services and by delivering on the commitments made by the city council and NHS Brighton and Hove by signing the [Every Disabled Child Matters Charter](#).
- Take forward the learning from transformation projects, such as our Parenting Strategy and Family Pathfinder to improve targeted support to the most vulnerable parents and families.
- Support all schools to deliver the core [Extended Schools \[62kb\]](#) offer, deliver the Disadvantage Subsidy and implement the new [Healthy Schools](#) model.

Initiative 2c: Narrow the gap for vulnerable groups:

The CYPT will commission or provide services which narrow the gap in outcomes between the most vulnerable children and their peers. We will:

- Narrow the gap in achievement for all stages from Foundation to key stage 4 including the attainment for children who have social educational needs or who are looked after.
- Ensure that children with disabilities and complex health needs receive high quality health care, which is delivered in community settings wherever possible.
- Deliver on the Pledge for children and young people in care.
- Deliver the Healthy Child Programme.
- Work with community and voluntary sector organisations to ensure the CYPT's commissioning strategies address the needs of the vulnerable groups described in Section 1 of this plan.

Strategic Improvement Priority 3:

Promote health and wellbeing, inclusion and achievement

The CYPT will support parents to bring up their children, commissioning services that improve the health, wellbeing and achievement of all children and young people, wherever possible ensuring mainstream services include those who are vulnerable or have additional needs. We will support young people on the pathway to success, targeting and challenging those at risk of making negative choices about their lifestyles.



Initiative 3a. Maximizing life chances:

We will work with NHS Brighton and Hove to maximize life chances for children and families by commissioning and providing high quality children's health care and delivering the joint CYPT and Public Health action plan to:

- Implement the [Healthy Child Programme](#) and increase the uptake of immunisations.
- Develop effective health education in schools.
- Implement the Teenage Pregnancy Plan to reduce teenage conceptions and the number of teenage parents.
- Implement the joint strategy [Promoting the Healthy Weight and Healthy Lives of Children and Young People in Brighton and Hove \[796kb\]](#).
- Implement the [Aiming Higher](#) agenda for children and young people with a disability, special education needs or complex health needs.
- Sustain the transformation of [Child and Adolescent Mental Health Services \(CAMHS\)](#) through improved access to Tiers 2 & 3 and a new integrated care pathway.
- Review and commission services to reduce levels of smoking and alcohol and drug abuse among children and young people.

Initiative 3b. Access to education:

We will work with our schools and colleges so that every child and young person has the opportunity to access excellent and inclusive education so that they are ready for work, further education and adult life. We will:

- Develop our governance arrangements so that schools and colleges operate at the centre of the CYPT as well as the centre of the communities they serve.
- Implement our [School Improvement Plan \[848kb\]](#), and maximize funding opportunities such as [Building Schools for the Future \[1.36mb\]](#) and the [Primary Capital Fund \[561kb\]](#) to transform the curriculum and learning environments across the city.
- Work with schools, families and communities to implement our [Behaviour and Attendance Strategies \[988kb\]](#) to create positive and inclusive learning in every school.
- Develop co-located integrated services on school sites as the next step in developing our cluster model for commissioning and providing extended services.
- Implement the [Special Educational Needs Strategy \[950kb\]](#) to ensure all children and young people have access to educational and social opportunities within the mainstream system alongside high quality appropriate specialist provision.

Initiative 3c. Pathways to success:

We will work with the [14-19 Partnership](#), [6th form colleges](#), [NHS Brighton & Hove](#), the [Integrated Youth Support Service](#) and [Sussex Police](#) to deliver quality information, advice and guidance to all young people and additional support for those at risk. We will:

- Deliver a broad 14-19 curriculum and develop our partnership with local employers so that our young people are given the opportunity to achieve in ways suited to them and secure sustainable employment.
- Commission and provide integrated youth support services that are accessible and relevant to all young people and which are also designed to deliver targeted and specialist interventions to young people at risk because of low attainment, family, relationship or emotional difficulties, alcohol or substance misuse, criminal behaviour or teenage pregnancy and parenthood.
- Work with our partners to ensure local youth provision, including opportunities to volunteer and participate in community activities, sport and leisure activities are accessible to all children and young people.
- Implement the [Youth Justice Plan](#) as part of Brighton & Hove's Safe in the City Strategy, developing successful joint initiatives to tackle anti-social behaviour and prevent and deter young people from criminal activity.

Strategic Improvement Priority 4:

Develop the CYPT partnership and drive integration and value for money

The CYPT will strengthen inter-agency governance arrangements; take forward our integrated strategy for the planning, commissioning and provision of services; improve professional understanding between services; and deliver integrated front-line services organised around users, not professional or institutional boundaries. During the life of this plan there will be a sharp focus on providing services based on evidence of improving outcomes which are accessible, streamlined, high quality and value for money.

- Work towards achieving the [You're Welcome](#) quality mark for all services by 2020.

Initiative 4a. Governance:

The arrangements set out in Section 1 put the CYPT in a strong position to respond to anticipated legislative changes including the expectation to produce a new CYPP in 2011. We will:

- Make arrangements to bring our schools, including 6th form and Further Education colleges and [Falmer](#)

[Academy](#), and [Job Centre Plus](#) onto the CYPT Board in advance of any legislative changes.

- Conclude the formal review of the Section 75 Agreement that underpins the CYPT and take forward changes agreed by the partners.
- Develop our internal governance arrangements, continuing to consolidate the interface between local authority and NHS systems, and, through the CYPT's Integrated Care Governance Committee and the structures and policies that support it, provide professional leadership, clinical and practice assurance.
- Ensure the CYPT complies with Brighton & Hove's [Community Engagement Framework](#) and consolidates the role of the [Youth Council](#) and [Looked After Children Council](#), the Parents' Forum and the [Community and Voluntary Sector Forum](#) in order to capture and amplify the voice of service users.

Initiative 4b. Organisational Development:

The Director of Children's Services and the Senior Management Team will ensure the CYPT's planning, commissioning and provider arrangements are understood by service users, partners and staff and are fit for purpose in a challenging financial environment. We will:

- Continue the phased re-structuring of the CYPT's leadership and management arrangements.
- Develop and publish an integrated care pathway for all children's services with clear service criteria which allow

children to move through services according to needs and with realistic expectations.

- Develop and publish a children and young people's commissioning framework and put in place clear governance arrangements aligned with World Class Commissioning competencies and strategic commissioning across the city.
- Ensure the CYPT is fully engaged in the city council's Value for Money programme and NHS Brighton and Hove's review of its Strategic Commissioning Plan to drive innovation and productivity.
- Improve the efficiency and effectiveness of the CYPT's business planning and operational systems ensuring they are consistent with local authority and NHS requirements.
- Strengthen our performance management arrangements, implement the CYPT's Information Strategy and participate in the city's programme of integrated Joint Strategic Needs Analyses.

Initiative 4c. Workforce Development:

We have developed a nationally recognised workforce development programme, including conferences and forums for our staff and partners, to support integrated working and learning between all those who work and volunteer with children and young people. The Workforce Development Partnership Group will lead the CYPT's People Development Strategy so that:

- Everyone who works or volunteers with children and

young people in Brighton & Hove has a shared vision, understands our local priorities and is able to work together with common purpose and values to achieve better outcomes for children and young people.

- Everyone who works or volunteers with children and young people will share a set of core knowledge, skills and behaviours that informs their specialist role and skills.
- Everyone who works or volunteers with children and young people will have the knowledge, skills and working practices that ensure all children and young people are protected from harm and neglect.
- Everyone who works or volunteers with children and young people will know about and use effective integrated working practices (including Information Sharing, the Common Assessment Framework and the Lead Professional role), which will result in a team around the child/young person working together to provide targeted or specialist services.
- The CYPT as an employing/commissioning organisation will ensure all those in specific professions and roles have the specialist training, development and qualifications they require in their role.
- The CYPT as an employing/commissioning organisation will ensure it has the right people with the right skills and practices to deliver an excellent service. This will include ensuring appropriate recruitment, retention and workforce planning arrangements are in place alongside developing the culture and systems which support and develop people in their roles.

Section 3: Resources and Performance Management

In this final section we will set out the level of resources the city council and NHS Brighton & Hove will contribute in order to commission and provide services and achieve the improvements set out in this plan and we will describe the performance management arrangements to report progress on the 4 strategic improvement priorities.

Resources

The city council and NHS Brighton & Hove are accountable for the resources with which the CYPT commissions or provides services and which will be used to implement the initiatives to achieve the 4 strategic improvement priorities.

In October 2006 the city council, the [Primary Care Trust](#) (now NHS Brighton and Hove) and [South Downs Health NHS Trust](#) signed an agreement under Section 75 of the NHS Act 2006 to create a pooled budget for the new CYPT. The contributions of the partners are shown in the table below. The figures in the table are gross of government grant income which for 2009/10 amounts to £38.940m.

	2006/7 £M	2009/10 £M
Brighton & Hove City Council	73.306	94.984
Community Health	6.859	7.422
Primary Care Trust	818	828
Total	80.983	103.234

This pooled budget excludes the following budgets which also support the work of the CYPT:

	2006/7 £M	2009/10 £M
Dedicated Schools Grant	108.502	129.202
Support Service Charges	7.426	6.836
Total	115.928	136.038

CYPP Strategic Improvement Priorities:

The following table apportions CYPT budgets against the 4 priorities to show the resources available to support delivery of this plan.

Strategic Priority	Gross £	Grant Income £	Net £
1 Strengthen safeguarding early intervention and prevention	33,250,120	-419,020	32,831,100
2 Reduce child poverty and health inequality	19,983,766	-8,159,876	11,823,890
3 Promote Health and well-being, inclusion and achievement	43,909,294	-27,523,802	16,385,492
4 Develop the CYPT partnership and drive integration and value for money	6,091,310	-2,837,100	3,254,210
Total Pooled Budget	103,234,490	-38,939,798	64,294,692

Financial Planning:

During the lifetime of this plan all public sector services will face a challenging financial environment. There is likely to be a difficult financial settlement for the years 2011/12 to 2013/14 due to the recession and this will have a significant impact on the local authority and on the local health economy. All parts of the CYPT Partnership are also likely to face continuing resource and financial pressures resulting from the significant increase in child protection activity following the Baby P case and the subsequent shift in national policy, public perception and local practice.

In this context the city council and [NHS Brighton & Hove](#) expect to face significant financial pressure during the lifetime of the plan. Such pressures make it imperative that we work effectively in partnership to ensure that the ambitions of the CYPP can be delivered in constrained financial circumstances.

Performance Management:

Leadership:

Our four Strategic Improvement Priorities require and reinforce the partnership's integrated approach to planning, commissioning and providing services. Effective delivery of the CYPP will require leadership at a senior level and, to achieve this, the Director of Children's Services will mandate each of the CYPT Assistant Directors to coordinate a multi-agency group to project plan and monitor progress on each of the priorities and initiatives.

Strategic Priority 1: Strengthen safeguarding and child protection, early intervention and prevention – Assistant Director – Integrated Area Working

Strategic Priority 2: Reduce child poverty and health inequality – Assistant Director – City-wide Services

Strategic Priority 3: Promote health & well being, inclusion and achievement – Assistant Director – Learning, Schools and Skills

Strategic Priority 4: Develop the CYPT partnership and drive integration and value for money – Assistant Director – Strategic Commissioning and Governance

Performance Management:

In Section 1 we set out the priority indicators we will use to monitor the progress and impact of the CYPP. To do this we will employ the InterPlan data base and reporting system which the local authority uses to manage the Local Area Agreement.

InterPlan will enable us to collate and report on the following data in respect of the priority indicators:



ECM Outcome	Indicator Number	Indicator Name	Baseline Time Period	Baseline Value	Latest Time Period	Latest Actual Value	Target Time Period	Target figure
01) Be Healthy	NI 056	Obesity in primary school age children in Year 6 (%)	-	17.7% (2007/08)	Academic Year (08/09) Provisional	16.4%	Academic Year (08/09)	16.1%
02) Stay Safe	NI 059	Percentage of initial assessments for children's social care carried out within 7 working days of referral (%)	The National Safeguarding Delivery Unit have recently proposed to change the definition to 10 working days and targets will be set on this new indicator	To be confirmed (TBC)	TBC	TBC	TBC	TBC
02) Stay Safe	NI 065	Percentage of children becoming the subject of Child Protection Plan for a second or subsequent time (%)	Target to be set	TBC	TBC	TBC	TBC	TBC
02) Stay Safe	NI 070	Reduce emergency hospital admissions caused by unintentional and deliberate injuries to children and young people (Number)	Financial Year (2008/09)	146.8	Financial Year (08/09)	146.8	Financial Year (09/10)	132.2
02) Stay Safe	NI 069	Children who have experienced bullying (%)	Academic Year (2006-07)	26.0%	Academic Year (08-09)	22%	Academic Year (09/10)	21%
03) Enjoy & Achieve	NI 092	Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest	Academic Year (07/08)	36.2%	Academic Year (08-09)	32.5%	Academic Year (08-09)	28.3%

ECM Outcome	Indicator Number	Indicator Name	Baseline Time Period	Baseline Value	Latest Time Period	Latest Actual Value	Target Time Period	Target figure
03) Enjoy & Achieve	NI 075	Achievement of 5 or more A*- C grades at GCSE or equivalent including English and Maths (%)	Academic Year (2007/08)	44.50	Academic Year (07/08)	44.50	Academic Year (09/10)	51.00
03) Enjoy & Achieve	NI 079	Achievement of a Level 2 qualification by the age of 19 (%)	Academic Year (2006-07)	69%	Academic Year (06-07)	69%	Academic Year (10/11)	82%
03) Enjoy & Achieve	NI 102	Achievement gap between pupils eligible for free school meals and their peers achieving the expected level at Key Stages 2 and 4 (%)	Academic Year (2007/08)	Key stage 2 gap (23.60%) Key stage 4 gap (30.40%)	Academic Year (07/08)	Key stage 2 gap (23.60%) Key stage 4 gap (30.40%)	Academic Year (09/10)	Key stage 2 gap (22%) Key stage 4 gap (26%)
03) Enjoy & Achieve	NI 104/5	The Special Educational Needs (SEN)/non-SEN gap – at Key Stages 2 and 4 (%)	Academic Year (2007/08)	Key stage 2 gap (48.3%) Key stage 4 gap (46.7%)	Academic Year (07/08)	Key stage 2 gap (48.3%) Key stage 4 gap (46.7%)	Academic Year (09/10)	Key stage 2 gap (46%) Key stage 4 gap (43%)
04) Make a Positive Contribution	NI 043	Young people within the Youth Justice System receiving a conviction in court who are sentenced to custody (%)	Financial Year (2006-07)	3%	Financial Year (08-09)	7.60%	Financial Year (09/10)	6%

ECM Outcome	Indicator Number	Indicator Name	Baseline Time Period	Baseline Value	Latest Time Period	Latest Actual Value	Target Time Period	Target figure
04) Make a Positive Contribution	NI 110 (related)	Youth service contacts with 13-19 population	Financial Year (2008/09)	11.93%	Financial Year (08/09)	11.93%	Financial Year (10/11)	25%
04) Make a Positive Contribution	NI 112	Under 18 conception rate (%)	Calendar Year (1998)	48.1 (0%)	Calendar Year (2007)	43.2 (-10.11%)	Calendar Year (2010)	26.4 (-45%)
04) Make a Positive Contribution	NI 115 (related)	Reduction of alcohol and drug use in year 10 young people	2007	52% (alcohol) 34% (drugs)	2007	52% (alcohol) 34% (drugs)	2010	48% (alcohol) 30% (drugs)
04) Make a Positive Contribution	NI 148	Care leavers in education employment or training (%)	2006/07	63%	2008/09	64.9%	2009/10	66%
05) Achieve Economic Well-Being	NI 116	Proportion of children in poverty	Data is currently not available for this indicator but is expected by Dec 09	TBC	TBC	TBC	TBC	TBC
05) Achieve Economic Well-Being	NI 117	16 to 18 year olds who are not in education training or employment (NEET) (%)	Nov2004/Dec04/Jan05 average	8.86%	Nov08/Dec08/Jan09 average	7.78%	Nov10/Dec10/Jan11 average	6.70%

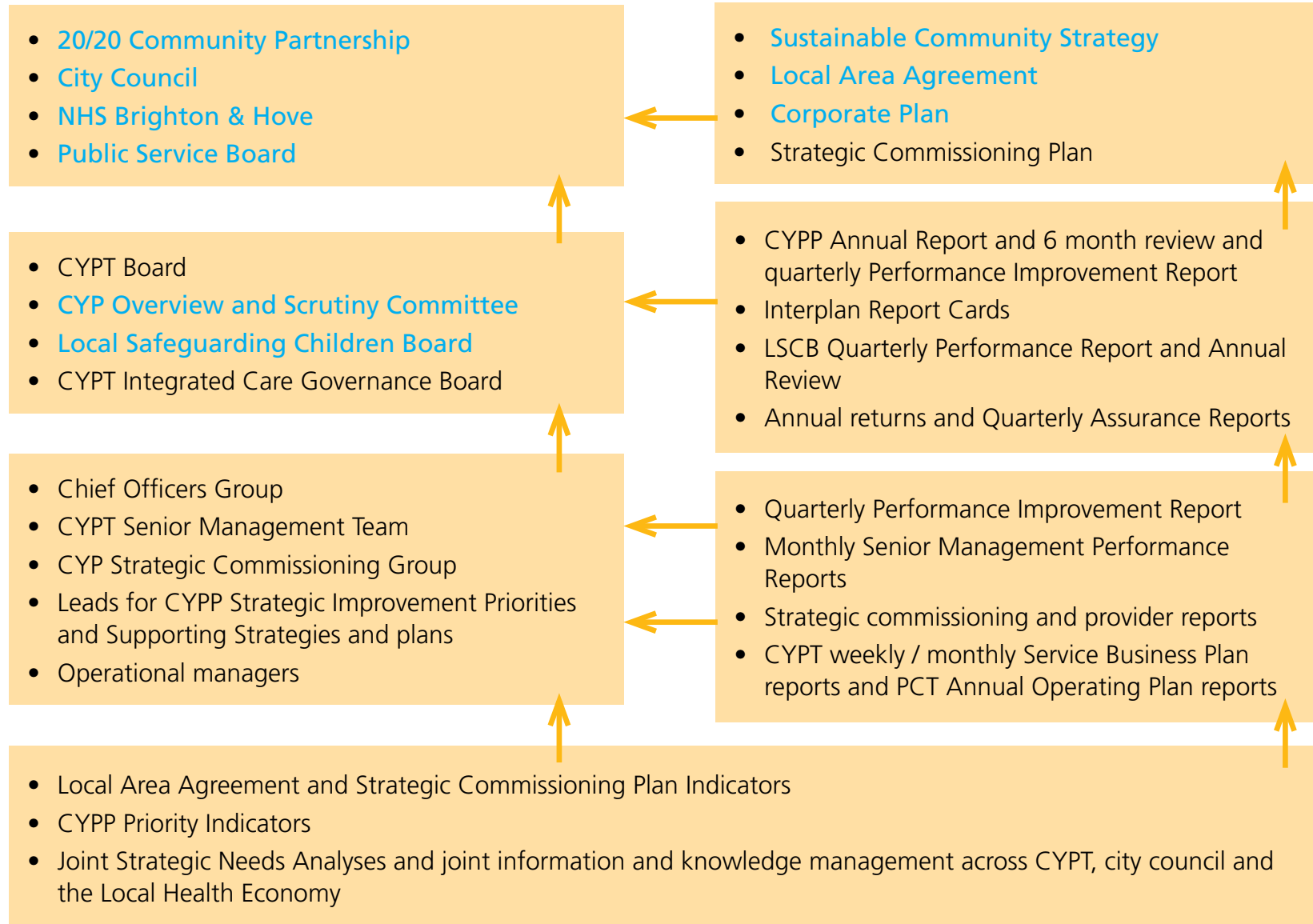
Performance reporting:

Section 1 described the interagency governance arrangements for the CYPT and Section 2 set out how this plan, and its under-pinning operational strategies and delivery plans connect to the city's wider planning framework for public services in Brighton & Hove.

Those arrangements also determine how the CYPP priority indicators will be monitored so that the CYPT ensures collective accountability for the priorities and initiatives set out in this plan.

CYPP progress reports will be incorporated into the quarterly Performance Improvement Reports to the CYPT Board. Subject to legislative changes the partnership will also publish an Annual Report of the CYPP, and a 6-monthly review using the Report Card format in Appendix 1 to report on progress against the 5 Every Child Matters outcomes and the 4 strategic improvement priorities.

The following diagram shows the pattern and frequency of performance reporting to the CYPT's governance, commissioning and operational management structure:



Appendix 1: Summary Needs Analysis: How we got to the priorities

This section provides an overall summary of the information we used to identify our strategic priorities. The summary is in three parts, each of which is based on more detailed information which can be accessed using these links and further links in the text.

What we know about the city:

[Reducing Inequality Review¹](#)

[Joint Strategic Needs Assessment - Children and Young People²](#)

[Brighton & Hove Health Profile³](#)

[Compass⁴](#)

[Childcare Sufficiency Assessment 2008](#)

What our service users and stakeholders told us:

- Children and Young People: www.bhyap.org.uk. [TellUs 3](#); [Safe at School Survey](#); [Summary of CYPP consultation](#).
- Parents: www.bhparentsforum.org Summary of CYPP consultation
- Community and Voluntary Sector: www.cvsectorforum.org.uk
- Schools - Summary of CYPP consultation.
- CYPT Staff - Summary of staff conferences.

CYPT Report Cards:

- See links in the text.

¹ www.brighton-hove.gov.uk/index.cfm?request=c1186912

² www.brightonandhovepct.nhs.uk/about/commissioning/documents/JSNASummaryOct2008.pdf

³ www.apho.org.uk/resource/view.aspx?QN=HP_RESULTS&GEOGRAPHY=ML

⁴ www.amazebrighton.org.uk/editorial.asp?page_id=101

What we know about the city

Population

Brighton & Hove has an unusual population distribution. There are relatively large numbers of people aged 20 to 44, with relatively fewer children and older people. The [Office of National Statistics \(ONS\) 2007](#) mid-year estimate put the population of Brighton & Hove at 253,500 residents of whom 53,700 were aged 0-19. Over the next ten years the population is predicted to increase to 264,600. The predicted greatest increase will be seen in the 45 to 54 year age group. The child population will continue to increase but the 15-19-year-old age group is projected to decrease over the next ten years. There will be increased pressure on school places, particularly in the primary phase where the number of places required will exceed 2,800 a year.

The ethnic composition of the city is changing. The biggest increases have been seen in Black ethnicities (from 0.8% of the population in 2001 to 1.5% in 2005), Asian (1.8% to 2.8%) and Chinese (0.5% to 0.9%). The Black and Minority Ethnic (BME) community is estimated to have increased in size by 35% between 2001 and 2004 compared to growth of 13% nationally. We know that 15% of the city's residents were born outside England, well above national and regional levels and that 20% of all births in 2005 were to mothers born outside the UK (JSNA, 2008). Annual school census data (2009) indicates that there are 1,916 pupils whose first language is known or believed to be other than English, up from 1,786 in 2008, a rise of 7.3%.

A highly skilled workforce putting pressure on low skilled groups

Brighton & Hove has a highly educated workforce. Recent estimates show that nearly two in five residents have degree-level qualifications, well above other small cities, and national and regional averages. High numbers of students (32,000) tend to stay all year round. Research has found that personal and customer service occupations have a high proportion of employees with degree-level qualifications, increasing the pressure on low skilled groups including many of our young people (RIR⁵, 2007). There are an estimated 590 (7.8%) of young people aged 16-18 who are currently not engaged in education, training or employment (NEET). The participation rate of 17-year-olds in education or training is 85%, higher than the national average (77%). However as economic conditions have worsened, we have seen the Jobseekers Allowance claimant count for 18-24-year-olds rise from 1,230 in July 2008 to 1,880 in July 2009, a rise of 52% showing the difficulties young people aged 18+ are facing.

Disadvantage in parts of the city

The [Reducing Inequalities Review \(2007\)](#) found that the city contains some of the most significantly deprived areas in England, particularly in East Brighton, Queens Park and Moulsecoomb and Bevendean wards. The review also modelled deprivation down to smaller areas called output areas (approx 125 households) and illustrated pockets of deprivation in parts of Portslade and Preston Drove/ London Road.

In the 20% most deprived areas, 28% of the working age population claim out of work benefits compared to 15% for the city as a whole. Nearly one-quarter of the city's children (11,000) live in 'out of work' households and in Moulsecoomb, Bevendean, Coldean and Whitehawk the rate is much higher at 45%. Lone parent households account for nearly 70% of all out of work households in the city and 20% of lone parents live in the 10% most deprived areas.

Children with multiple issues are heavily concentrated in the most deprived areas – nearly one half of all children across the city experiencing *both* low income and Special Educational Needs live in the most deprived 20% of areas. The same is true of Bangladeshi and Black African populations, though not minority ethnic groups overall (RIR, 2007). The local disability charity, Amaze, reports that a quarter of the 1,500 disabled children on their Compass database live in East Brighton and Moulsecoomb and Bevendean wards. Similar patterns arise for children and young people with a child protection plan, 16-18-year-olds not engaged in education, employment or training and a range of other groups.

Our map shows [Income Deprivation Affecting Children \(2007\)](#)⁶ from the 1% most deprived areas (dark red) through to the least deprived areas (dark green).

⁵ Reducing Inequalities Review (2007) available at: www.brighton-hove.gov.uk/downloads/bhcc/equalities/OCSI_ReducingInequalityReview_phase_1_full_report.pdf

⁶ www.communities.gov.uk/communities/neighbourhoodrenewal/deprivation/deprivation07/

There is one lower super output area⁷ (in North Whitehawk) in the 1% most deprived areas in England and a further three (one in Moulsecoomb and two in South Whitehawk) in the 3% most deprived areas in England.

Further analysis using the [Income Deprivation Affecting Children Index](#) reveals that the city has marked geographical variation in deprivation scores affecting children. When compared to national data, Brighton & Hove has a relatively low proportion of “least deprived” areas and a relatively high proportion of more deprived areas. 61 out of 164 lower super output areas in Brighton & Hove (37%) are in the 30% most deprived areas nationally.



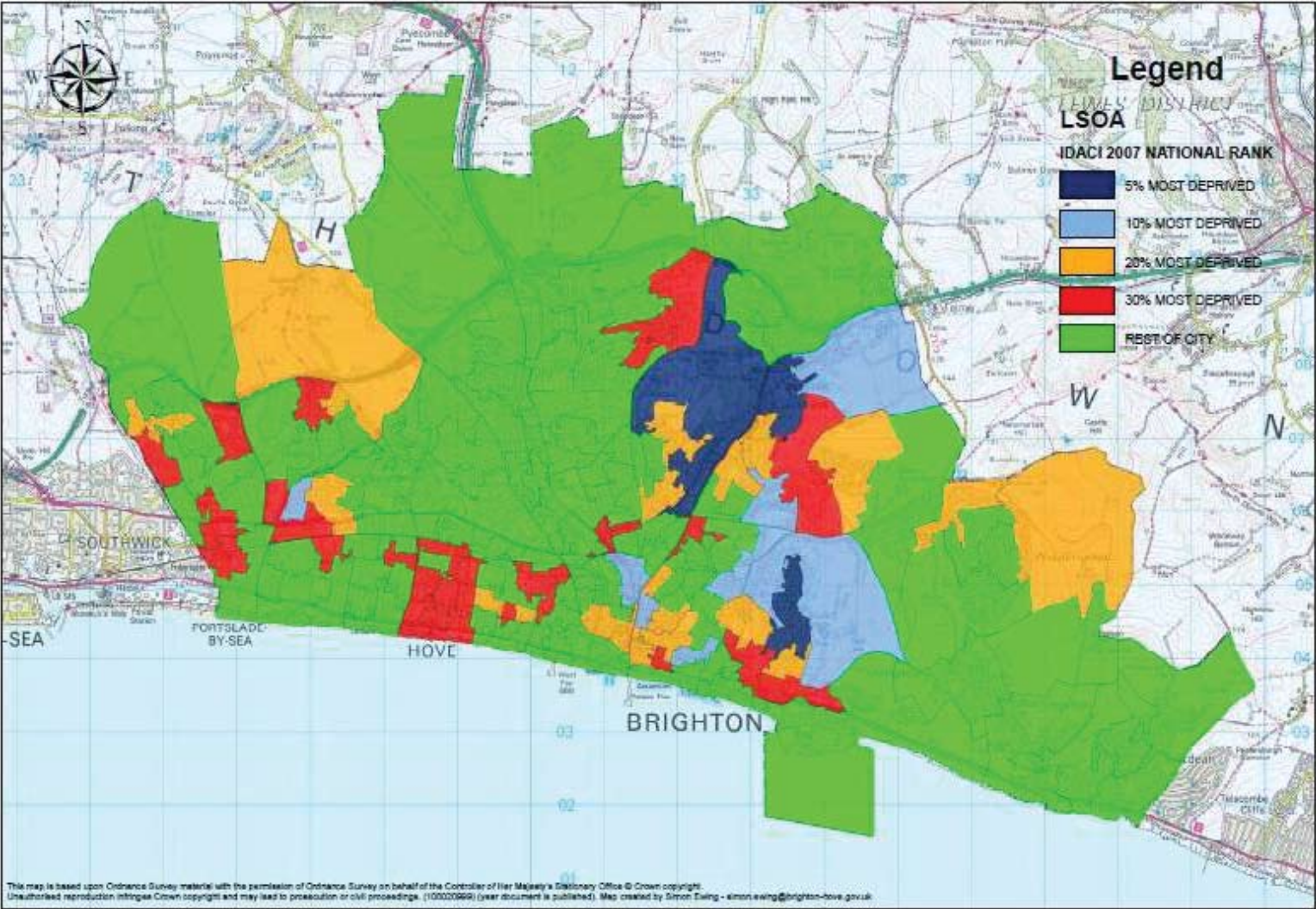
Outcomes across a range of indicators are worse in the most deprived areas. For example, although city breastfeeding rates are the third highest in the country (at 67%), rates in Moulsecoomb, North Portslade and Hangleton are below 45%. Teenage conception rates are 50% higher in East Brighton ward than the city average. In 2008, the obesity rate in reception year was 8.3%, with higher rates in Hangleton (15.2%), and Whitehawk (12.5%). Year 6 obesity rates were also higher in deprived areas with 29% obesity in Whitehawk and 24% in Moulsecoomb, Bevendean & Coldean.

The gap in education outcomes is often marked. At the Foundation Stage, 55% of young children in the city achieved a good score⁸ in 2009. In the 5% most deprived wards this was 34%. At Key Stage 2 in 2008, the percentage gap in level 4+ attainment between those eligible for free school meals (FSM) and the rest was 23.6%. At Key Stage 4 (5 A*-C including English and Maths) the gap had widened to 30.4%. At Key Stage 4, both boys and girls eligible for FSM performed less well than their counterparts.

⁷ Super Output Areas (SOAs) are a geography type used for collecting, aggregating and reporting statistics. Lower Level SOAs are made up from groups of Census Output Areas, have an average of 1,500 residents and nest within wards.

⁸ A good score is defined as ‘Achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal Social and Emotional Development and Communication, Language and Literacy

Income Deprivation Affecting Children in Brighton and Hove (2007)



Issues across the city

Income deprivation

Nearly one-quarter of the city's children live in 'out of work' households. 2,763 nursery and primary school pupils are eligible for free school meals (15.9%), compared to 10.1% in the south east and 16.0% in England. 1,866 secondary pupils are eligible for free school meals (15.3%), compared to 8.1% in the south east and 13.4% in England.

Very large numbers of people experiencing inequality do not live in the most deprived areas. 49,000 (19%) live in the most deprived 20% of areas, while 203,000 (81%) do not live in the most deprived 20% of areas⁹. Of the 25,000 people of working-age receiving Department for Work and Pensions (DWP) benefits across the city, 16,000 (64%) do not live in the most deprived 20% of areas. Of the more than 4,000 children living in low income or out-of-work families across the city, nearly 60% do not live in the most deprived 20% of areas.

Households with multiple needs

Census data (2001) identifies nearly 1,500 households in the city experiencing multiple disadvantage, i.e. as having all of the following four characteristics:

- **Employment Inequality:** every member of the household aged 16-74 who is not a full-time student is either unemployed or permanently sick

- **Education inequality:** No member of the household aged 16 to pensionable age has at least 5 GCSEs (grade A-C) or equivalent, and no member of the household aged 16-18 is in full time education.
- **Health and disability inequality:** Any member of the household has general health 'not good' in the year before Census, or has a limiting long term illness.
- **Housing:** The household's accommodation is either overcrowded; or is in a shared dwelling; or does not have sole use of a bath/shower and toilet; or has no central heating.

This group of 1,500 households represents 1.3% of all households in the city – more than double the proportion across the region (0.6%) but similar to levels in other small cities (1.2%) and England as a whole (1.1%). Unsurprisingly, these households are concentrated in the most deprived areas of the city – however, nearly 1,000 multiply disadvantaged households are located outside the 20% most deprived areas of the city.

Housing issues

Since 1998 the city has seen property prices triple, with smaller properties traditionally associated with first time buyers seeing the greatest increases. One-bed flats now cost almost 6 times average income and 3-bed houses now cost 10 times average household incomes. There are 8,000 homes in the private sector considered 'unfit' and more than half of the council's stock of social housing does not meet the [Decent Homes Standard \(Housing Strategy Consultation Draft 2008-2013\)](#).¹⁰

⁹ Population data from 2006 mid year estimates

¹⁰ www.brighton-hove.gov.uk/index.cfm?request=c1188834

A local census taken in March 2008 revealed that there were eleven 16-17-years-olds in temporary accommodation and six in bed and breakfast accommodation (B&B). The Housing Options Team were in contact with 272 young people aged 16-17 years during 2007-2008 who had a housing need or were homeless. In 2005/6 there were 72 homeless young people and in 2008/9 the figure was down to 18 (DAAT¹¹, 2009).

Vulnerable children and young people

Children who are vulnerable in the family setting

There are 2,551 children 'in need' in the city and 290 who have a child protection plan. This number has risen dramatically, up from 136 in 2005. June 2009 data indicates that domestic abuse is the primary underlying cause for children entering child protection, accounting for 35% of cases. Other causes are neglect (22%), parental mental health problems (11%), parental alcohol misuse (6%), parental drug misuse (5%), adult convicted / cautioned / alleged of sexual abuse (6%) and adult convicted/cautioned/alleged of physical abuse (5%).

The city has a high level of domestic abuse: in 2006/07, 3,591 incidents and crimes of domestic abuse were recorded by the police, of which 1,472 were recorded as crimes¹². Domestic abuse impacts not just on direct victims, but can also have a long-term negative impact on families, children and young people. Around half of domestic abuse victims recorded in Brighton & Hove's supporting people framework were parents¹³. Exposure to violence in the home is also linked to juvenile crime and aggression¹⁴.

In May 2009 there were 418 looked after children - the city has a higher proportion of children in care than the national average (79 per 10,000 compared with 54 per 10,000 in England and 64 per 10,000 amongst benchmark authorities). Children in care do not achieve well at school. In 2008 just 7% achieved 5 A*-C grades at GCSE compared to 57% in the general population. However, with the CYPT's support, two thirds of care leavers are in education, employment or training by age 19 and almost all have suitable accommodation. We know that looked after young people are four times more likely than those living in private households to smoke, drink and take drugs. Research shows that children who are in care are at increased risk of alcohol abuse due to having fewer protective factors that promote self-esteem. (DAAT¹⁵, 2009).

¹¹ [Young People's Specialist Substance Misuse Treatment Needs Assessment \(2009\) \[1.24mb\]](#)

¹² [Brighton and Hove Crime and Disorder Strategic Assessment 2007 \[610kb\]](#)

¹³ [Brighton and Hove Community Safety Crime and Drugs Audit 2004 \[536kb\]](#)

¹⁴ [Brighton and Hove Socio-Economic Baseline Report \(2003\) Poverty and Economic Activity \(chapter nine\), Brighton & Hove and Adur Area Investment Framework, p.33.](#)

¹⁵ [Young People's Specialist Substance Misuse Treatment Needs Assessment \(2009\) \[1.24mb\]](#)

Disability and special needs

There is a higher proportion of children in the city receiving Disability Living Allowance (3.1% of 0-15-year-olds) than across the South East and England as a whole (both 2.4%). Amaze, a local disability charity, estimate that there are 3,400 disabled children or children with special needs in the city. Of the 1,500 disabled children registered with the charity, many have a variety of complex needs and may appear in more than one cohort on the compass database i.e. 51% have a moderate, severe or profound learning difficulty, 54% have moderate or severe challenging behaviour, 29% have moderate or severe mobility problems, 10% have a hearing problem and 10% have a visual problem. A high proportion of children on the Amaze Compass register have been bullied and analysis of the data shows a strong link between disability and school exclusion.

In January 2009, there were 7,665 pupils (25%) with special educational needs (SEN) compared to 5,827 (19.8%) in 2006. Pupils with SEN are less than one-quarter as likely to attain good GCSEs compared with those pupils without SEN. Almost half of 16-18-year-olds who are not engaged in education, training or employment have a learning difficulty or disability.

Black and ethnic minorities

Of the 26,130 pupils recorded in the 2009 school census, 6.3% were of mixed ethnicity, 2.7% Asian (largest group being Bangladeshi), 2.1% Black (mainly African) and 0.3% Chinese. There were 9 Irish Travellers and 5 Roma Gypsy pupils recorded. In 2008, 40 out of 80 (50%) Black pupils achieved level 4+ at key stage 2 compared to 72% in the general population. Performance in other BME groups was good. GCSE results for BME pupils were generally good in 2008, although only 6 out of 12 Chinese pupils achieved 5 A*-C including English and Maths. 60% of pupils with English as their second language, supported by the Ethnic Minority Achievement Support (EMAS) Service, achieved level 4 English at Key Stage 2. 12 out of 33 pupils with English as their second language (36%) achieved 5 A*-C grades and all pupils got at least one GCSE A*-C, an increase on the previous year.

Lesbian, gay, bisexual and transgendered young people (LGBT)

[The Reducing Inequalities Review \(RIR, 2007\)](#) reports a growing Lesbian, Gay, Bisexual and Transgender (LGBT) population (latest estimate: 35,000). Nationally it is estimated that 10% of the adult population are from LGBT groups. If that is applied to the 2006 mid-year estimate of young people in the city it suggests just under 3,200 16-24-year-olds are from LGBT groups.

Young Carers

The city's [Carers Strategy](#) defines young as children and young people aged 8-17 years who provide, or intend to provide, care, assistance or support to another family member. They carry out, often on a regular basis, significant or substantial caring tasks and assume a level of responsibility, which would usually be associated with an adult. This definition does not include under 8s because they are considered to be children in need and the Strategy does not recommend that they should be recognised or worked with as young carers as this would be condoning their caring role.

The [PCT Joint Strategic Needs Assessment 2008](#) noted that it is difficult to estimate levels or make comparisons because estimates are based on national statistics or local service activity data which does not represent the total need – with many young carers hidden from services, especially those caring for someone with mental health or substance misuse issues.

The 2001 census suggests there are almost 500 young carers aged 8-17 years in the city, with 13% providing care for more than 20 hours per week and 5% for more than 50 hours. In 2008/09 the Young Carers Project at the Carers Centre worked with a total of 134 young carers and during the first six months of 2009/10 has received a total of 52 new referrals.

Research shows that for 27% of young carers their education is affected due to caring role and that with targeted intervention this can be reduced by 11%.

Substance misuse issues

Brighton & Hove has the highest rate of problem drug users (opiates and/or crack cocaine) in the South East.¹⁶ Of particular concern is the high number of heroin users in the city. Prevalence of substance misuse among young people is difficult to estimate. The TellUs survey of school children in 2008 found the percentage of young people reporting either frequent misuse of drugs/ volatile substances or alcohol was 13.7%, significantly higher than regional and national figures (10.1% and 10.9% respectively). A methodology¹⁷ for estimating drug use among vulnerable young people has been employed which suggests that 16% of vulnerable young people aged 10-16 years and 30% aged 17-19 years will present with a substance misuse problem. These groups of young people include: excluded and truanting (persistently absent from school), those arrested by the police, young offenders, the homeless, looked after young people / children in care, those whose family members misuse substances, those with mental health issues, behavioural or social problems and those involved in commercial sex work. (DAAT¹⁸, 2009).

¹⁶ Public Health Annual Report (2007)

¹⁷ Offending and Criminal Justice Survey (OCJS): Home Office

¹⁸ [Young People's Specialist Substance Misuse Treatment Needs Assessment \(2009\) \[1.24mb\]](#)

Hospital admission data suggests that on average 5 children from Brighton & Hove are admitted each week into hospital with alcohol or alcohol related problems. Accident & Emergency attendance data suggests that between 17 and 41 people attend weekly with alcohol or alcohol related issues. On average, this represents 30 children and young people per month aged between 13 and 18 years of age. Analysis reveals a correlation between attendances and deprived parts of the city, although findings are not consistent, illustrating that the causes of substance misuse are complex.

Mental health issues

National research has found that one in ten children and young people have a mental health problem. They are at greater risk if they live in poverty, have a history of abuse or adverse experience (BMA, 2006). The following national findings indicate the probable issues facing some children and young people in the city (Mental Health and Well-being in the South East 2006).

Conduct Disorders: 6% of 5–16-year-olds have a conduct disorder. They are more common in boys and include challenging behaviour for more than 6 months or challenging behaviour that is extreme or at an inappropriate age.

Emotional Disorders: 4% of 5–16-year-olds have an emotional disorder. They are more common in girls and include anxieties, depression and phobias.

Hyperkinetic Disorders: 2% of 5–16-year-olds have a hyperkinetic disorder. They are more common in boys, and include Attention Deficit Hyperactivity Disorder (ADHD) and Attention Deficit Disorder (ADD).

Less Common Disorders: 1% of 5–16-year-olds have a less common disorder, including:

- autistic spectrum disorders, which are more common in boys, and
- eating disorders, which are more common in young women.

An Office of National Statistics (ONS) survey of the mental health of 5 to 17-year-olds in 2001 found very high levels of mental health need faced by children and adolescents in the care system. Using national research we estimate between 120-136 children or young people need targeted or specialist support.

Teenage pregnancy

National research finds that the majority of teenage conceptions are unplanned and about half lead to abortion. The link to deprivation is strong with half of all under-18 conceptions occurring in the 20% most deprived wards. National data suggests 20% of teenage births to under-18s are second pregnancies and over a third of teenage mothers have no qualifications. Babies of teenage mothers have a 60% higher risk of dying in the first year of life and have an increased risk of living in poverty and achieving less at school (DfES, 2006)¹⁹. Those most at risk of becoming a teenage parent are young people in or

leaving care, daughters of teenage mothers, young people excluded or truanting from school, young people involved in crime and members of some ethnic minority groups.

In Brighton & Hove the conception rate has fallen by 10.1% since 1998 compared to 13.3% nationally and 10.7% in the South East. The latest official data shows that there were 180 conceptions in the city in 2007 (43.2 per 1,000), leading to 113 terminations and 67 births. In 2005 there were 194 conceptions (45.7 per 1,000), leading to 109 terminations and 85 births. Over the period 1998 to 2007, birth rates have reduced by 29.2% whilst termination rates have increased by 6.7%.

Trends in repeat terminations in the under 19s show that rates in Brighton & Hove are higher than the national average but do not show a clear pattern: in 2006, 2007 and 2008 repeat termination rates were 19.1%, 13.7% and 15.2% respectively compared to rates of 10.7%, 10.4% and 11.0% for the whole of England. Local data shows that just 25% (35 out of 135) of teenage mothers were in education, training or employment at the end of 2008.

Our local analysis shows that teenage conception rates are 50% higher in East Brighton ward than the city average. Findings from the Drugs, Alcohol and Sexual Health (DASH) survey completed in 2007 indicated that of the 270 respondents who reported, nearly half (47%) had drunk alcohol and nearly a fifth (19%) had taken drugs when they first had sex.

Young people who offend

National research suggests rates of youth offending are likely to be higher among populations of children in need, and for those from families where the parents are very young or where the family is very large, where there is curtailment of education, high rates of poverty, dependency on social security, lack of social support, repeated separation or high levels of family discord.²⁰

Estimates using the Offending and Criminal Justice Survey (OCJS) methodology indicate that 5% of 10 -16-year-olds and 17% of 17-18-year-olds are arrested at some stage (DAAT²¹, 2009). In 2008/9 543 young people were convicted of an offence in Brighton & Hove, 305 of whom went to court and 25 received custodial sentences. Only 51% of young offenders had secured suitable education, training or employment at the end of their order in 2008/9 but 94% were in suitable accommodation. 27% of young offenders re-offended within 12 months in 2008, a decrease from 2005 when the rate was 38%. The police initiative, Operation Park, showed that between August and December 2008, 156 young people were stopped for anti-social behaviour and 140 of these had alcohol seized or were under the influence of alcohol (DAAT, 2009).

¹⁹ [Teenage Pregnancy: Accelerating the Strategy to 2010, DfES, 2006](#)

²⁰ [Understanding and Challenging Practice \(2003\) at rip.org.uk](#)

²¹ [Young People's Specialist Substance Misuse Treatment Needs Assessment \(2009\) \[1.24mb\]](#)

Developing the Plan – views of stakeholders and partners:

The views of service users, stakeholders and partners are fundamental to this document. By the end of 2008 the CYPT had held a series of participative events to look at what had been achieved through the [first CYPP](#) and to identify the challenges and priorities for the next three years. In this section we summarise the feedback from those events.

Children and Young People:

Following our commitment in the CYPP 2006 to increase opportunities for children and young people to develop positive relationships, play an active part in decisions that affect their lives and participate in their communities, we have supported young people to play an active role in reviewing services, developing pledges and identifying the issues that are important to them. There are four key groups that provide a route for young people to engage with the CYPT.

[The Brighton & Hove Youth Council](#) – a broadly based group of young people, representing schools, including special schools and community groups, including those representing minority interests. Over 6,000 young people

across all schools in the city are involved in nominating representatives to the Youth Council. Young people from vulnerable groups have special nomination rights and the council has become increasingly active in highlighting issues important to young people.

[Listen Up Care Council Steering Group](#) consisting of young people in care (mainly under the age of 16)

The 16+ Advisory Board – a group of young people who have left care, or who are soon to leave care (aged 16-21)

The Aiming High Advisory Group – a recently formed group of young people with disabilities who will be advising the Children's Disability Partnership Board.

Although the Youth Council was in the middle of its own elections at the time, views were collected at a Hear by Rights day, a Question Time event with local politicians and civic leaders, and an event when young people in care met the Director of Children's Services. Children under the age of 13 were also given the opportunity to express their views as part of the Parent's Forum FunPlex Day.

What Young People liked:

- Leisure facilities
- Sexual health clinics
- Travel links
- Parents
- The Youth Offending Team
- Graffiti Arts Activities and Festivals
- School Councils and Youth Service
- City's shopping and nightlife
- Jubilee Library
- Colleges
- Arts and culture – museum and art galleries

What young people want to see change over the next three years

We want:

- To live in safer places and want better housing for young people especially those looked after.
- Services to listen to us more and to respond when we make suggestions or raise concerns.
- Better support when we have mental health issues and access to services that are focused on young people.
- More work done around homophobic bullying in schools and in communities.
- Schools to provide spaces for us to have honest conversations about relationships and sexual health.
- More activities in schools, a wider range that are open to all young people not just the 'smart' ones.
- To be able to do more vocational jobs and have access to work placements and opportunities to learn about the world of work during the summer.
- The CYPT to work with young people to promote more positive images of young people.
- More information and publicity about services and events.
- More work to divert young people from crime.

In addition to the consultation events this plan has also been shaped by the views of children and young people collected through the national [Tellus 3 survey](#) and the CYPT's local [Safe at School](#) survey:

Following on from consultation on the CYPP the newly elected [Youth Council](#), as part of the broader UK Youth Parliament campaign, identified their local campaign issues for the next two years:

- To lobby for a 3-in-1 discount card for local shops, leisure/entertainment and to use on public transport and in public libraries.
- To hold a careers information fair for young people to meet local employers and training specialists.
- To provide safer and cleaner public spaces or areas that young people use.
- To create more places for young people to go.
- To raise awareness on homelessness or housing services.
- To spread awareness of different disabilities and illnesses.
- To raise awareness of issues facing young carers.
- To highlight diversity among young people especially in the area of culture and religion.

For more information on the Youth Council campaign please visit www.bhyap.org.uk.

Parents and Carers:

[The Brighton & Hove Parents Forum](#) was set up in 2005 and describes itself as a pro-active, independent body that is recognised and valued by the parents in the city for representing their views, at the highest level, and ensuring that they receive support in their role as parents.

The Forum organised a free family fun day during the 2008 autumn half term at a popular local indoor playground, the FunPlex in Bevendean, to enable parents and carers, and younger children, to express their views and opinions as part of developing this plan.

355 parents and 658 children attended the event. Over 58 parents took part in the consultation on the day (nearly 20% of entrants). The majority of parents in the consultation were mothers, although about 10% were fathers. Nearly half of the parents that took part were single parents and over 10% of the parents came from ethnic backgrounds that were not white/British.

The top five issues identified by parents were:

- Childcare - parents found information on where to find care for their children "good overall." Some parents were concerned that there were not enough affordable, flexible childcare options in the city and that the price was often too high (this should be compared to the [Childcare Sufficiency Assessment](#) which included a questionnaire, returned by 1,154 parents about childcare in the city. 75% of parents using childcare stated it was either very or fairly easy to find but

childcare for children under 5 is expensive compared to regional and national average figures).

- Activities for children - parents welcomed the range of activities available in the city but raised concerns about the absence of affordable activities in some local areas. Bus fares were considered too expensive for some families and this limited the access poorer families had to the range of activities on offer. There was a call for a wider range of sports and hobbies to be made available for children and young people across the city.
- The parks, seafront and various open spaces in the city - most people consider themselves lucky to be in Brighton & Hove because of the number of parks, the seafront and the countryside practically right outside their front doors. Some parents raised issues about the state of some of the parks and concerns about safety.
- Front line help and advice (for example health visitors, midwives and school nurses) – some areas were considered to have better provision than others and a lack of consistency was mentioned. Some parents still felt information about activities and health advice could be improved.
- People and diversity – parents viewed Brighton & Hove as a tolerant and friendly place to raise their families.

For more information on how parents are engaging with the CYPT please see www.bhparentsforum.org.

Schools:

Brighton & Hove's [schools](#) are at the heart of the CYPT Partnership. Our schools are central to the delivery of the [Every Child Matters](#) agenda. Head teachers and senior leaders from our schools work in partnership with a range of multi-agency staff from the partnership to deliver children's services in school, beyond the school day and across the community. Schools work successfully in cluster partnerships providing support for children and families using delegated resources based on need. There are well established arrangements in place to ensure effective communication and joint planning with individual and groups of schools and between schools and the CYPT including:

- Schools Forum
- Extended Schools Partnership
- Head Teachers phase groups
- Head Teachers steering group
- Cluster steering groups
- Regular Head Teachers' business meetings and conferences

During the Autumn Term 2008 one of the regular Head Teachers' Conferences focused on the CYPP and identified the contribution schools can make:

- promoting healthy lifestyles – diet, exercise and support to families (especially where child poverty is an issue).

- improving the integrated support that vulnerable children receive so that they can remain in mainstream education for as long as possible including young people who are vulnerable or at risk of marginalization.
 - supporting the development of safer communities, including anti-bullying initiatives, safeguarding children and protecting those at risk of harm so that the right balance is achieved between keeping children and young people safe and allowing them the freedom they need.
 - to be at the heart of a child-care system that responds early to a child or young person's additional needs, where necessary working with parents to complete a common assessment by acting as the lead professional.
 - working with other professionals in the CYPT so that pupils and families can access enhanced or specialist services in a timely way and supporting extended families caring for children who are unable to live with their birth families.
 - provide strong leadership for education at the centre of the CYPT's governance arrangements – ensuring the right balance between achievement and enjoyment and demonstrating success with the right balance of quantitative and qualitative data.
 - improve outcomes, tackling unde-achievement and 'narrowing the gap', by strengthening successful partnerships between schools and the joint working between education, health and social care professionals.
 - promote inclusion by leading the CYPT's behaviour and attendance strategies and through mainstream provision for pupils with additional needs.
 - amplify the student/pupil voice – involving everyone from KSI onwards in their school and in the decisions that affect their lives.
 - listen to, and advocate on the behalf of, parents and carers.
 - promote equalities and challenge expectations of pupils, parents and staff.
 - develop awareness of citizenship and employment throughout all schools.
 - promote Young Enterprise Schemes and improve links to local businesses.
- Overall Head Teachers were keen to see schools play a full role in the CYPT partnership including:
- meaningful participation in the governance of the CYPT.
 - establishing a joined up approach to commissioning – so that schools, like the CYPT, successfully manage a dual provider and commissioner role.
 - consolidating pathways from universal services via the [Common Assessment Framework \(CAF\) \[675kb\]](#) to (and from) targeted and specialist services.
 - streamlining the complex network of meetings and communication systems across the CYPT, the council and local health economy.



The Community and Voluntary Sector:

Local, regional and national third sector organisations play a key part in the development and delivery of services to children, young people and their families in Brighton & Hove. The Brighton & Hove Community and Voluntary Sector Forum hosts the Children and Young People's Network which gives member organisations an opportunity to share information and good practice. The network is also a key point of contact for partnership working with the CYPT including regular meetings with the Director of Children's Services and other senior managers.

In November 2008 the Forum was commissioned by the CYPT to provide an independent report highlighting the sector's priorities for the CYPP. The report reflects the collective viewpoint of over 30 staff/volunteers from 5 organisations/projects. Information was drawn from completed questionnaires, telephone interviews and 2 network meetings held in September and November 2008. The full position statement is available at www.cvsectorforum.org.uk.

Key messages include

Services for children, young people and families

Prevention and early intervention.

Parent/carer and family support.

Preventative youth work for more marginalized and vulnerable young people.

Intensive and specialist support for disabled children and young people and therapeutic services for children and young people with mental health issues.

The Compass database.

More play provision in disadvantaged areas of the city ensuring access for disabled children and young people.

More services for LGBT young people.

Engagement and Communication

More clarity around the role of the CYPT and the partnership and the place of the Voluntary and Community Sector in relation to it.

Establish an agreed framework for communication, consultation and engagement with the Voluntary and Community Sector to eliminate poor consultation and minimise disengagement.

Develop existing good practice in strengthening relationships between schools and Voluntary and Community Sector projects, particularly in identifying and supporting vulnerable children and young people.

Improve Voluntary and Community Sector access to CYPT information and communication.

Partnership Working	The CYPT to facilitate more effective joined up working and a proactive approach to building understanding between the CYPT, the statutory and third sectors.
	The CYPT to work with the voluntary sector to develop clear systems and protocols and processes to facilitate joint working and robust involvement.
Commissioning	The CYPT to develop a sustainable commissioning framework, defining the sector's role in service design and delivery.
	THE CYPT to support the council's discretionary grants and the small grants programs to smaller community-based organisations .
	The CYPT to introduce 3-year Service Level Agreements with full cost recovery.
Monitoring and Evaluation	The CYPT to develop a monitoring and evaluation system which acknowledges 'soft outcomes' to evaluate preventative work.
	The CYPT to develop integrated monitoring and evaluation systems which incorporate multiple impacts and move away from a "tick box" approach with a focus on short-term targets.

CYPT Staff

In November 2008 the Director of Children's Services initiated what will become an annual conference for staff employed in children's services. Four half-day workshops gave all staff employed by the CYPT an opportunity to hear the Director describe her vision for the future and to participate directly in evaluating progress since November 2006 and identifying key priorities for this CYPP. A [full report \[103kb\]](#) is available. In summary the messages were:

Being Healthy	Schools seen as critical to healthy lifestyles, combating obesity and improving the choices young people were making about sexual health, drugs and alcohol.
	Teenage pregnancy seen as a real issue for all. Major emphasis on the need to take a holistic view in tackling issues leading to early pregnancy including family, community, culture; advice on sex/ relationships/contraception; alongside work on aspiration and self-esteem. Our approach must link to community issues, building social capital and addressing cultural issues such as inter-generational cycles of low aspiration.
Be Safe	Safeguarding and child protection recognised as everybody's business including the community. Important that everyone is also engaged in early intervention/prevention, targeted support.
	Importance of increased focus on families facing deprivation, poverty, depression and isolation.
	Triple P parenting programmes seen as a real tool for supporting parents.
	Importance of supervision and support, especially for those taking the role of lead professional.

Enjoy and achieve	<p>Schools are at the heart of CYPT and community engagement;</p> <ul style="list-style-type: none"> - An alliance to get the right balance between attainment, enjoyment and creativity. - A reciprocal and creative partnership including a shared commitment to partnership with parents. - A critical friendship including a willingness to undertake and accept assessments by other professionals in the CYPT. <p>Importance of a whole city partnership and enhanced parental involvement in schools.</p>
Positive Contribution	<p>Validation of current interventions, consolidate and build on what is working;</p> <ul style="list-style-type: none"> - Embed participation in all parts of the CYPT ensuring there are mechanisms for gathering and disseminating young people's views. - Parents need to know how important they are in helping their children to make a positive contribution.
Achieve Economic wellbeing	<ul style="list-style-type: none"> - Importance of working with employers and Connexions services to tackle unemployment among young people. - Reiterated key roles of secondary schools and Connexions services for young people to achieve economic wellbeing.

In addition the Children and Young People's Overview and Scrutiny Committee formed a sub group to discuss an early draft of the CYPP and their feedback helped to shape the final plan.

Report Cards: Making Brighton & Hove the best place for children to grow up – How are we doing so far?

In this section we adapted the outcomes based accountability methodology, which the CYPT has been using successfully for the past two years, to review and improve services, to create a series of separate 'report cards' for each of the 5 Every Child Matters Outcomes:

Be Healthy

In April 2006 we said we would

- Improve the physical health and mental health and emotional well-being of children and young people.
- Promote healthy lifestyles, providing information and support about sexual health and alcohol and substance misuse.

What did we do?

We created a network of [children's centres](#)²² for under 5s and their families, including purpose-built centres, services through GPs and community halls and outreach to the home. All under 5s in the city received their developmental assessments at the recommended key milestones. Our health-led integrated model involving health visitors and midwives at children's centres was recently rated outstanding.

We provided targeted support to around 3,750 under 5s per year through our [Child Health Promotion Programme](#)²³, including speech and language therapy, breastfeeding support, advice on immunisation, diet and exercise, smoking cessation and health and safety.

All of our maintained schools achieved [Healthy Schools](#)²⁴ status by 2008, ensuring that all our schools are successfully promoting the link between good health, behaviour and achievement.

²² www.brighton-hove.gov.uk/index.cfm?request=c1138503

²³ www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_083538.pdf

²⁴ www.healthyschools.gov.uk

The delivery of the [National Child Measurement Programme²⁵](#) (to track obesity rates in children at ages 4-5 and 10-11). Validated figures for the National Child Measurement Programme (NCMP) for 2008/09 academic year will be published in December 2009, however provisional local figures show that 89.5% of year 6 pupils were measured as part of the programme with 16.4% (95% confidence interval 14.8%-18.0%) of year 6 pupils at risk of obesity. The figure is lower than in the 2007/08 academic year (17.7%), but there has been no significant change in prevalence because of the wide confidence intervals.

Through the implementation of the Healthy Weight Action Plan for children and young people we are delivering a combination of diet, nutrition and physical activity initiatives in a range of settings. These include community dieticians delivering food growing, cooking, dietary advice, play and physical activity opportunities for children aged 2-11 in areas of health inequalities, free swimming for under 16s, 20 food outlets including nurseries and schools' breakfast clubs gaining the Healthy Choice Award.

Services for children with disabilities are now delivered jointly through the new integrated children's disability service located at [Seaside View²⁶](#), again considered a major strength in a recent assessment by Ofsted inspectors.

During 2009 in particular there has been increased attention on services for children and young people with disabilities and complex health needs both nationally and locally. Both the city council and NHS Brighton and Hove have shown their commitment and support for disabled children and their families by signing up to the Every Disabled Child Matters Charter.

In 2007/08 the [National Chlamydia Screening Programme²⁷](#) introduced a target of 15% of 15 - 24-year-olds to accept screening for Chlamydia infection. In Brighton & Hove 10% of these young people were screened, 7% of whom tested positive. In 2008/09 the target increased to 17%. Brighton & Hove exceeded the target with 19% of young people accepting screening, although the positivity rate decreased slightly to 5%, suggesting that our targeting of those most at risk needs to be improved. Brighton & Hove ranked 37th nationally in terms of percentage of 15 - 24-year-olds screened and was the only PCT in the South East Coast Strategic Health Authority Area (NHS South East Coast) to achieve the screening target.

Our comprehensive [Child and Adolescent Mental Health Service](#)²⁸ was recently assessed as a major strength, ensuring prompt response times, targeted support in schools, and support for looked after children and children with learning difficulties or disabilities.

We have produced a Joint Public Health and CYPT Action Plan to address recommendations in the Joint Strategic Needs Analysis of children's health set out in the Annual Report of the Director of Public Health 'Brighten Up: Growing Up in Brighton and Hove'. The plan is one of several initiatives demonstrating our commitment to providing High Quality Care for All²⁹.

In September 2008, also in response to the Annual Report of the Director of Public Health, the Children and Young People's Overview and Scrutiny Committee (CYPOSC) established an ad-hoc panel to determine what steps the council could take to reduce levels of alcohol-related harm to children in the city. The Committee's report, Reducing Alcohol Related Harm to Children and Young People, was presented to the CYPT Board and to the Brighton and Hove Alcohol Strategy Group led by NHS Brighton and Hove.

²⁵ www.dh.gov.uk/en/Publichealth/Healthimprovement/Healthyliving/DH_100123

²⁶ www.brighton-hove.gov.uk/index.cfm?request=c1164450

²⁷ www.chlamydia-screening.nhs.uk/ps/index.html

²⁸ www.sussexpartnership.nhs.uk/services-and-information/our-services/east-sussex/child--adolescent-mental-health/east-sussex-camhs/

²⁹ www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825

What about the outcomes?

Outcomes that have improved

In 2008/09 the city's data coverage for breastfeeding at 6-8 weeks was 96.1% exceeding the national target of 85%. And breastfeeding prevalence at 6-8 weeks, although not an indicator for performance in 08/09, was 66.9% making Brighton & Hove's breastfeeding rates in the top ten percent of those PCTs who achieved the coverage target (8th out of 95).

In our Health Related Behaviour Survey (2007) school pupils reported eating a much healthier diet than they had in 2004.

The percentage of 5–16-year-olds who spent at least 2 hours per week on high quality PE and school sport increased from 52% in 2005/6 to 74% in 2008/9.

A nationally organised survey of 300 parents of disabled children in Brighton & Hove found a satisfaction rating of 60 out of 100 compared to an average of 59 across the 30 authorities surveyed. [The full report \[136kb\]](#) is available [here](#).³⁰

The effectiveness of our child and adolescent mental health (CAMHS) services has been self-assessed at the highest rating, and this is supported by Ofsted findings. This includes comprehensive services to children with learning disabilities, 16 and 17 year olds, 24 hour cover for urgent needs and a full range of early intervention services, delivered in both universal settings and through targeted services.

³⁰ www.dcsf.gov.uk/everychildmatters/_download/?id=6451

Outcomes that remain a challenge

This rate is also below the national average, which is 18.3% (2008 data). The provisional local figures show that 89.5% of year 6 pupils were measured as part of the programme with 16.4% (95% confidence interval 14.8%-18.0%) of year 6 pupils at risk of obesity. The figure is lower than in the 2007/08 academic year (17.7%), but there has been no significant change in prevalence because of the wide confidence intervals.

Uptake of school lunches in primary schools is in line with benchmark authorities at 34% but below the national average of 43%. At secondary school we are doing less well, with 20% take up compared to 28% amongst benchmark authorities and 36% nationally.

In a recent pupil survey, 61% reported having good relationships and said they were able to talk to their friends, parents or other adults about their worries. This was slightly lower than regional and national results.

The same survey found the percentage of young people reporting either frequent misuse of drugs/ volatile substances or alcohol was 13.7%, significantly higher than regional and national figures (10.1% and 10.9% respectively).

The rate of 15 to 24-year-olds testing positive for Chlamydia fell from 7% in 2007/8 to 5% in 2008/9. Expected rates are 9-10% and our results indicate that better targeting of those most at risk is needed.

Stay Safe

In April 2006 we said we would:

- Provide an effective child protection service and improve safety in the home and the wider community.
- Protect children and young people from bullying, harassment and anti-social behaviour.
- Support parents to look after their children, especially the most vulnerable children and families.

What did we do?

We have continued to ensure that 100% of child protection cases were reviewed on time in 2008/9. 92% of looked after children reviews were completed on time against a benchmark of 84% in similar authorities and all of our looked after children adopted during 2008/9 were placed for adoption within 12 months of the agency decision. However we have seen other indicators deteriorating, such as the percentage of initial assessments and the percentage of core assessments completed on time.

We have put in place policies and procedures, and a multi-agency training programme to introduce the [Common Assessment Framework³¹ \[675kb\]](#), which aims to identify, at the earliest opportunity, a child or young person's additional needs which are not being met by the universal services they are receiving. We have implemented new performance management arrangements to assist with tracking implementation across our services.

The CYPT launched a major new [Parenting Support Strategy³²](#) in 2008 and more than 200 people, including 35 parents, attended training courses to deliver Triple P, a system to help parents solve current parenting problems and prevent future ones. A total of 544 parents received a Triple P parenting intervention in 2008-9, double the number targeted.

[The Domestic Abuse Strategy 2008-11³³](#) (available on this web page³⁴) identifies a series of outcomes which continue to be developed. With increased funding from the city council, Rise (formerly Women's Refuge Project) has extended their preventative work to children's centres, primary and secondary schools and are piloting work with youth centres. The ground breaking Break4Change programme for young people who are being abusive or violent to their parents or family in initial evaluation shows significant changes in young people's behaviour and improved outcomes for parents and carers. The Multi-Agency Risk Assessment Conference (MARAC) has also contributed to reduce the risk of serious harm or homicide for victims of domestic abuse and has enabled a more co-ordinated response across all agencies to increase the safety, health and well-being of all victims – adults and children.

Our Safe at School Survey of around 10,000 pupils in the city shows that schools are helping children stay safe with two thirds of secondary pupils agreeing that “my school is good at dealing with bullying” in 2008 compared to 55% in 2006 and 86% of primary pupils in 2008 saying the same. Our Healthy Schools team has worked effectively with schools to address bullying which has improved.

[The Child Pedestrian Training Scheme³⁵](#) from the Road Safety Team at the city council has been hugely popular with schools, improving children’s observation and awareness skills and providing them with road safety skills in preparation for independent travel. Child pedestrian casualties are the most significant cause of death and injury on the roads according to national research.

What about the outcomes?

Outcomes that have improved

Long-term stability of placements for looked after children have improved. 65% of those who have been looked after for 2 ½ years or more have lived in the same placement for at least two years or have been adopted.

88% of our looked after children were in foster placements or placed for adoption in 2007/8, an improvement from 80% in 2004/5 and higher than benchmark authorities (84%) and the England average (82%).

452 parents (83%) made improvements as a result of completing a Triple P parenting intervention, meeting the challenging target of 82% for the year. Parental satisfaction with the service is high.

Rates of bullying have decreased in schools with 22% of primary pupils reporting they were bullied in 2008 compared to 33% in 2005 and 22% of secondary pupils reporting they were bullied in 2008 compared to 26% in 2005.

There has been a steady decline in the number of crimes against under-18s since 2005/06. This decrease has largely been seen in violence against the person offences. There has been a larger decline in crimes committed against males aged 10-13, than in males aged 14+.

The number of children killed or seriously injured in road traffic accidents reduced from 22 in 1998 to 12 in 2007.

³² www.brighton-hove.gov.uk/index.cfm?request=c1197274

³³ Within the Community Safety, Crime Reduction and Drugs Strategy 2008-11 here www.safeinthecity.info/files/Community%20Safety%20Strategy%202008-11.pdf

³⁴ www.safeinthecity.info/?q=priorities/domestic_

³⁵ www.brighton-hove.gov.uk/index.cfm?request=c1112044

Outcomes that remain a challenge

The percentage of referrals to children's social care going on to initial assessment is lower at 43% (2008/9) than national and benchmark data, both at 63% (2007/8 data).

Although Ofsted ratings indicate we are doing well in child protection with fewer children on a child protection plan for more than two years (3.8% compared to 5.3% nationally) we are also seeing a rise in re-registrations and are currently analysing the relationship between the two indicators.

The percentage of children becoming the subject of child protection plans for a second or subsequent time is 17.9% (2008/9), rising from 9% in 2005/6 and significantly higher than national (13.3%) and benchmark authorities (13.1%), although it should be noted that the comparator data is from 2007/8.

There has been a year-on-year increase in police recorded domestic violence incidents where children were seen at the visit. In 2007/8 there were 801 incidents recorded compared to 603 in 2005/6. The increase is thought possibly due to improvements in reporting and recording these events, but this remains concerning.

Hospital admissions caused by unintentional and deliberate injuries to children and young people rose from 78 per 10,000 in 2005/6 to 147 per 10,000 in 2008/9 which is in line with the most recent national data available, also 147 per 10,000 (2006/7). National data analysis indicates that 17% of these cases are 'deliberate' (self-harm plus assault) and more analysis will be undertaken locally to understand the specific issues for Brighton & Hove.

Enjoy and Achieve

In April 2006 we said we would:

- Raise the quality of early years provision and improve standards and achievement across all key stages.
- Support children and young people to attend school and enjoy an education that is appropriate to their needs and aspirations.
- Provide extended school support including out of hours learning and recreational activity.

What did we do?

We created a network of [children's centres](#)³⁶ for under 5s and their families, including purpose built centres, services through GPs and community halls and outreach to the home.

We ensured that our [early years childcare](#)³⁷ settings are of a high standard. 84% have good or outstanding nursery education compared to 67% for England as a whole. Ofsted inspection reports for individual settings can be accessed at ofsted.gov.uk/oxcare_providers/list³⁸. A rigorous quality improvement scheme is in place with targeted support for settings that need extra help to improve. We place an emphasis on high quality, professional staff and have a comprehensive training programme.

In line with the CYPT's statutory duties a Childcare Sufficiency Assessment (CSA) was completed in 2008 and updated in 2009. The purpose of the CSA is to ensure that there is sufficient childcare – as far as is reasonably practicable – in Brighton & Hove for parents to work or train, including sufficient childcare for disabled children. The CSA has been used to inform the childcare strategy for the city including both early years and childcare as part of the extended services offered by schools.

³⁶ www.brighton-hove.gov.uk/index.cfm?request=c1138503

³⁷ www.brighton-hove.gov.uk/index.cfm?request=c1157445

³⁸ www.ofsted.gov.uk/oxcare_providers/list

Of the 54 primary schools inspected since 2005, 74% are rated 'outstanding' or 'good', well above the average for both benchmark authorities and nationally.

The picture is mixed across our 9 secondary schools with 1 rated outstanding, 3 good, 4 satisfactory and 1 inadequate. 4 out of 9 secondary schools are judged as having good or outstanding standards of behaviour, below comparator and national averages. Two of our three National Challenge³⁹ schools are making good progress, with one about to become an academy, and the other two with clear and deliverable improvement plans.

4 out of our 6 special schools have been rated outstanding or good. [The Ethnic Minority Achievement Service⁴⁰](#) (EMAS) ranked highly among both primary and secondary schools in an [Audit Commission survey \(2008\)](#) and our [Music Service⁴¹](#) is rated 'outstanding'.

As part of our School Improvement Strategy (2008-13) we have introduced School Improvement Partners (SIP) who provide support and challenge to school leaders in evaluating school performance, identifying priorities for improvement and planning effective change. The SIP programme has been externally judged as good with an outstanding target-setting process in primary schools.

We supported the development of specialist schools across the city so that 7 out of 9 mainstream secondary schools have one or more specialisms. The Falmer Academy will open in 2010 with the specialisms of entrepreneurship and sport.

We successfully delivered a range of projects and programmes including well regarded and innovative curriculum programmes, a [Reading Strategy \[704kb\]](#), the [Social and Emotional Aspects of Learning \(SEAL\)](#) programme and one-to-one tuition. We have also conducted research on gifted and talented pupils, girls and mathematics and boys and writing. We have supported the development of the [Key Stage 4 Engagement Programme](#), Level 1 programmes at City College and continue to support the diploma programme for 2013.

We were successful in tackling attendance through improved monitoring and the development of effective early intervention programmes. The Just 54 project set all secondary school pupils the challenge of attending school every day for the 54 days covering the second half of the spring term and the first half of the summer term. The project follows on from the success of the Just 24 project in 2007/08. We have raised the profile of the importance of regular school attendance within the community by issuing press releases, undertaking regular truancy patrols around the city and by putting information about school attendance on the council website.

Exclusions have also improved markedly and we continue to work on developing earlier intervention through Vulnerable Students Registers which help identify those most at risk. There are now 90 Learning Mentors in schools across the city who work to ensure individual pupils engage with school and develop skills for lifelong learning. The National Programme for Specialist Leaders in Behaviour and Attendance is now established in Brighton & Hove with the first cohort having completed the course successfully and two further courses having started.

60 of the total 71 Brighton & Hove schools will have achieved the Extended Services Core Offer by September 2009. We are confident that the remaining 11 schools will achieve the Core Offer before the deadline of September 2010. We are working closely with those schools as well as continuing to support the 60 in maintaining and improving Core Offer Services.

All schools are engaged in active cluster partnerships, working collaboratively to support children and parents in their local community. 85% of the city's schools now provide access to extended services, such as study support, childcare, parenting and family support and community use of facilities. All schools in the city are delivering the parent support aspect of the core offer, providing information and advice and access to a rolling programme of Triple P groups and seminars delivered through the clusters. In addition, schools are working together to promote inclusion and reduce exclusions through cluster based projects, contributing to the considerable reduction in school exclusions detailed on the following pages.

³⁹ Where fewer than 30 per cent of pupils gain five or more GCSEs at A* to C, including both English and Mathematics for more info see www.dcsf.gov.uk/nationalchallenge/

⁴⁰ www.brighton-hove.gov.uk/index.cfm?request=c1000630

⁴¹ www.brighton-hove.gov.uk/index.cfm?request=c279

What about the outcomes?

Outcomes that have improved

We have seen year-on-year improvement in pupils achieving a good⁴² score at the **Foundation Stage** at age 5. Results improved from 45% to 55% between 2005 and 2009 (provisional data) and we have also seen the lowest achievers improve, with the **gap** between their results and the rest narrowing to 32.5%, down from 34.4% in 2005.

At **Key Stage 1**, pupil attainment at level 2+ in reading has increased from 83.2% in 2004/5 to 83.8% in 2008/9, where national results have remained static.

Achievement at level 4 or above in both English and Maths at **Key Stage 2** is good, rising from 67% in 2005 to 74% in 2008, above the national average (72%) and well above benchmark authorities (69%). In 2007 there were 10 schools where fewer than 55% of pupils achieved level 4 in both English and Maths and this reduced to 3 schools in 2008.

The gap in achievement at **Key Stage 2** between pupils with **special educational needs** and the rest is 48% which is better than national and benchmark averages.

The gap in achievement at **Key Stage 2** between those receiving free school meals and the rest has narrowed from 30.2% in 2004/5 to 23.6% in 2007/8 and is now below national and benchmark averages.

56% of **looked after children** achieved level 4 at **Key Stage 2** in English in 2008 compared to 33% in 2005. 44% achieved the required level in Maths in 2008, up from 29%.

60% of pupils with **English as their second language** supported by the EMAS service achieved level 4 English at **Key Stage 2** in 2007/8.

12 out of 33 pupils with **English as their second language** (36%) achieved 5 A*-C grades and all pupils got at least one **GCSE A*-C in 2007/8**⁴³[159kb] an increase on the previous year.

⁴² Achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal Social and Emotional Development and Communication, Language and Literacy) at the Foundation Stage at age 5

⁴³ This is data from 2007/8 academic year as reported in the EMAS annual report www.brighton-hove.gov.uk/downloads/bhcc/final_SEAL_Annual_Report07-08.doc

In **primary schools**, overall absence dropped from 6.1% in 2005/6 to 5.3% in 2007/8 which compares well with most benchmark authorities.

In **secondary schools**, overall **absence** has dropped year-on-year from 9% of half days missed in 2005/6 to 7.6% in 2007/8, just below the England average. There has been a very significant drop in persistent absentee rates (missing more than a fifth of the school year) from 8.3% of the pupil population in 2006/7 to 6% in 2007/8. This reduction of 2.3% is higher than the national average reduction of 1.1% and in the south east 0.8%.

Fixed period exclusions fell from 2,419 in 2006/07 to 2,068 in 2008/09. Analysis of national comparator data will be undertaken when available to look at any variations in performance across the school phases

Permanent exclusions across the system are lower, dropping from 42 in 2005/6 to just 9 in the 2007/8 school year, a rate of 0.03%, putting Brighton & Hove in the top ten authorities in the country and second in the south east region. There has been a further significant reduction in 2008/09 to just 3.

Persistent absence rates at secondary school have fallen from 8.3% in 2006-7 to 5.7% in 2008-9.

Outcomes that remain a challenge

At **Key Stage 1**, pupil attainment at level 2+ in writing has been level with 81.1% in 2004/5 and 80.8% in 2008/9, and level 2+ in maths decreased from 92.1% in 2004/5 to 90.6% in 2008/9, although both of these are in line with the national trend and above 2008 national data.

Although achievement in the core subjects at **Key Stage 3** has improved over the last three years outcomes are still below the national average. There has been a substantial rise in the percentage achieving level 5+ in English (73%, in line with the national average). 65% achieved level 5+ in both English and Maths in 2007/8, a strong improvement on the previous year (59%).

59.5% of pupils achieved 5 or more A*-C grades at **GCSE**, up from 54.7% in 2005/6 but well below the national average (64.8%).

44.5% of pupils achieved 5 or more A*-C grades at **GCSE** or equivalent including English and in Maths in 2007/8, up from 41.8% in 2005/6 but below the national average (47.6%). 40.6% achieved 2 or more science GCSEs A*-C, up from 35.9% in 2005/6.

The gap in achievement of 5 A*-C at **GCSE** including English and Maths between pupils with special educational needs and the rest widened to 46.7% in 2007/8 (from 43.4% the previous year) which is above the national average but in line with benchmark authorities.

The gap in achievement of 5 A*-C at **GCSE** including English and Maths between those receiving free school meals and the rest increased from 26.7% in 2006/7 to 30.4% in 2007/8 and is now above the national average but in line with benchmark authorities.

Very **few looked after children** achieve 5 good **GCSEs** and this is the case across the country. The number of pupils taking GCSEs each year is too small to determine trends over time, but in 2008 29 out of 44 (68%) got at least one GCSE.



Make a Positive Contribution

In April 2006 we said we would:

- Increase opportunities for children and young people to develop positive relationships, play an active part in decisions that affect their lives and participate in their communities.
- Provide the information parents need to make positive choices for their children and families.
- Promote positive behaviour and reduce anti-social behaviour and reduce youth offending.

What did we do?

In March 09 we supported a group of children in care to launch the Listen Up Care Council (LUCC). LUCC enables children and young people in the care of Brighton & Hove City Council to put their experiences of the care system directly to those responsible for corporate parenting. One of its first achievements was to help with the development of a Pledge that the city council is making to its children in care.

We launched the 16 + Advisory Group so that young people in care and leaving care can work with staff to develop service standards and give feedback on their experiences. Young people from this group helped to train staff as Care Matters was launched. They have also provided advice to council staff on a range of issues, including the wording and design of leaflets for young people.

We supported 87 % of children in care, including those with disabilities and communication difficulties to play an active part in their review.

We supported young people from the Youth Council to take an active part in the CYPT Board and in the Children and Young People's Overview and Scrutiny Committee, and to provide their views to at least 15 internal and public consultations in the past year.

In partnership with West Sussex County Council, we have trained a group of young people with care experience to visit residential establishments and consult young residents about their views of the homes they live in.

Through the AHA! (Aiming High Advisory) Group, we have supported young people with disabilities to formulate and convey their views about both universal and specialist services to the Brighton & Hove Children's Disability Partnership Board.

We supported 75 young people to express their views and to make complaints and representations via the Advocacy Service, of whom 24 were young people with disabilities.

We have supported young people to give their views to senior officers and elected members of the council through one-off events such as the Hear By Right Consultation Day held in July 2008, and through annual events such as Question Time, held in the autumn of each year.

We have supported young people to give their views to national decision-makers through participation in UK Youth Parliament activities, and other opportunities. This has enabled Brighton & Hove young people to speak both in the House of Commons and in the House of Lords, and directly to the Prime Minister.

We were successful in a bid to develop a V Talent project for young people from disadvantaged backgrounds aged 16 and over and to date have provided 7 young people with volunteering opportunities within the CYPT, providing placements in Under 5's services, schools, youth centres and the Youth Advocacy and Participation team. V-Talent, managed by Creating Futures, provides over 2000 volunteering opportunities for young people in the city aged 16-25 each year.

The [Duke of Edinburgh Awards Scheme](#) engages with over 700 young people aged 14-25 per year and all have to provide volunteering or community service.

The [Youth Council](#) now has approximately 40 active members who are aged 11-19 and elected for one year to give young people more influence with local politicians and councilors. Other Youth Advocacy & Participation projects that may be of interest can be found at www.bhyap.org.uk/ypgroups.htm

The Children's Information Service has expanded into the [Family Information Service](#) to provide a wider range of information for families including childcare and promoting the Working Tax Credit. The service was awarded the Charter Mark for good customer service in 2007 and has had this renewed each year. Their online directory is available at www.familyinfobrighton.org.uk/

[Amaze](#) (a local charity) is commissioned by the CYPT to manage the city's register of disabled children (a requirement of the Children's Act 1989) and to run an advice helpline for parents of disabled children and those with special needs. The register is called the [Compass](#), and it has detailed records of about 1,500 disabled children and children with special needs. Of these, 1,266 records have been updated in the last 2 years. Amaze produces a number of excellent publications and runs training and support sessions for local families.

The CYPT supports a [Parent Carer Council](#) for parents of disabled children and those with special needs and significant health problems. This group provides support and information to parents and also provides consultation and feedback to the CYPT on service delivery.

The CYPT supports the [Brighton & Hove Parents' Forum's](#) to ensure that parents' voices are represented when issues that matter to them are being raised at the decision making level of the Children & Young People's CYPT. It has two places for nominated parents to sit on the Children and Young People's CYPT Board. The Parents' Forum has a core strategic group of volunteer parents that run the organisation and they have used various methods to communicate with families in the city. The Parents' Forum has also worked with the Parenting Team on ensuring effective involvement of families in the creation and implementation of the [Parenting Strategy](#) and on the city's first fathers and their families event.

What about the outcomes?

Outcomes that have improved

The number of first time entrants into the youth justice system increased through to 2007/8 but 2008/9 data showed a 17% reduction, down to 2,430.

There were 4,938 police recorded incidents of 'youth disorder' in 2006/7 and 3815 in 2008/9. This downward trend appears to be reflected in youth crime data generally although there are many factors affecting this data and the indicative trend is not sufficiently secure.

Re-offending rates have improved since 2005. The latest data shows that the percentage re-offending within 12 months was 38% in 2005, dropping to 27% in 2008.

In the year to April 2009, we offered 56 young people who had offended the chance to undertake a paid work placement with a local employer and to experience the world of work and improve their job readiness, via the Young Offenders' Employment Project.

Outcomes that remain a challenge

63% of pupils surveyed in 2008 reported that they had recently participated in a group-led activity outside of school (e.g. sports, arts or youth group). This was below the national and benchmark authority rates, both 69%.

In 2008/09, youth service contacted 11.93% of 13–19-year-olds (target = 25%). 9.32% young people participated (target = 15%). Out of those participated, 16.6% achieved recorded outcomes (target = 60%) and 10.51% achieved accredited outcomes (target = 30%).

The proportion of young offenders in suitable education, employment or training has declined to 52% from 72% in 2005/6 against a national rate of 69% and a benchmark authority rate of 63%.

90% of young offenders completed their intervention with the youth offending team in suitable accommodation. This is marginally lower than previous years and comparator results.

Achieve Economic Wellbeing

In April 2006 we said we would:

- Enable more young people to engage in further education, training or employment.
- Provide a wider range of housing options for young people and improve the transport for those travelling to educational establishments.
- Support sustainable communities to prevent children and young people living in poverty.

What did we do?

We provided an additional 200 learning opportunities per year, under the [Key Stage 4 Engagement Programme](#)⁴⁴ which provides level one accredited provision for those at risk of disengagement. City College Brighton & Hove increased the availability of vocational provision for 14–16-year-olds from 250 to 500 places each year. Additional in-year starts for young people aged 16 and over, including additional Entry to Employment (e2e) provision is now offered by the mainstream colleges, which has helped reduce the numbers of young people not engaged in education, employment or training. Ofsted inspectors have judged our collaborative working with partners, including employers as a major strength.

We developed [Family Learning](#) provision for young parents aged 16-19 started in 2007/8 with a focus upon numeracy, literacy and parenting, and has resulted in 45 young parents gaining nationally recognised qualifications.

A revised [Teenage Pregnancy Action Plan \(2009-11\) \[721kb\]](#) focuses on giving young people alternative messages about their behaviour regarding sex and relationships and strengthening leadership across partner organisations. The plan builds on the targeted approach taken in the last few years which saw a reduction in teenage conception rates although below that seen regionally and nationally and well below that needed to meet the 2010 target.

⁴⁴ www.bhlp.org.uk/projects/key-stage-4-engagement-programme

[Homelessness](#)⁴⁵ amongst 16 & 17-year-olds has been significantly reduced as a result of new services targeting young people in crisis, providing support and crash pads. The council and Hove YMCA have been working together to provide a new Young Persons Respite Scheme that was launched in October 2008. The respite scheme allows young people to stay temporarily in a hostel for 3 weeks. During this time, a whole-families approach is taken to provide support and mediation to help repair the relationships between young people and their families.

The Supported Housing for Teenage Parents project is being developed in partnership between Housing Strategy, the CYPT and a voluntary sector provider. One of seven pilot projects in the country, the project will provide self-contained flats and an enhanced package of support for teenage parents. There will be key work support around parenting, engagement with specialist health visitors, entering into education, training or employment and moving on from the project into independent private rented accommodation.

The stock of childcare places has increased from 9,523 in 2006 to 9,613. Business support and funding has been given to sustain good quality childcare providers and provide new out-of-school places, child-minders and the Jump Start Nursery which is part of [Moulsecoomb Children's Centre](#). All children's centres provide [Jobcentre Plus](#) information.

A range of worklessness activities have provided residents with support to access sustainable employment. These include [Breakthrough, funded by Working Neighbourhood Funding](#) that provides one-to-one support to gain confidence and find work. Community Development commissioning has been focused upon areas of deprivation, alongside Neighbourhood Learning in Deprived Communities (NLDC) funding that provides a range of non-accredited learning in the city's most deprived wards.

The [Family Pathfinder](#) project aims to change processes and ways of working across adult and children's services by working with families facing multiple disadvantage and risk, which could include a combination of a parent having mental health and/or substance misuse problems, parents without qualifications, a parent having a longstanding illness or disability, families in poverty, and poor housing, all of which have a negative impact on the children. The project has begun by working with families under the age of 25 in the east area of the city and will encourage professionals to 'Think Family' by creating a new care pathway, holistic family assessment, bringing together a team around the family (TAF) from all relevant staff disciplines and agencies.

⁴⁵ www.brighton-hove.gov.uk/index.cfm?request=c1157503

What about the outcomes?

Outcomes that have improved

10.7% of 16 to 18-year-olds were not in education, training or employment (NEET) in 2005 and by 2008 this figure had reduced to 7.8%.

The participation rate of 17-year-olds in education or training has increased year-on-year since 2006 and at 85% (2008) is much higher than benchmark authorities (78%) and the national average (77%).

76% achieved a level 2 qualification by the age of 19 in 2008, up from 68% in 2006 and significantly higher than the latest national and benchmark data.

52% of the city's 19-year-olds now achieve a level 3 qualification compared to 46% in 2006, much better than the national rate of 45% and benchmark authorities, also 45%.

25 out of 37 (67%) care leavers were in education, employment or training (2008/9) and 36 out of 37 were in suitable accommodation in April 2009, both improved since 2006.

Since the introduction of the [Youth Homelessness Strategy in 2007](#) there has been a very significant reduction in homelessness amongst 16 & 17-year-olds as a result of new services targeting young people in crisis, providing support and crash pads. In 2005/6 there were 72 homeless young people and in 2008/9 the figure was down to 18.

Take-up of the childcare element of [Working Tax Credit](#) (working families on a low income) increased significantly, from 17% in 2004/5 to 22.4% in April 2008/9.

Outcomes that remain a challenge

The gap in outcomes at age 19 for those claiming free school meals at age 15 and the rest has widened since 2005. In 2008, 55% of children claiming free school meals achieved a Level 2 qualification at 19, compared to the city rate of 76%.

28% children claiming free school meals achieved Level 3 at 19 compared to 52% in the general population.

The under 18 conception rate fell by 10.1% between 1998 and 2007 in Brighton & Hove compared to 10.7% nationally and 13.3% in the region. The number of births to teenage women in the city was 85 in 2005 and 67 in 2007 (latest data), a 21% reduction.

Around 25% of teenage mothers are now engaged in education, employment or training. In March 2007 the figure was 15%, but the figure is still much too low. In May 2009, 35 out of 135 teenage mothers known to the [Connexions](#) service were in education, employment or training.

The proportion of children living in households dependent on workless benefits is 21%. The rate is double that in our most deprived wards.

Translation? Tick this box and take to any council office.

ترجمة؟ ضع علامة في المربع وخذها إلى مكتب البلدية. Arabic

অনুবাদ? বক্সে টিক চিহ্ন দিয়ে কাউন্সিল অফিসে নিয়ে যান। Bengali

需要翻譯? 請在這方格內加剔, 並送回任何市議會的辦事處。Cantonese

ترجمه؟ لطفاً این مربع را علامتگذاری نموده و آن را به هر یک از دفاتر شهرداری ارائه نمایید. Farsi

Traduction? Veuillez cocher la case et apporter au council. French

需要翻译? 请在这方格内划勾, 并送回任何市议会的办事处。Mandarin

Tłumaczenie? Zaznacz to okienko i zwróć do któregoś z biura samorządu lokalnego (council office). Polish

Tradução? Coloque um visto na quadrícula e leve a uma qualquer repartição de poder local (council office). Portuguese

Tercümesi için kareyi işaretleyiniz ve bir semt belediye burosuna veriniz Turkish

other (please state)

This can also be made available in large print, Braille or on audio tape